

**GLASGOW CITY HEALTH & SOCIAL CARE  
INTEGRATION JOINT BOARD**

IJB(M)2019-01

Minutes of meeting held in the Sir Peter Heatly Boardroom, Commonwealth House,  
32 Albion Street, Glasgow, G1 1LH at 9.30am on Wednesday, 6<sup>th</sup> February 2019

**PRESENT:****VOTING MEMBERS**

Bailie Ade Aibinu	Councillor, Glasgow City Council
Cllr Ken Andrew	Councillor, Glasgow City Council
Simon Carr	NHSGG&C Board Member (Vice Chair)
Jeanette Donnelly	NHSGG&C Board Member
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
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
Mark White	NHSGG&C Board Member

**NON-VOTING MEMBERS**

Jonathan Best	Chief Operating Officer, NHSGG&C
Dr Martin Culshaw	Deputy Associate Medical Director (substitute for Dr Michael Smith)
Julia Egan	Chief Nurse
Patrick Flynn	Head of Housing and Regeneration, Glasgow City Council
Margaret McCarthy	NHSGG&C Staff Side Representative
Alan McDonald	Social Care User Representative (substitute for Anne Scott)
Peter Millar	Independent Sector Representative
Susanne Millar	Chief Officer Planning, Strategy & Operations / Chief Social Work Officer
Dr John Nugent	Clinical Director
Chris Sermanni	Glasgow City Council Staff Side Representative
Ann Souter	Health Service User Representative
Shona Stephen	Third Sector Representative
David Walker	Assistant Chief Officer, Corporate Strategy
Sharon Wearing	Chief Officer, Finance and Resources
David Williams	Chief Officer

**IN ATTENDANCE:**

Allison Eccles	Head of Business Development
Sheena Walker	Governance Support Officer (minutes)

**APOLOGIES:**

Cllr Elspeth Kerr	Councillor, Glasgow City Council
Cllr Kim Long	Councillor, Glasgow City Council
Anne Scott	Social Care User Representative
Dr Michael Smith	Lead Associate Medical Director Mental Health and Addictions

## 1. DECLARATION OF INTERESTS

The following declarations of interest were raised:

- Jacqueline Forbes – item 9, Assisted Home Garden Maintenance.
- Peter Millar – item 6, Update on the Award of the 2019 Social Work Framework Agreement for Selected Purchased Social Care Supports; item 7, Glasgow Rapid Rehousing Transition Plan 2019/20 – 2023/24; and item 9, Assisted Home Garden Maintenance.
- Shona Stephen - item 7, Glasgow Rapid Rehousing Transition Plan 2019/20 – 2023/24.
- Ann Souter - item 9, Assisted Home Garden Maintenance.
- Simon Carr - item 7, Glasgow Rapid Rehousing Transition Plan 2019/20 – 2023/24.

## 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 12<sup>th</sup> December 2018 were approved as an accurate record.

### CHIEF OFFICER'S UPDATE

The Chief Officer will provide an update to members on IJB business that had taken place between meetings.

The Chief Officer updated the IJB on the following:

- 1) Officers would report on the significant case review regarding child Lauren Wade at item 13 of the agenda; and would also provide an update on the availability of street Valium.
- 2) In relation to the correspondence issued from GAMH to some members prior to the Christmas break, regarding carers support services; the conclusion of the Carers Support Services Tender will be presented to the Council Contracts and Property Committee on 28<sup>th</sup> February and the link to papers will be circulated to IJB members when they are publically available.
- 3) Impact of equal pay settlement – the Chief Officer provided reassurance that officers were working to mitigate any impact on services. It was expected that a significant (probably in the high hundreds) number of the workforce are expected to leave once payment was received and that this would impact upon the ability to deliver services and the Strategic Plan. A weekly project management group had been established to look at options and mitigate impact. A paper would be presented to the March IJB on the situation and proposals outlined.

Members suggested that financial advice is provided to the workforce who will receive settlements. Trade Unions were engaged with members and were providing support; and officers would discuss how all staff could be supported.

- 4) Brexit – officers were fully engaged with the Health Board and Council processes in the preparation for Brexit.
- 5) Winter performance – a report would be presented at the March IJB. The Chief Officer advised that there had been significant demand on the Acute system since Christmas and that the delayed discharge performance had been impacted upon in the past 6/7 weeks. Work was taking place to return to levels prior to this period.

David Williams

Susanne Millar

David Williams

The demand on care at home had not increased during this period and an analysis would be conducted.

Jonathan Best advised that Acute was in a challenging position over the winter period and that there were some late asks of health that were difficult to accommodate. Jonathan proposed that the HSCPs and Acute work together in the summer to plan for the winter period; and that this work is undertaken early and jointly to ensure that a range of services are in place.

Members requested that a whole system report is produced to provide a shared understanding on delayed discharges. Officers advised that this was included at item 8 of the agenda.

#### **4. MATTERS ARISING**

There were no matters arising.

#### **5. INTEGRATION JOINT BOARD ROLLING ACTION LIST**

Allison Eccles presented the IJB Rolling Action List advising that this was for information and noting.

It was agreed that rolling action reference number 44 be removed as the report had not been available for some time; if the report did become available then this would be circulated to the IJB.

Allison Eccles

#### **6. UPDATE ON THE AWARD FOR THE 2019 SOCIAL WORK FRAMEWORK AGREEMENT FOR SELECTED PURCHASED SOCIAL CARE SUPPORTS**

Susanne Millar presented a paper to inform the IJB of the successful award of the 2019 Framework Agreement for Selected Purchased Social Care Supports which commenced on 31.01.2019. To inform the IJB of the plan to transition business from the 2015 to the 2019 Framework Contracts. To inform the IJB of the key strategies and priorities which will determine the schedule of individual service user reviews.

Officers advised that the report provided an update to the current position; and that there were a number of issues that needed to be addressed, including the significant number of reviews to be completed by the Central Review Team. The Team will be dynamic and will conduct project planning to complete the reviews within associated timescales. This is a significant piece of work; and there are several key and competing priority areas for the Team; as outlined at section 5.4.

Officers advised that there were issues previously of providers unable to sustain rates and that these had been set to a sustainable rate for the 2019 Framework. The financial information will be influenced by the reviews and also the use of technology; the influence was not known at this point.

A member sought assurance that individuals would not be forced in to new models of care and that there would be no pressure to live with people that they did not know or like. That it was the individual's right and choice who they lived with; questioning how this would be managed; and that it could not solely be a financially driven decision. The Social Care Users Representative also stated that individuals should have a choice to where they live.

Officers could not provide this assurance for all circumstances, explaining that there was a balance with assessed needs and financial resource. The service users and their choice would be at the centre, however there was the requirement to balance this with assessed need and public money. Officers also provided examples of people living in a shared environment, with no choice of who they lived with, and that this was also the case with accommodated children and older people in residential care. This was not

solely financially driven and examples were provided of two placement cases that would shortly be presented to the Council's Contracts and Property Committee for approval, which would cost the HSCP in excess of £0.5m per annum. There was a requirement to be careful with language and generalisations, as there were examples of positive impact on unique personalised needs. It was agreed that a report would be presented to a future IJB on mixed accommodation and case studies would also be provided.

Susanne Millar

Members referred to the review process and questioned if there was any evidence that the work was cost effective and how this had changed people's lives. Officers advised that a self-evaluation report was previously presented to a Council committee and that this featured an internal self-evaluation programme. Case studies of service reviews could be included in future reports to show outcomes.

Members also stated that reviews can cause stress to service users and unpaid carers, questioning how this would be managed; and if the use of technology would negatively impact upon people through less human contact.

Officers provided reassurance that a core task of staff is to work in tandem with carers and provide support through the implementation of the carers' strategy. The use of technology will be maximised to enhance care and allow people to use paid care to participate more widely. The use of technology was not viewed as detrimental.

***The Integration Joint Board:***

- a) noted the Implementation of the 2019 Framework Agreement for Selected Purchased Social Care Supports;***
- b) agreed the process for implementation and prioritisation of service users reviews; and***
- c) approved additional funding of £0.6m in respect of the minimum rate threshold and Provider sustainability.***

**7. GLASGOW RAPID REHOUSING TRANSITION PLAN 2019/20 – 2023/24**

Susanne Millar presented a report to update the Integration Joint Board on the development of the Rapid Rehousing Transition Plan.

Cllr Hunter advised that this was a terrific and exciting piece of work and she had shared this with all Councillors and elected members.

Officers advised that the Plan had been submitted to the Scottish Government on 31<sup>st</sup> December 2018. The paper would also be presented to the Council City Administration Committee on 7<sup>th</sup> February. The Scottish Government were informed that the Plan had not been through formal processes at the point of submission and that any comments from the IJB and City Administration Committee would be fed back retrospectively. Feedback would also be provided to the Scottish Government in February on the plan and finance available; and the Chief Officer would verbally update the IJB. The IJB were informed that the document is dynamic and time must be given for work to take place and try new ways of working.

David Williams

Officers reported on the work that had taken place over the past year by the Homelessness Rough Sleeping Action Group and of the final report published in June 2018, which provided 70 detailed recommendations. Clear statements were made on ending homelessness and there was a strong commitment to this; and from partners.

Officers advised that additional resource was being looked at to support the Community Case Work Team in responding to applications. The Vanguard work was also in place to look at lean processes and identify new ways of working. In relation to Housing First this had not halted and the next piece of work was a female cohort and also multiple and complex needs. Officers further reported that Bellgrove Hotel had to be included in the plan to end homelessness, but that this was at the early stages and no discussions had yet taken place.

Susanne Millar

Members praised the report and supported the work. Feedback was that the report could be more concise and that as the Plan is a public document, members of groups should be included to show which stakeholders were involved/consulted with. A communication strategy is also important to communicate with the public; and this should be in context with national communications.

Members also highlighted an issue with the prison population in that they cannot present as homeless until released, even though the release date was known in advance. Officers advised that there is a casework team in HMP Barlinnie working with the prison population and it was hoped that the Housing First model could be used for some prisoners.

***The Integration Joint Board:***

- a) acknowledged and approved the Rapid Rehousing Transition Plan as outlined in this report and full report attached;***
- b) noted that whilst the plan sets out a 5 year vision it is envisaged that this plan will be fluid in nature and develop over this timeframe;***
- c) committed to supporting the new Rapid Rehousing Transition Plan; and***
- d) instructed the Chief Officer to provide an update to the IJB Finance, Audit and Scrutiny Committee by the end of 2019.***

**8. HEALTH AND SOCIAL CARE INTEGRATION 2018 – AUDIT SCOTLAND**

David Williams presented a draft Action Plan to meet the key recommendations of the Audit Scotland report 'Health and social care integration, Update on Progress'. His report also provided an update on the national 'review of progress of integration' committed to by the then Cabinet Secretary for Health and Sport in a Parliamentary debate in May 2018 to be taken forward by the Ministerial Strategic Group.

Officers advised that the Audit Scotland report was presented to the IJB Finance and Audit Committee in December for noting and the Committee informed that the draft action plan would be presented to the IJB in February 2019. The IJB paper provided an update on how the HSCP intended to progress the recommendations detailed in the report.

In June 2018 a review of progress was undertaken by a small leadership group of Senior Officers and the conclusions and agreement on recommendations was reported to the Ministerial Steering Group on 23<sup>rd</sup> January 2019. The report was released a few days prior to the IJB meeting, and circulated to members. As such the recommendations were not included in the action plan to the IJB as they were not available at that point. A revised plan would be presented to the IJB to take account of these. Officers stated that there were some really challenging aspects to the document and that the Ministerial Steering Group would receive an update in six months.

David Williams

Members welcomed the report and proposed that the event for IJB members (detailed at section 3.4) be extended to include the Council and Health Board Chief Executive's to allow members to hear their commitment to the wider role of health and social care. Cllr Hunter also advised that the Council would be asked to produce a response to the Audit Scotland report and hoped the Health Board would do the same.

David Williams

Members discussed the direction to the Council and Health Board, questioning how the IJB can direct public bodies. Officers explained that the direction was to allow the employees of both organisations working within the HSCP to deliver the action plan and that the direction would be amended accordingly.

David Williams

The Health Care User Representative highlighted that there was a requirement for the IJB to be more involved with community groups and the Community Planning Partnership to ensure full engagement with communities; and that comments are taken

on board by officers. Members agreed and stated that engagement had to be meaningful and to encourage participation.

Cllr Layden, Chair of the Community Planning Partnership, advised that work was ongoing in this area and would be happy to discuss how to link this.

Officers accepted the comments raised, advising that meaningful and sustained engagement was part of the Ministerial Steering Group paper and the IJB must respond to this. The Strategic Plan due to be presented to the IJB in March would provide detail of engagement and consultation with the public over the past 3 months; and officers will also look at how the IJB Public Engagement Committee supports the work of the IJB.

***The Integration Joint Board:***

- a) noted the contents of this report; and***
- b) considered and agreed the initial draft Action Plan at Appendix 1 whilst acknowledging that it will require further work in light of the 'review of integration' proposals approved by Ministerial Strategic Group.***

## **9. ASSISTED HOME GARDEN MAINTENANCE**

Allison Eccles presented a report to advise the Integration Joint Board of the conclusions of the review of the Assisted Home Garden Maintenance service, delivered by the Council via Land and Environmental Services under Direction from the Glasgow City Integration Joint Board. To make recommendations to the IJB in relation to the future funding for this provision.

Officers provided an overview of the service, which was inherited by the HSCP and of the review process. Officers advised of the EQIA process through the Health Board and that one issue was highlighted in relation to no direct engagement with services users. Officers explained that the HSCP does not have a direct line of communication with recipients of the service and therefore has no means to conduct this engagement. These arrangements meant that the EQIA was not fully compliant; and as such a recommendation was made that Land and Environmental Services urgently undertake this engagement process.

A further recommendation is that the IJB discontinues the recurring funding for the provision of the Assisted Home Garden Maintenance service by the Council, and allocates non-recurring half year funding from its general reserves to cover the first six months of 2019-20.

Members welcomed the report and the recommendation for short term funding to allow the transition to take place. Also that this was a good direction and positive to allow alternative options to be developed.

***The Integration Joint Board:***

- a) noted this report;***
- b) agreed that the IJB discontinues the recurring funding for the provision of the Assisted Home Garden Maintenance service by the Council, and allocates non-recurring half year funding from its general reserves to cover the first six months of 2019-20; and***
- c) directed the Council (through LES) to engage with the current recipients of the service in order to assess impact and develop alternative options by 1 October 2019 in order to mitigate any negative impact from the withdrawal of this service and update the EQIA accordingly.***

## 10. GLASGOW CITY INTEGRATION JOINT BOARD BUDGET MONITORING REPORT FOR MONTH 8 AND PERIOD 9 2018/19

Sharon Wearing presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 30 November 2018 (Health) and 23 November 2018 (Council), and highlight any areas of budget pressure and actions to mitigate these pressures.

The net expenditure is £1.192m higher than budget to date. Gross expenditure is £2.394m overspent; and income is over-recovered by £1.202m. The transformation programme continued to progress as previously reported and was expected to remain the same until the end of the financial year. The reasons for major budget variances were outlined, with prescribing highlighted. There was a lot of uncertainty and a small overspend coming through in prescribing; this was an area of risk.

The Health Staff Side Representative requested that the information in relation to recruitment in adult services (as per section 5.2.5) is shared. Officers advised that a lot of work had been conducted and would share this with the representative.

Sharon  
Wearing

Members referred to section 5.2.2 querying what the budget holders had reviewed for remedial action; and if palliative care and the costs incurred were reviewed. Officers explained that client groups had been met with; the number of service users were growing and officers would look at options and opportunities in how to manage demand going forward. In relation to palliative care there was a need to understand the implications and establish how this is managed and best used; this would also be included in the budget for the next financial year.

The Council Staff Side User Representative referred to the cuts in budget and stated that Unison were deeply concerned and opposed to all cuts; questioning what the overall cuts would be from the Council to the HSCP. Officers advised that this question would be addressed in the next item on the agenda.

### ***The Integration Joint Board:***

***a) noted the contents of this report;***

***b) approved the budget changes noted in section 3; and***

***c) noted the summary of current Directions (Appendix 2).***

## 11. DRAFT MEDIUM TERM FINANCIAL OUTLOOK 2019-2022

Sharon Wearing presented a report to outline the draft Medium Term Financial Outlook for the Integration Joint Board (IJB) and has been prepared to support financial planning and delivery of the IJB's Strategic Plan.

Officers advised that a further letter on the budget had been received from Derek Mackay and that a further letter was awaited from the Scottish Government; once received these would be circulated to members. The final version of the Medium Term Financial Outlook 2019-2022 would also be presented to the IJB in March along with the Strategic Plan and the Budget.

Sharon  
Wearing

The updated letter from Derek Mackay indicated a shift in the position and that there can be a 2.2% shift in 2018/19 budget for 2019/20, which would equate to up to £50m. Officers reported that there would be a request of savings and were awaiting the detail of what this would be. There would also be a requirement to meet the cost of the pay award and potentially the Cordia pressure.

The Health Board letter advised that there would be a £2.58m uplift and the HSCP was awaiting detail of the Glasgow share. The £17m gap would also have to be addressed and progress was expected to be made with the set-aside budget.

The Council Staff Side User Representative stated that the cuts were concerning and that services could not be sustained; Unison were concerned going forward. The Health Staff Side User Representative agreed adding that services could not be cut further.

Mark White advised that the assumptions for 2019/20 going forward from the NHS were correct but that these were based on the principle that the shift in the balance of care takes place; and this was currently not the case. Patient flow was not happening and this was required.

Officers provided the IJB with detail on set-aside and explained the difficulties faced in shifting the balance of care.

Members welcomed the three year outlook; this was positive from a governance perspective and allowed the IJB to understand the challenges ahead.

***The Integration Joint Board:***

- a) noted the draft Medium Term Financial Outlook 2019 – 2022 attached to this report at Appendix 3;***
- b) provided comments and feedback to support production of the final Medium Term Financial Outlook in March 2019; and***
- c) instructed the Chief Officer and Chief Officer Finance and Resources, in line with the Integration Scheme, to request Glasgow City Council and NHS Greater Glasgow and Clyde consider this as part of their budget process for 2019 – 20 and provide comment and feedback to inform the final Medium Term Financial Outlook to be published in March.***

## **12. GLASGOW CITY IJB MEMBERSHIP**

Allison Eccles presented a report to provide an update on and seek approval for a number of appointments to the IJB and its committees and to agree the Terms of Reference for the IJB Finance, Audit and Scrutiny Committee.

Officers outlined the proposed changes to membership as detailed in section 3 of the report; advising of the stakeholder re-nominations; that Julia Egan was a new member of the IJB, replacing Sheena Wright; and that Simon Carr would become Chair of the IJB from 8<sup>th</sup> February 2019, for one year.

Officers further outlined the committee appointments as detailed at section 4; confirming that the NHS Non-Executive vacancy on the IJB Finance, Audit and Scrutiny Committee had been filled by Jeanette Donnelly; and that the Vice Chair of the Committee would be Ross Finnie. The Terms of Reference were also provided.

The IJB was further informed that two Carers Champions had been appointed and it was hoped that the IJB Carers Representative would be appointed in due course.

***The Integration Joint Board:***

- a) approved the appointments as outlined in section 3.1 of this report;***
- b) noted the re-appointments/appointments outlined in section 3.4 and 3.5 of this report;***
- c) noted the appointments to the role of Carer Representative is ongoing; and***
- d) approved the Terms of Reference for the IJB Finance, Audit and Scrutiny Committee.***



**13. CLINICAL AND PROFESSIONAL QUARTERLY ASSURANCE STATEMENT**

Susanne Millar presented a report to provide the Integration Joint Board with a quarterly clinical and professional assurance statement.

Officers referred to the significant case reviews outlined at section 4 and the case of child Lauren Wade. This case was difficult for the HSCP and partner agencies; and was a unique. The number of charges for wilful neglect were significant. The case had been discussed at the Child Protection Committee on 29<sup>th</sup> January. The learning was unable to be publically shared previously due to direction from the Procurator Fiscal; but learning had been implemented and there would be oversight. The Chief Officers Group is keen to improve relationships with the Procurator Fiscal and have requested that they join the group. A collaborative approach is required.

Officers also provided the IJB with an updated in relation to recent drug related deaths from street Valium. There had been seven deaths in homelessness supported accommodation over a five day period. The deaths were not a rough sleeping issue. Officers explained that the street Valium was easily accessible and cost very little. There had been a 78% increase in drug related deaths and a decrease in age group. Officers now needed to work on the response and the Alcohol and Drug Partnership would hold a special meeting to discuss. Officers would bring a report back to the IJB on this work. Support would also be provided to frontline staff and harm reduction messages issued to the public.

Susanne Millar

***The Integration Joint Board:******a) considered and noted the report.*****14. IJB PERFORMANCE SCRUTINY COMMITTEE DRAFT MINUTE 21.11.2018**

The Integration Joint Board noted the IJB Performance Scrutiny Committee Draft Minute 21.11.2018.

**15. IJB PUBLIC ENGAGEMENT COMMITTEE DRAFT MINUTE 28.11.2018**

The Integration Joint Board noted the IJB Public Engagement Committee Draft Minute 28.11.2018.

**16. IJB FINANCE AND AUDIT COMMITTEE DRAFT MINUTE 05.12.2018**

The Integration Joint Board noted the IJB Finance and Audit Committee Draft Minute 05.12.2018.

**17. GLASGOW CITY INTEGRATION JOINT BOARD – FUTURE AGENDA ITEMS**

The Integration Joint Board noted the future agenda items.

**AOCB**

Simon Carr extended thanks on behalf of the Board to Cllr Hunter in her role as Chair of the IJB for the past year; and for her calm, collective and concise manner in conducting the meetings.

**18. NEXT MEETING**

The next meeting was noted as Wednesday, 27<sup>th</sup> March 2019 at 9.30am in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 12.50pm

GLASGOW CITY INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Ref No.	Meeting Date and Paper Number	Action	Responsible Officer	Timescale	Progress / Update / Outcome	Status
39	8 November 2017, item 7	<b>Older People's Transformational Change Programme 2018-21</b> - report to be presented on the set-aside budget.	Sharon Wearing	Ongoing	<p>The Ministerial Steering Group reported in February 2019 on their review of integration. This review concluded that the arrangements for hospital budgets and set aside requirements must be fully implemented by July 2019 to enable IA's to plan the use of these budgets during 2019/20. The Scottish Government has given a commitment to work with IA's, Health Boards and Local Authorities to ensure the legislation and statutory guidance is put into practice.</p> <p>On agenda for Finance Development Group chaired by Scottish Government, Health Department.</p> <p>A letter on the set-aside budget was circulated to IJB members on 28th August 2018.</p> <p>Scottish Government draft budget letter of 12.01.18 to Health Board and Local Authorities refers to set-aside arrangements and requests that set-aside arrangements are fit for purpose and enable planning across whole unplanned care pathway.</p>	Open
51	12 December 2018, item 11	<b>Proposed Changes to IJB Committees</b> - The IJB agreed that the Glasgow Equality Forum would be invited to join the IJB Public Engagement Committee as an Advisor.	Allison Eccles	January 2019	Lorraine Barrie will join the IJB Public Engagement Committee as the representative for Glasgow Equality Forum.	Closed



# Item No: 7

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

**Report By:** David Williams, Chief Officer  
**Contact:** Allison Eccles, Head of Business Development  
**Tel:** 0141 287 6724

### CONSULTATION ON STRATEGIC PLAN 2019-2022

<b>Purpose of Report:</b>	To update the Integration Joint Board on the outcome of the consultation on the draft Strategic Plan 2019-2022, and to present the revised Strategic Plan for approval.
---------------------------	---

<b>Background/Engagement:</b>	<p>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. Legislation prescribes that the plan be reviewed every three years.</p> <p>A report was presented to and agreed by the IJB in <a href="#">March 2018</a> outlining engagement activity to be carried out in support of development of the new Plan, in line with statutory requirements and the IJB's own Consultation and Engagement Guidelines.</p> <p>The consultation process ran from October 2018 to the end of January 2019, with the Strategic Plan updated to accommodate the feedback and views received. The Public Engagement Committee were remitted to take responsibility for oversight of the consultation process. An update report was taken to the Public Engagement Committee <a href="#">May 2018</a> to present the Consultation, Engagement and Communications Strategy, with a further update presented in August 2018.</p>
-------------------------------	---

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"><li>a) note the outcome of the consultation process; and</li><li>b) agree the revised Strategic Plan 2019-2022 for publication alongside the report detailing the action taken to develop the Plan.</li></ul>
-------------------------	---

## Relevance to Integration Joint Board Strategic Plan:

This report relates entirely to the IJB Strategic Plan.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The plan is required by statute to cover all national outcomes.
<b>Personnel:</b>	Reference to the Workforce Plan for the HSCP is incorporated within the plan.
<b>Carers:</b>	Reference is made within the Plan to the importance of implementation of the Carers Act and the activity undertaken within the timeframe of the Plan that relates to Carers.
<b>Provider Organisations:</b>	One of the consultation events was specifically tailored to getting the views of Provider organisations, whose views were considered for the revised Strategic Plan.
<b>Equalities:</b>	A full EQIA has been completed on the revised Strategic Plan and a commitment with regards the importance of equalities for the IJB/HSCP in implementation of the Strategic Plan has been added to the Plan. <a href="https://glasgowcity.hscp.scot/publication/eqia-glasgow-city-ijb-strategic-plan-2019-2022">https://glasgowcity.hscp.scot/publication/eqia-glasgow-city-ijb-strategic-plan-2019-2022</a>
<b>Fairer Scotland Compliance:</b>	The Fairer Scotland Duty came into effect from April 2018, and places a legal responsibility on public bodies in Scotland to pay due regard to how they can reduce inequalities of outcome caused by socioeconomic disadvantage. The Strategic Plan has considered the impact on those facing socioeconomic disadvantage through the EQIA and the activity within will contribute to reducing such disadvantage.
<b>Financial:</b>	The Plan outlines the financial resources available to the IJB to implement the Plan and refers to the Medium Term Financial Outlook that has been developed in the context of meeting the objectives outlined in the Plan.
<b>Legal:</b>	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. Legislation prescribes that the plan be reviewed at least every three years.
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None

<b>Sustainable Procurement and Article 19:</b>	None
--	------

<b>Risk Implications:</b>	The IJB will be in breach of its statutory duties if there is no Strategic Plan agreed and in place beyond 1 April 2019.
---------------------------	--

<b>Implications for Glasgow City Council:</b>	The Council's Strategic Plan was taken into consideration in development of the IJB Strategic Plan.
---	---

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Health Board's plans and programmes were taken into consideration in development of the IJB Strategic Plan.
--	---

<b>Direction Required to Council, Health Board or Both</b>	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 update the Integration Joint Board on the outcome of the consultation on the draft Strategic Plan 2019-2022, and to present the revised Strategic Plan for approval.

## 2. Background

- 2.1. The Glasgow City Integration Joint Board ('the IJB') is required by statute to produce a Strategic Plan for health and social care within Glasgow City. Strategic Plans cover a three-year period, with the current plan running until March 2019. A revised plan is therefore required covering the period 2019-2022.
- 2.2 Work to develop a draft three-year Strategic Plan (2019-2022) for health in social care in Glasgow began in February 2018, and the Glasgow City Integration Joint Board (IJB) approved a plan and approach to develop the draft Plan at its meeting in March 2018.
- 2.3 Essential to the development of the Strategic Plan ('the Plan') was a robust Consultation, Engagement and Communications Strategy, to ensure that all stakeholders had an opportunity to contribute to its development. The Public Engagement Committee agreed the draft Consultation, Engagement and Communications Strategy for the Strategic Plan in [May 2018](#). The consultation strategy was informed by the IJBs [Participation and Engagement Strategy](#) and [Consultation Guidelines](#). Further updates were reported to the Public Engagement Committee as the consultation progressed.
- 2.4 The formal consultation period ran from 25 October 2018 to 25 January 2019.
- 2.5 Glasgow City IJB is required by statute to publish the agreed Strategic Plan (Appendix 1) alongside a [statement](#) detailing the action taken to develop the Plan.

### 3. Consultation Process

3.1 The consultation process was informed by a programme of pre-consultation activity, including consultation and engagement with IJB Members and Substitutes, and HSCP senior officers. The IJB's development session in April 2018 included consultation on the proposed vision and priorities for health and social care, with Members, Substitutes and senior officers given the opportunity to comment in advance of the session via email, at the session itself and afterwards via an online survey. The draft Plan was also included in the programme for the IJB's development session in August 2018.

3.2 Locality Engagement Forums incorporated pre-consultation and consultation engagement opportunities within their existing engagement activity and fed back the views of their members.

3.3 It was important that the Consultation was as accessible as possible to ensure wide levels of engagement and the Plan that reflected the views of stakeholders across the City. To achieve this a range of channels were used during the Consultation. These included

- Awareness-raising mailings to various distribution lists held by GCHSCP (with recipients asked to share with their own networks)
- Public websites (GCHSCP [Consultation and Engagement webpage](#) and Glasgow City Council [Community Council Briefing webpage](#))
- Online and paper Consultation survey
- An Executive Version of the Plan and survey (in response to early feedback)
- Consultation events hosted by the GCHSCP
- Consultation events hosted by partners
- Social media GCHSCP, GCC and NHSGGC Twitter profiles and GCC and NHSGGC Facebook pages
- Articles in the GCHSCP's public newsletter.

3.4 The consultation reached a range of stakeholders over and above what is prescribed in the legislation for consulting on the Draft Plan. This included:

- Strategic Planning Groups
- Locality Engagement Forums
- Members of the public
- Patients, service users and carers
- IJB Members
- National and local representative groups and forums
- Third and independent sector organisations and providers and independent contractors
- Equalities groups
- Housing associations / RSLs
- Staff working within Glasgow City HSCP including GPs
- Other staff of Glasgow City Council and NHS Greater Glasgow and Clyde
- Elected Members and Health Board Members
- Community Councils
- Community Planning Partners and
- Other Health and Social Care Partnerships.

#### 4. Engagement with the Consultation

- 4.1 Between November 2018 and January 2019 Glasgow City HSCP hosted seven Consultation events, each focussing on a particular theme/area of service provision and including presentations from GCHSCP staff and senior managers, and internal and external partners.
- 4.2 The events were structured to gather general feedback on the draft Plan through a set of core Consultation questions discussed at tables, as well as opportunities to discuss the extent to which the Plan reflected the key issues and priorities related to the area of focus for each event. The table below illustrates the number of people that attended the events hosted by GCHSCP.

Event	Date	Number of Attended
Strategic Planning Forum	6 November 2018	83
Children's Services	23 November 2018	73
Older People's Services	29 November 2018	85
Adult Services	6 December 2018	60
Primary Care	10 January 2019	59
Housing	11 January 2019	71
Providers (Social Care)	16 January 2019	115
<b>Total</b>		<b>546</b>

- 4.3 Following each event, invitees were sent an email reminder to encourage completion of the online Consultation survey, and event participants were sent an email to request feedback via a web-based survey to share their views on the event they attended and enable GCHSCP to learn what worked well and where improvements could be made.
- 4.4 In addition to the seven consultation events that GCHSCP hosted, consultation on the draft Plan was included as part of the agenda for GCHSCP's Mainstreaming Equalities Event (November 2018) and the GCHSCP's Partnership-wide Leadership Event (December 2018). Glasgow Disability Alliance also held an event for its members in January 2019 to consult on the draft Strategic Plan. GCHSCP staff supported the planning of this event, which featured presentations from the (then) Chair of the IJB and Senior Officers in the GCHSCP, as well as planned input from a number of GCHSCP staff at table discussions.
- 4.5 Locality Engagement Forums were used widely to provide updates and information on the Strategic Plan and upcoming consultation opportunities, and to engage in more detailed discussions and question and answer sessions with forum members. In total there were twelve Locality Engagement Forum events where the Strategic Plan was discussed and the views of members taken into account.
- 4.6 Glasgow City HSCP had a dedicated [webpage](#) on its website for the consultation on the draft Plan to provide a range of information, access to the draft Plan and to enable completion of the Consultation survey.
- 4.7 Web traffic on the webpage was impressive during the Consultation period, with 3,585 page views, of which 3,047 (85%) were unique (i.e. people on the page for

the first time). The draft Strategic Plan was downloaded 1,354 times with the executive version 227 times since its addition in early January.

- 4.8 During the Consultation period 1229 people clicked on the link to start the survey, with 429 completed surveys submitted in total.
- 4.9 During the Consultation period information was shared through our Social Media campaign. Engagement via social media utilised the following channels; GCHSCP Twitter account ([twitter.com/gchscp](https://twitter.com/gchscp)); GCHSCP Chief Officer Twitter account ([twitter.com/dw\\_gchscp](https://twitter.com/dw_gchscp)); Glasgow City Council Twitter account ([twitter.com/glasgowcc](https://twitter.com/glasgowcc)); NHS Greater Glasgow and Clyde Twitter account ([twitter.com/NHSGGC](https://twitter.com/NHSGGC)); Glasgow City Council Facebook account ([www.facebook.com/GlasgowCC](https://www.facebook.com/GlasgowCC)) and NHS Greater Glasgow and Clyde Facebook account (<http://www.facebook.com/nhsggc>).
- 4.10 In total, 80 tweets were sent out over the consultation period. The tweets generated 276 likes and were retweeted 268 times. The Partnership also tweeted a video of the Chief Officer, which encouraged people to complete the consultation. The video was tweeted from both the Chief Officer's account and the Partnership account and was viewed 2,603 times.
- 4.11 Eight Facebook posts were sent out which were then shared 37 times. Due to the software used for the Council's social media platform, we were able to see that the consultations posts of the Council's Facebook page were seen by 12,085 people. No comments were received via Facebook.
- 4.12 The table below provides a summary of the engagement through the social media platforms used by the Partnership during the Consultation.

Channel	No of Tweets / Posts	Number of Retweets / Shares	Number of Likes	Reach (Facebook )	Views (twitter video)	No. of Comments
GCHSCP Twitter <a href="https://twitter.com/gchscp">twitter.com/gchscp</a>	44	186	146	n/a	1811	1
GCHSCP's Chief Officer Twitter <a href="https://twitter.com/dw_gchscp">twitter.com/dw_gchscp</a>	16	71	115	n/a	792	1
GCC Twitter <a href="https://twitter.com/glasgowcc">twitter.com/glasgowcc</a>	11	10	13	n/a	n/a	2
GCC Facebook <a href="https://www.facebook.com/GlasgowCC">www.facebook.com/GlasgowCC</a>	4	16	13	12,085	n/a	0
NHS Twitter <a href="https://twitter.com/NHSGGC">twitter.com/NHSGGC</a>	9	1	2	n/a	n/a	0
NHS Facebook <a href="http://www.facebook.com/nhsggc">http://www.facebook.com/nhsggc</a>	4	21	13	n/a	n/a	0
<b>Totals</b>	<b>88</b>	<b>305</b>	<b>302</b>	<b>12085</b>	<b>2603</b>	<b>4</b>



- 4.13 As part of the Consultation events and Consultation surveys participants were asked to complete, on a voluntary basis, an Equalities Monitoring Form to assist GCHSCP to understand the reach of participation and engagement with the Consultation process. Forms were completed by 233 individuals, of whom just under two thirds were female and just under a quarter were male. Just under one in ten said they would describe their gender as different to when they were born. Whilst not everyone wanted to answer the question, just over one in ten people described themselves as having a disability.
- 4.14 A range of different religious groups were represented in the responses to the form. These included; Church of Scotland (17.6%); Roman Catholic (16.7%); Other Christian (7.3%); Buddhist (1.3%); Church of England (0.9%); Humanist (0.9%); Hindu (0.4%) and Muslim (0.4%).
- 4.15 The largest group of respondents to the monitoring form identified themselves as White Scottish (nearly three quarters), with low numbers identifying themselves as being White Irish (6), African (3), Indian (1), Pakistani (1) and Black Scottish/Black British (1).
- 4.16 The age groups of respondents to the Consultation who completed the Equalities Monitoring Form are summarised in the table below.

<b>Age Group</b>	<b>No'</b>	<b>%</b>
18-24 years	1	0.4
25-34 years	13	5.6
35-44 years	34	14.6
45-54 years	78	33.5
55-64 years	75	32.2
65-74 years	7	3.0
No Answer	25	10.7
<b>Total</b>	<b>233</b>	<b>100.0</b>

## 5. Consultation Findings

- 5.1 The Strategic Plan sets out the IJB's/GCHSCP's direction of travel for health and social care in Glasgow over the next three years as well as the Vision and Strategic Priorities underpinning the work of GCHSCP. The Consultation process was designed to capture feedback on the Vision and Priorities, as well as the structure and content of the Plan more generally.
- 5.2 The Consultation findings are made up of information captured and written up within reports on; Consultation events (individually and aggregated); the Consultation surveys; event feedback surveys; feedback emailed to HSCP staff; feedback from Locality Engagement Forums and comments made on social media. A report capturing the summarised findings from all of the events and the surveys is available at: <https://glasgowcity.hscp.scot/publication/glasgow-city-ijb-strategic-plan-2019-22-consultation-summary-analysis>

5.3 Not all comments could be incorporated into the final draft Strategic Plan, for example due to them being too operational or too detailed. Where this was the case a judgement has been made that such comments should be passed to a relevant senior manager for their awareness and/or to inform the work of a particular section of the HSCP. All feedback was reviewed and where possible/requested staff from the HSCP have responded/will respond to individuals.

5.4 The **Consultation Survey** explored whether the Strategic Vision and Key Priorities laid out in the draft Plan are suitable for GC HSCP. 345 people (84%) said they agreed with the Vision of integrated health and social care services with 385 (92%) agreeing with the five Strategic Priorities. Respondents were also asked if they felt that the activities identified to support meeting each of the five Strategic Priorities would help to achieve them. The results can be seen in the table below.

	Question responses	Number Yes	% Yes
Early intervention, prevention and harm reduction	299	263	88%
Providing greater self-determination and choice	256	218	85%
Shifting the balance of care	239	197	82%
Enabling independent living for longer	230	195	85%
Public Protection	215	186	87%

5.5 The Vision is overall viewed as; being beneficial for our vulnerable patients & service users; encouraging joint working and cutting down on duplication and providing a more holistic person centred approach.

5.6 Some of the other points raised by respondents completing the online surveys included:

- The five Strategic Priorities have been embedded in the work of some health and social care professionals for some time
- The Strategic Priorities look at responding to problems not responding to the causes of the problems
- Asking communities to do more is not the answer, it is just shifting responsibility
- Needs to be more inclusive in terms of equalities, human rights and community empowerment legislation
- Communication and co-operation between services has to improve
- Need robust, annual monitoring and evaluation structures around service-user feedback and honest assessment, and transparency of progress towards delivering the outcomes
- People with protected characteristics should be involved in any service change or new strategy from the outset
- The HSCP must be able to measure the impact of service engagement on quality of life
- Develop strong, dynamic, effective and transparent leadership within the HSCP
- Successfully meeting the Strategic Priorities requires appropriate levels of resourcing
- We need to bring staff along with us and ensure good engagement and communication with a skilled and valued extended workforce.

- 5.7 At the **Consultation events** hosted by the HSCP participants were asked for their views on whether the Strategic Priorities in the draft Plan are the correct priorities for the City and whether they reflect the priorities of the respective event theme (e.g. care group). Each event also included specific questions designed to explore the link between the theme of each event and the Strategic Plan. The events produced a wealth of comments and views that have been captured in individual event summary reports and shared with relevant Assistant Chief Officers.
- 5.8 Across all of the events there was general consensus that the five Strategic Priorities are appropriate for the delivery of health and social care services in the City. Unsurprisingly there was a lot of discussion and suggestions at the events for how the detail that sits beneath the overarching priorities could be developed to more accurately reflect the strategic priorities of different areas of the service. These comments will be of interest to relevant Senior Managers to inform their own planning arrangements.
- 5.9 Whilst there was a general agreement about the Vision and Strategic Priorities it was mentioned at several events that the Priorities are necessarily high level and that the real challenge was in the lower level detail that would contribute towards meeting the Priorities. It was also suggested that the Strategic Priorities should be reviewed regularly to assess for strategic fit.
- 5.10 There were some suggestions that included; adding to/editing the five Strategic Priorities; the importance of tackling poverty and health inequalities; the need to deliver Best Value within a challenging financial context; the importance of engagement and communication with partners and communities; ensuring our IT structure supports delivery of integrated services and the importance of a skilled and valued (extended) workforce.
- 5.11 Other more general comments were around reducing the use of jargon and the length of the Strategic Plan, with a suggestion that an Executive Summary should be developed.
- 5.12 As well as the events hosted by GCHSCP the draft Plan was consulted on at other events that took place within the Consultation period; Partnership-Wide Leadership session (staff only); Equalities Mainstreaming Event; Purchased Services Provider event and an event hosted by the Glasgow Disability Alliance to discuss the Plan in detail.
- 5.13 Some of the points of note raised at these events included:
- The need to reflect the economic and social, drivers that influence demand for health and social care services and the need to work with relevant partners to influence those
  - The importance of organisational development and staff culture in meeting our priorities
  - Enabling the HSCP localities to be the driver of the Strategic Priorities
  - The need for the IJB/HSCP to be bolder and more innovative in their response to the financial context, and resist resorting to implementing cuts in services
  - The need for a cultural shift in Glasgow aimed at helping people to help themselves where appropriate, and the importance of the family within this

- The need to consider how we can devolve more power to service users, patients and carers to ensure our priorities and the activity to achieve them reflect what is important to service users
- Much can still be done to improve the experience of care of people living with disabilities in the City
- Current planning and delivery structures don't adequately take into account people's needs due to a focus on "care groups"
- Understand the social capital of people in the city.

5.14 Participants were asked to rate their level of knowledge of particular areas prior to the event they attended.

- Almost all respondents thought they knew about or knew a lot about Health and Social Care Integration – just under 100% (111, 98.2%)
- Nine in 10 (102, 90.3%) respondents thought they knew about or knew a lot about the Strategic Plan
- Just under nine in 10 (98, 86.7%) respondents thought they knew about or knew a lot about GCHSCP's vision for health and social care in Glasgow City
- Eight in 10 (92, 81.4%) respondents thought they knew about or knew a lot about GCHSCP's five priorities for health and social care in Glasgow City and
- Almost all respondents thought they knew about or knew a lot about the specific area relating to their event –over nine in 10 (85, 96.6%).

5.15 Participants were also asked whether their event **increased their knowledge** of the elements covered in the Plan, and between seven and eight in 10 respondents agreed:

- Health and Social Care Integration – seven in 10 (80, 70.8%)
- Strategic Plan – eight in 10 (90, 79.6%)
- Vision – eight in 10 (89, 78.8%)
- Priorities – eight in 10 (92, 81.4%) and
- Specific Area Relating to Event – just under three-quarters (65, 73.9%).

5.16 The range and volume of comments and suggestions received during the Consultation period via the various channels were all reviewed and a number of actions were taken as a result. Unfortunately it is not possible to incorporate all suggestions in this report or in the final Strategic Plan. However the comments received as part of the Consultation resulted in the following:

- Editing and drafting of text to certain sections of the Plan
- Review of the entire Plan to remove jargon where possible and generally make the document more accessible
- Amendments made to the Strategic Priorities (headings and detail beneath)
- Addition of key activity in the Delivering our Priorities section
- Specific/operational comments forwarded to relevant Senior Managers for information/action
- Individual event summaries sent to Assistant Chief Officers to consider possible amendments to the Plan and to influence care group-specific planning priorities
- Final analysis reports of all consultation activity sent to Assistant Chief Officers to consider and inform local/care group-specific planning

- Commitment to the development of an easy read/shortened version of the Plan once agreed by the IJB.

5.17 A breakdown of some of the comments and suggestions that were received and how they impacted on the final draft of the Plan is available at Appendix 2.

## **6. Strategic Planning Groups**

6.1 The Consultation on the Strategic Plan, and in particular the event themed on the Strategic Planning Forum gave us an opportunity to consolidate previous activity to understand how stakeholders want the Strategic Planning Groups to be structured during the life of the Plan.

6.2 This information is being reviewed and following further consultation within the HSCP will be used to develop proposals for the future structure of the Strategic Planning Groups. A report will be brought to a subsequent IJB to present, discuss and seek approval for the proposals.

## **7. Housing Contribution Statement**

7.1 Development and Regeneration Services – Housing and Regeneration Services (Glasgow City Council) and Glasgow City Health and Social Care Partnership (GCHSCP) are required to develop an Interim Housing Contribution Statement to outline how both partners intend to work together to deliver the objectives, outcomes and actions detailed in this statement.

7.2 Glasgow's Interim Housing Contribution Statement sets out the contribution of housing towards meeting the National Health and Wellbeing Outcomes and local priorities, objectives and outcomes for health and social care. The interim statement has been developed in partnership with various organisations that are members of Glasgow's Housing, Health and Social Care Group. The Interim Housing Contribution Statement can be accessed via the GCHSCP website (<https://glasgowcity.hscp.scot/publication/glasgows-interim-housing-contribution-statement-2-2019-2022>) and will be updated later in the year following a period of consultation with partners.

## **8. Next steps**

8.1 If agreed the final draft Strategic Plan will be published on the GCHSCP website as a final version and communicated to internal and external stakeholders across the City. Opportunities to promote the Plan across the existing engagement channels will be identified and progressed.

8.2 Where possible and appropriate those who contributed to the Consultation process will be contacted to express the gratitude of the IJB for their engagement.

8.3 A summary version of the Strategic Plan will be developed and will include a British Sign Language version to be published on the website.

8.4 At present the information in the Financial Context section of the final draft Strategic Plan is in draft and will be updated in advance of the Integration Joint Board.

## **9. Recommendations**

9.1 The Integration Joint Board is asked to:

- a) note the outcome of the consultation process; and
- b) agree the revised Strategic Plan 2019-2022 for publication alongside the report detailing the action taken to develop the Plan.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-7-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	1 April 2019
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	All delegated functions covered by the Strategic Plan 2019-22
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to publish and implement the Strategic Plan 2019-22 subject to the approval of the budget allocation outlined in the Medium Term Financial Outlook to be published in March 2019.
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources subject to approval of the Medium Term Financial Outlook to be published in March 2019.
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	27 March 2020



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



Flourishing Communities,  
Healthier Lives





INTRODUCTION  
FROM CHAIR  
AND VICE CHAIR



ABOUT THE  
STRATEGIC PLAN  
2019-2022



DEVELOPMENT  
OF THE  
STRATEGIC  
PLAN



ABOUT US



PERFORMANCE  
TO DATE



VISION AND  
PRIORITIES:  
FLOURISHING  
COMMUNITIES,  
HEALTHIER  
LIVES



TRANSFORMATION  
AND OTHER  
PROGRAMMES  
UNDERWAY  
WITHIN  
GLASGOW  
CITY



DEMOGRAPHICS  
AND CONTEXT





# INTRODUCTION FROM CHAIR AND VICE CHAIR

# INTRODUCTION FROM CHAIR AND VICE CHAIR

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

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

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

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

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

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

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

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

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

**Simon Carr**  
Chair  
Glasgow City  
Integration Joint Board

**Councillor Mhairi Hunter**  
Vice Chair  
Glasgow City  
Integration Joint Board

# ABOUT THE STRATEGIC PLAN



# ABOUT THE STRATEGIC PLAN 2019-22

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

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

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

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

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

## LOCALITY PLANS

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

# DEVELOPMENT OF THE STRATEGIC PLAN



# DEVELOPMENT OF THE STRATEGIC PLAN

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

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

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

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

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



# ABOUT US



# ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN SCOTLAND

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

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

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

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

# ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN GLASGOW

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

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

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

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

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

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

# SERVICES AND FUNCTIONS

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

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

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

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

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

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

# ABOUT GLASGOW CITY HEALTH AND SOCIAL CARE PARTNERSHIP AND ITS LOCALITIES

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

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

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



# PERFORMANCE TO DATE



# PERFORMANCE TO DATE

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

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

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

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

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

# ANNUAL PERFORMANCE REPORTS

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

## CHILDREN'S SERVICES

### 2016-2017



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



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

### 2017-2018



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



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

### 2018-19 (to Quarter 3)



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



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



# ANNUAL PERFORMANCE REPORTS

## ADULT SERVICES

### 2016-2017



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



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

### 2017-2018



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



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

### 2018-19 (to Quarter 3)



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



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

# ANNUAL PERFORMANCE REPORTS

## OLDER PEOPLE

### 2016-2017



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



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

### 2017-2018



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



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

### 2018-19 (to Quarter 3)



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



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

# ANNUAL PERFORMANCE REPORTS

## HEALTH IMPROVEMENT

### 2016-2017



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



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

### 2017-18



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



Breastfeeding rates rose from 26.5% to 27.5%.

### 2018-19 (to Quarter 3)



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



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



# VISION AND PRIORITIES

# VISION AND PRIORITIES: FLOURISHING COMMUNITIES, HEALTHIER LIVES

## Vision

### Our medium- to long-term vision is that:

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

### Over the next 10 years we will do this by:

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

# VISION AND PRIORITIES

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

## Priorities

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

### 1. Prevention, early intervention and harm reduction

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

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

### 2. Providing greater self-determination and choice

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

### 3. Shifting the balance of care

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

# VISION AND PRIORITIES

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

## 4. Enabling independent living for longer

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

## 5. Public Protection

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

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

## What success will Look Like

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

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

# VISION AND PRIORITIES

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

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

- Health inequalities within the City will significantly reduce.

## Delivering Our Priorities

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

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



# VISION AND PRIORITIES

## National Health and Well Being Outcomes

### Outcome 1:

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

### Outcome 2:

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

### Outcome 3:

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

### Outcome 4:

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

### Outcome 5:

Health and social care services contribute to reducing health inequalities

### Outcome 6:

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

### Outcome 7:

People using health and social care services are safe from harm

### Outcome 8:

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

### Outcome 9:

Resources are used effectively and efficiently in the provision of health and social care services.

# VISION AND PRIORITIES

**1** Prevention, early intervention and harm reduction

---

**2** Providing greater self-determination and choice

---

**3** Shifting the balance of care

---

**4** Enabling independent living for longer

---

**5** Public Protection

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

1

# Prevention, Early Intervention and Harm Reduction

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

## The Livingwell Model

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

2

## Providing Greater Self-Determination and Choice

INFO

ASSISTANCE

ADVICE

HELP

SUPPORT

GUIDANCE

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

## **Redesign of Homelessness Services to a Housing First Approach**

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

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

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

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

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

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

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

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

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

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

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

# 3

## Shifting the Balance of Care



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

## Improving the Cancer Journey

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

# 4

## Enabling Independent Living for Longer

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

## **Integrating Occupational Therapy Services**

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

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

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

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

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

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

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



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

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

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

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



# 5

## Public Protection

# PUBLIC PROTECTION: WHAT WE'RE ALREADY DOING

## **Working Together to Help Keep People Safe from Fire**

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

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

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

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

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

## PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

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

## PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

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

## PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

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

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

# TRANSFORMATION AND OTHER PROGRAMMES UNDERWAY WITHIN GLASGOW CITY



# TRANSFORMATION AND OTHER PROGRAMMES UNDERWAY WITHIN GLASGOW CITY

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

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

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

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

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

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

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

## OLDER PEOPLE'S STRATEGY

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

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

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



# ADULTS STRATEGY

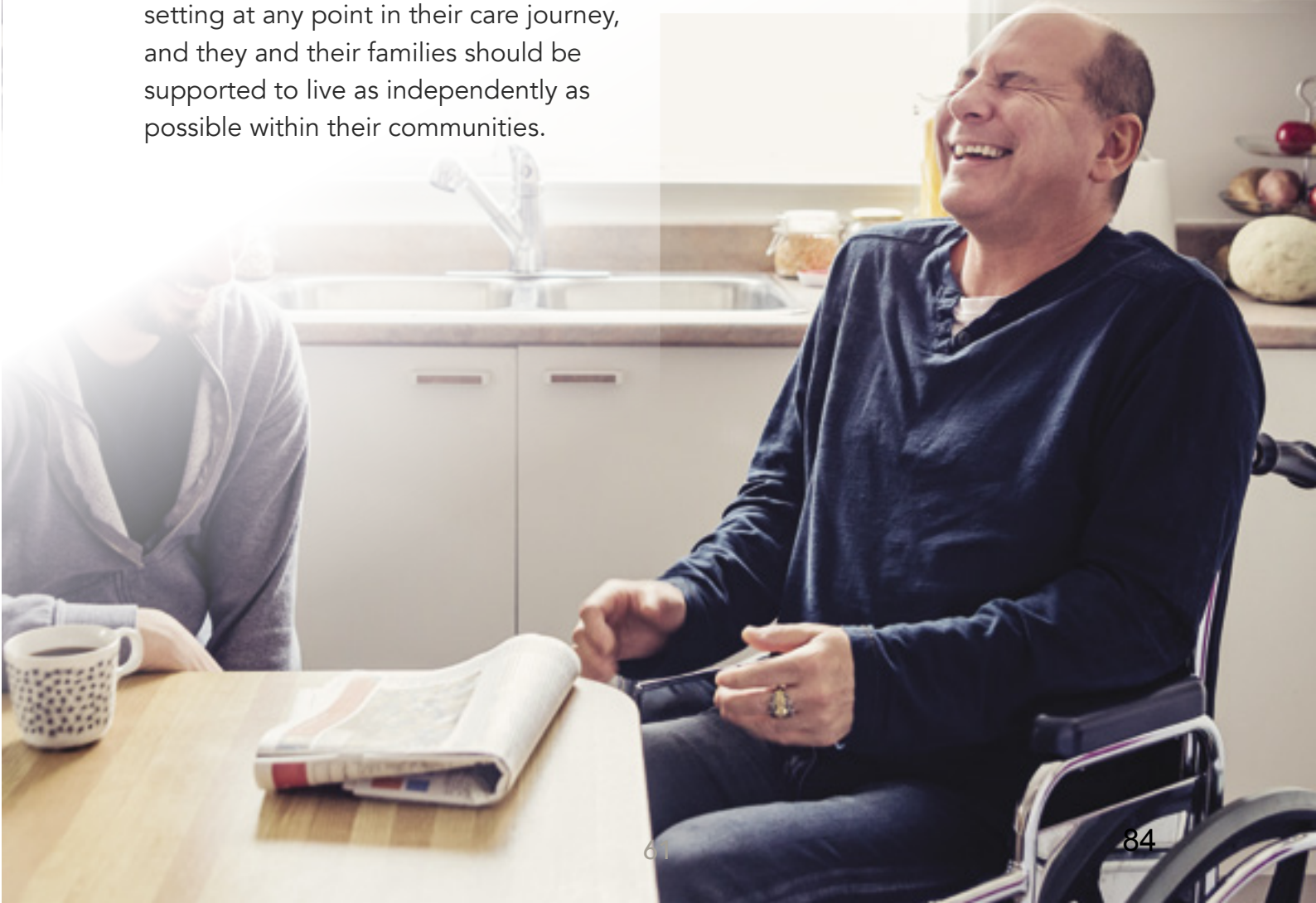
A broad range of services come under the banner of Adult Services across Glasgow City HSCP:

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

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

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

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



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

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

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



# OTHER TRANSFORMATION PROGRAMMES

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

## **Safer Drug Consumption Facility and Heroin Assisted Treatment**

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

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

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

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

## **Mental Health Strategy**

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

The strategy identifies priorities for Mental Health Services that include:

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

# OTHER TRANSFORMATION PROGRAMMES

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

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

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

## Primary Care Strategy

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

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

# OTHER TRANSFORMATION PROGRAMMES

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

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

## Review of Out of Hours Services

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

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

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





# DEMOGRAPHICS AND CONTEXT

# ABOUT GLASGOW

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

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

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





# POPULATION AND PROJECTIONS

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

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

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

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





# LIFE EXPECTANCY

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

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

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

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





# POVERTY AND DEPRIVATION

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

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

In addition

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

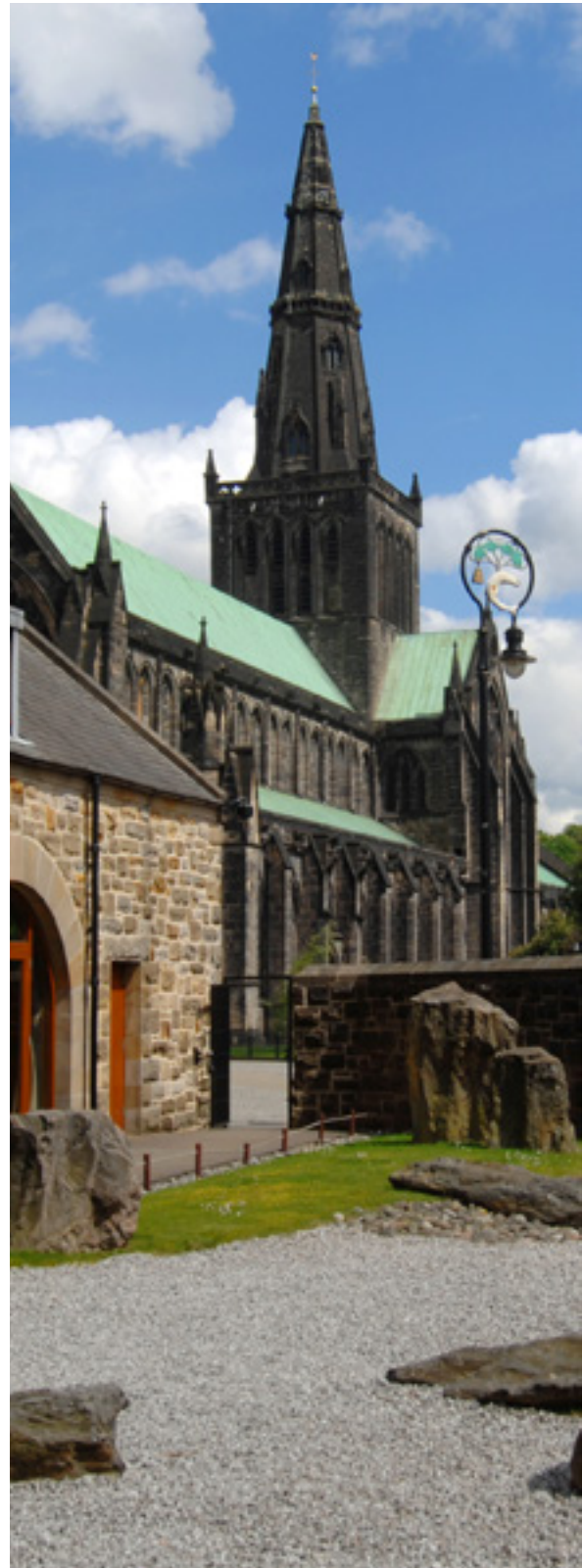




# DEMOGRAPHIC PROFILE STATISTICS

## Health and Social Care Needs Profile

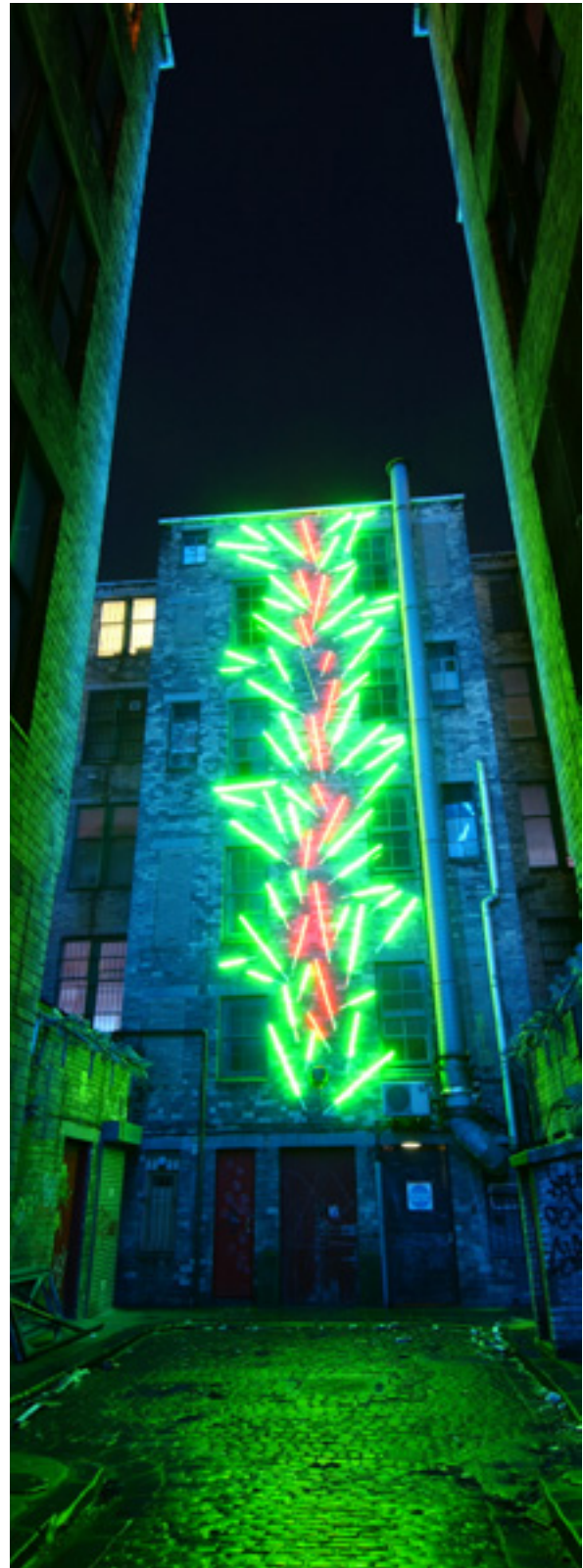
- Around **12%** of Glasgow's 16 and over population, almost 62,000, has said that they live in '**bad/very bad**' **health** compared to **8%** of Scotland's adults
- **A third** of Glasgow adults, more than 170,000, live with a **limiting long-term illness or condition** similar to **32%** of Scotland's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





# DEMOGRAPHIC PROFILE STATISTICS

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



# LEGISLATIVE CONTEXT

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

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

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

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

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

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



# EQUALITIES CONTEXT

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

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

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

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

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

Equalities Act:

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

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

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

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

# EQUALITIES CONTEXT

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

# PLANNING CONTEXT

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

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

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

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

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

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

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

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

# PLANNING CONTEXT

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

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

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

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

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

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

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

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

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

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

- creating a culture of health for the City.

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

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

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

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

be used appropriately and innovatively to:

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

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

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

# COMMISSIONING WITHIN GLASGOW CITY HSCP

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

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

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

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

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

# COMMISSIONING WITHIN GLASGOW CITY HSCP

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

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



# FINANCIAL AND RESOURCING CONTEXT

## Financial Framework

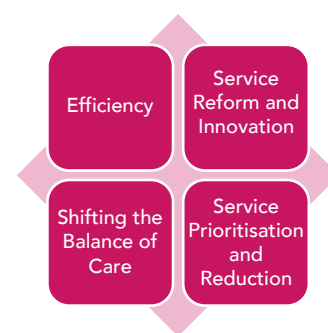
The financial position for public services continues to be challenging and the HSCP must operate within significant budget restraints and pressures. A clear strategy is required to ensure the HSCP remains financially sustainable over the medium term. This will require services to be re-imagined and a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

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

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

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

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



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

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

# FINANCIAL AND RESOURCING CONTEXT

sources of income which are available to fund services

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

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

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

## **Budget Position**

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

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

# FINANCIAL AND RESOURCING CONTEXT

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

# FINANCIAL AND RESOURCING CONTEXT

## Transforming Our Services

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

## Investment Priorities and Plans

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

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

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

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

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

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

# FINANCIAL AND RESOURCING CONTEXT

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

## Staffing and Workforce Plan

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

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

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

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

# FINANCIAL AND RESOURCING CONTEXT

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

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

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

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

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

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

# PARTNERSHIP WORKING

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

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

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

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

# PARTNERSHIP WORKING

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

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

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

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

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

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

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

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



# PARTNERSHIP WORKING

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

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

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

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

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

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

# PARTNERSHIP WORKING

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

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

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

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

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



IJB Strategic Plan 2019-22: Feedback Log

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
I no longer live there but still care about the shocking state of the environment that residents have to endure. That is directly linked to public health both mental and physical plus social wellbeing including so much more. It is a complex interlinked subject which is supposed to be reflected within the Community Planning Plans.	Member of the public (resident in Aberdeen)	Email	Delivering Our Priorities: 1, 5	Reference to health and wellbeing relevant but the action required to address the issue identified is not direct responsibility of GCHSCP Strategic Plan. Comments to be passed over to LES and Community Planning Partnership for information/action	Comments passed over to Neighbourhood and Sustainability Service and Community Planning Partnership for information/action	N/A
Lack of reference to caring/carers within the the activity section in Delivering Our Priorities. A number of additional areas of activity were identified for consideration within xisting sections	HSCP staff	Email	Delivering Our Priorities: 2, 5	Propose addition of some of the bullet points suggested by Fred/Ann for inclusion alongside existing activity identified	Added bullets: Support carers that are willing and able to continue caring and through Young Carers Stetements alleviate inappropriate caring roles; Ensure that unpaid carers are routinely identified and offered support; Support carers to enable the person being cared for to experience palliative and end of life care at home should they wish	Page 37
Plan states: More than 8,000 people are estimated to be suffering from dementia in Glasgow. Can this be changed to "more than 8000 are living with dementia in Glasgow". We try to refrain from using the word 'suffering'	HSCP staff	Email	Demographic context	Update as requested	Updated as requested	Pages 71 & 72
Cllr Graham requested a paper to a future meeting on Audit Scotland's report on Health and Social Care Integration and to include how any comments from this would be addressed in the IJB Strategic Plan	Elected Member	Verbal feedback	Partnership Working	Review Audit Scotland Report and consider an appropriate area to make reference to the relevant key findings	Reference to report and relevant key findings made in Partnership working section	Page 88
From my perspective the comments I made regarding pages 7-9 (in relation to how performance figures are displayed) still stand and I think that they should be re-drafted but other than that I think it is a well thought out and well presented strategy.	Elected Member	Email	About Us - Performance to date	Seek feedback from source to confirm the nature of the suggestion	Re-drafted section generally for plain English. Amended how the data are presented to ensure no inaccurate reference to comparative data remains	Pages 17-20
The references to the Primary Care Strategy need to be more visible throughout the plan	HSCP staff	Email	Various	Review the suggestions made by the officer and seek to incorporate as appropriate	Suggested changes have been added where possible and follow up email sent to officer for any further suggestions to be sent in	Pages 30,38,42-45 and 64

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Suggestion of two HIV-related activities to be added and suggestion regarding the HSCP setting up a formal process between GGC and Glasgow City Council to consider how these priorities can be progressed.	HSCP staff	Email	Delivering our priorities, 1,5	Accept and add the addition of activities. One suggestion re' process is not something the Plan would cover/announce and would require approval in advance	Suggested activities added for Priorities 1 and 5 have been added following confirmation from Head of Service that they are already sanctioned for progression	Pages 33 and 55
Information on slides delivered to Public Engagement Committee by Glasgow Equality Forum offering feedback on the Plan	Glasgow Equality Forum	Powerpoint presentation	Introduction	Suggest for Introduction and use the study referenced in the slides to strengthen the research element of the EQIA	Suggestion made to make reference to the slides in the Intro from the Chair and Vice Chair and used reference to research into the experience of health and social care of LGBTI people added to the EQIA to inform and strengthen the impact assessment	Pages 4 & 5
Should include the Out of Hours Review within the Transformation section of the Plan	HSCP staff	Email	Transformation Programmes	Accept the inclusion of this review in the transformation section and use the text provided by the officer	Received suggested text from the officer and incorporated into the revised draft Plan	Page 65
Hi as a home cater we cannot access any of the links on our work phones therefor there are a lot of the work force unable to leave any feedback of opinions as to help to enable a good reliable service to put users just thought I would let you know a whole sector of people unable to reply Thanks Eva (home career)	HSCP staff	Email	Comment re' consultation process	Whilst the comment does not sit within the content of the Strategic Plan this is something to consider for future engagement with that staff group	The comment has been fed back to the Head of Care Services and will be considered for future consultation exercises	N/A

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Home care- care being the operative word, is much needed and not shorter times with service users, community involved care with GP, DN, carers, physio and OT, is a must to prevent SU having to always be admitted then discharged too soon without proper equipment in place, patients waiting for hours in A and E. Which only leads to poorer health, care to be provided at home with carers and family assurance is a must. Shift patterns NEED to be addressed, having worked 7 on 7 off for almost 9 years in reablement, 7 on double shifts are tiring, exhausting, don't always get unpaid breaks due to excess patients and not enough staff! Having discussed with colleagues who all feel exhausted at end of shift, a 4 on 4 off pattern, like other council depts, is something we all feel is much better. 7 on shift was to provide continuity for SU, this has been proven over the city to have failed on mainstream severely, with SU having different carers regularly which is no benefit when attending to dementia, parliative, bed bound, mental health and non sighted service users. We would like this to be addressed so that carers can care and not be exhausted which leads to mistakes, fatigue, sickness and no continuity to service users.	HSCP staff	Email	Delivering our priorities	Comments relate more to distinct operational issues related to home care services and are too detailed for the Strategic Plan. Should be fed back to Head of Care Services for information	Feedback to Head of Care Services	N/A
There should be more explicit reference to Adult Protection in the 2019 to 2022 plan	HSCP staff	Email	Delivering our priorities 5	Make contact with officer and discuss where this can be strengthened	Met with officer and the officer reviewed the Delivering Our Priorities section to see where activity could be added. Activity has been added to the Public Protection priority section	Page 56
Sometimes the text is quite formal – see page 16 re references to the Public Bodies act, the APR, deadlines and our need to publish – do they really need to know this? Or just what our performance is?	HSCP staff	Email	General, Performance to date	Review text generally and Performance section (see also comments from Cllr Andrew	Text has been reviewed and revised to accommodate comments	N/A
Should we have Primary Care in the Transformation section? Do we need the Safer Drug Consumption Facility?	HSCP staff	Email	Transformation Programmes	Draft detail for Primary Care and review Out of Hours and Drug Facility for relevance	Primary Care text added. Decision to retain SCDF due to the high status of this.	Pages 64 and 65

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Needs a clear statement about needing to change the social contract with the population about the services we deliver. Moving from being paternalistic to a throughput service, hence changing the contract with the population and families etc. Mid-term financial plan refers to things like changes in eligibility criteria and hence the related risk with that. Need a statement in the context of the plan about this (changing the social contract) as its pretty fundamental, but also in terms of future planning we need to have this reflected			Context	Review mid-term financial plan and draft a statement for the context section	Added text to the Financial Context section and the Transformation section. Also consider mentioning in the Intro	Pages 58 and 83
There is need for greater promotion and uptake of SDS among carers (with dementia). It should be more readily available to carers	Tide (Carers living with dementia organisation)	Email	Providing Greater Self-Determination and Choice	Review comments with relevant lead officer for a view	No updates required. All carers in Glasgow have access to the same services. There is a dedicated page on the Council's website that fully explains SDS and accessing carer supports. SDS is not advertised as such we do promote "do you have community care needs" and if you do then SDS will be the process.	N/A
The quality of the home care service often leads to carers worrying about their loved ones rather than feeling confident in their care. This affects their own feelings of resilience and happiness	Tide (Carers living with dementia organisation)	Email	Shifting the Balance of Care	Review comments with relevant lead officer for a view	Passed to relevant Head of Service for info and/or action	N/A
Carers worry that their health and wellBeing are only vital because of the service they provide, not in their own right. The 5 priorities do not cover this, which increase this feeling.	Tide (Carers living with dementia organisation)	Email	Enabling Independent Living for Longer	Review the 5 priorities to see if this can be accommodated and draft Carer Strategy to ensure this is covered	The draft GCHSCP Carer Strategy explains how carer services work within HSCPS priorities of Shifting the Balance of Care, early intervention, public protection, self determination and enabling independent living.	N/A
Carers are concerned that their needs are not taken into consideration or valued in their own right; Concerned about different services being offered in different areas			General	Review comments with relevant lead officer for a view	No updates required. All carers in Glasgow have access to the same services. There is a dedicated page on the Council's website that fully explains SDS and accessing carer supports. SDS is not advertised as such we do promote "do you have community care needs" and if you do then SDS will be the process.	N/A
Consultation timescales and time of year made it more difficult for carers to respond. We didn't have anything specifically tailored to carers	Tide (Carers living with dementia organisation)	Email	Consultation process	Take into account for future consultations	Take into account for future consultations	N/A
Plan was difficult to read as it was not in plain English	Service User	Email	General	Review Plan for accessibility and re-draft as appropriate	All sections were reviewed as part of the general re-write and attempts made to simplify language wherever feasible	All

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Consultation events were inadequate, not at accessible times, and poorly promoted outwith people working for larger organisations	Service User	Email	Consultation process	Extensive efforts went into making engagement as accessible as possible. Take into account for future consultations and consider the need to consider the most effective ways of engaging stakeholders from all areas	Fed back to GCHSCP Communications staff to take into account for future consultations and consider the need to consider the most effective ways of engaging stakeholders from all areas	N/A
Does not cater for people who do not meet the eligibility criteria for services	Service User	Email	General	Consider whether we can promote services that meet needs beneath our eligibility criteria (YSYWG)	Reference to YSYWG added to About GCHSCP and its Localities section	Page 13
Does carers reference only relate to assessed carers for people who are social work clients	Service User	Email	General	None. Question can't be incorporated into the Strategic Plan	None	N/A
Inadequate care to vulnerable adults . Violating human rights and getting away with it . The whole personalisation ethos is in dire need of improvement .	Service User	Email	General	None. General comments not for the Strategic Plan.	None	N/A
Saw the reference to public protection ( Public Protection:We will work to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately). However, in general I think the document is relatively weak on Adult Support and Protection compared to Child Protection. In particular the vision at page 3 talks about supporting vulnerable people. it would be relatively straightforward to talk about "supporting and protecting". Also mention is made near the end of national outcomes including 7 but its difficult to see any specific "hooks" for this in the main strategy. I think it would be relatively straight forward to make adult support and protection a bit more robust so that we can drive our biennial report off strategic outcome 7. It would also mean a more transparent strategic context when we receive our next adult protection inspection.	Adult Protection Committee	Email	Delivering our priorities 5, Vision, Vision and Outcomes	See above, liaison with officer to review activity under Public Protection and supplement if possible. Suggesting that reference to "protection" added to what we will do over the next 10 years and the text under the Public Protection Strategic Priority	Additional activity for the Public Protection priority has been suggested and added. Addition of reference to protecting children, adults and and older people to Priority 5 for review.	Pages 24 and 56



Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Shifting the balance of care from institutions to home is fine but costs don't match up – the money isn't being shifted from institutional care to the community. Comparing the cost of hospital, nursing or residential care to community costs. Carers allowance is only £88, Cordia are in and out peoples home in 10 minutes with no account from travel time, limited day care available. It should be done properly.	North West Locality Engagement Forum	Event	Vision and Priorities, Financial Context	Consider additional reference in the Financial Context section to the need to strive for shifting the resources to community settings to achieve the priority	Text added to Financial Context for review and to relevant Priority 3	Pages 23 and 83
SDS – more people should know about it and be able to choose their own services. More choice and control as families can't do it all themselves.	North West Locality Engagement Forum	Event	Delivering our Priorities	Point raised is in line with the strategic priorities of the Plan	None	N/A
People are being discharged too early from hospital without the community supports being in place or the adaptations not carried out.	North West Locality Engagement Forum	Event	Vision	Point raised is operational rather than strategic	None	N/A
Need to be a consistency of services in each Locality. If a pilot is successful – roll it out to other localities.	North West Locality Engagement Forum	Event	Delivering our priorities	Point raised is not a strategic priority and could arguably detract from the need to tailor services to local communities	None	N/A
It was felt there should be more resources going into housing adaptations and occupational therapy to support more people remain in the community and help with hospital discharge.	North West Locality Engagement Forum	Event	Delivering our priorities	Consider whether the Financial Context can say something about the shift of resources to community settings	Draft text been added for review	Page 83
The continual change to services, instability of 3 <sup>rd</sup> sector and funding cuts is having an impact on patients and service users' mental health.	North West Locality Engagement Forum	Event	General	None. General comment	None	N/A
There has to be continuity of funding for 3 <sup>rd</sup> Sector projects to deliver the outcomes and priorities of the Plan. Family projects, Youth Projects and youth clubs often have to reduce service delivery in order to make the books balance. A lot of energy could go into direct service delivery if projects didn't have to annually seeking funding for core activity.	NW Youth Network	Event	Commissioning context	None. Relationship with providers is covered within Commissioning context	None	N/A
Funding for youth clubs and activities, arts and sport activities etc is crucial on promoting 'one good adult' and GIRFEC ambitions.	NW Youth Network	Event	Delivering Our Priorities	None. General comment and detail would be within activities section if identified as activity for progression	None	N/A
Early intervention is key – getting young people to talk about their feelings and looking after their mental wellbeing as early as possible is key – more work with younger(Primary School) age group.	NW Youth Network	Event	Delivering Our Priorities	None. General comment and detail would be within activities section if identified as activity for progression	Passed to relevant Assistant Chief Officer for information	N/A

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Early intervention for young people and getting access to Mental Health services, Counselling etc is essential – hopefully the child and youth mental wellbeing framework will be resourced to meet demand. Don't want any waiting lists for services.	NW Youth Network	Event	Delivering Our Priorities	None. General comment and detail would be within activities section if identified as activity for progression	Passed to relevant Assistant Chief Officer for information	N/A
More early intervention work and partnership with Education Services is needed – schools are left to support young people coping with often very difficult emotional, behavioural and mental health issues – very little support or services provided by CAMHS or social work at present in schools. The low to medium levels of distress displayed and experienced by young people is not resourced adequately.	NW Youth Network	Event	Delivering Our Priorities	None. General comment and detail would be within activities section if identified as activity for progression	Passed to relevant Assistant Chief Officer for information	N/A
Many youth workers didn't like the term 'edge of care' - what does that mean, who will it apply to and will it result in any more services or support going to a family/young person – probably not!	NW Youth Network	Event	Delivering Our Priorities	Alternative wording proposed for all references to "edge of care"	Alternative wording proposed for reference to "edge of care" in the activity under Priority 1 (Children's services-whole system change	Page 30
More support for parents to enhance parenting skills, more support to parents when there is family crisis or upset, more support to parents with a caring role or have a long term condition.	NW Youth Network	Event	Delivering Our Priorities	Suggestion would be for consideration in the activity section	Passed to relevant Assistant Chief Officer for information	N/A
Support the idea of an anticipatory care plan for young people with additional family responsibilities.	NW Youth Network	Event	Delivering Our Priorities	None. General comment	None	N/A
A bold and innovative step would be to look at engagement/participation from stakeholders and partners in procurement of services, as an example	Equalities Mainstreaming Event	Event	Commissioning, Engagement	Slot in some text to identify understanding of the need to engage stakeholders appropriately	Section added for review to commissioning section	Page 80
Revisit our structural planning arrangements – do away with current SPG set up – broader themes/communities of interest	Equalities Mainstreaming Event	Event	Planning Context	None. Review of structure of SPGs not covered in Plan. Structure of SPGs covered in IJB cover paper for March 2019	None	N/A
What allowances are made for people with specific health inequalities?	Equalities Mainstreaming Event	Event	Equalities Context	Draft additional text to cover health inequalities	Reference made to addressing health inequalities added to several sections of the Plan (Planning context, Intro)	Pages 4&5, 88
Child poverty should be a priority	Equalities Mainstreaming Event	Event	Strategic Priorities	None. Addressing child poverty, whilst a key outcome from delivery of H&SC services is not identified as a Strategic H&SC priority	None	N/A

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
HSCP needs to be bolder, more innovative – resist temptation to implement cuts as only alternative to financial constraints	Equalities Mainstreaming Event	Event	Financial Context	Refer to the need to be innovative and meet the challenge of trying new things	Text added to the Vision section, What success will look like, Transformation section	Pages 4&5, 22, 25, 59
What about the 'spend to save' model where early intervention and prevention are at the core of decision making?	Equalities Mainstreaming Event	Event	Strategic Priorities	None. Question can't be incorporated into the Strategic Plan	None	N/A
Could have used the positive examples of engagement that ARE out there	Equalities Mainstreaming Event	Event	Engagement	Consider adding some examples of good engagement	Approached a variety of internal and external colleagues to draft examples of what we're doing already to add in under each priority. These have been incorporated into the final draft.	Pages 29, 36, 41, 47, 53
Are staff aware of the plan? This is often not the case which makes it difficult for the voluntary sector to engage.	Equalities Mainstreaming Event	Event	Engagement	Ensure effective Plan for cascading the Strategic Plan to all stakeholders once approved at IJB	Plan to cascade through the established communications channels for the HSCP once approved. Reference made to the need to engage and communicate with staff added to Financial Context section and Partnership Working section, along with frequent reference to staff throughout the Plan.	Page 88
How we know and find out that GIRFEC works for Deaf children - local area team in social work - can they offer the right support? Sensory impairment team don't do this now due to capacity.	Equalities Mainstreaming Event	Event	Delivering Our Priorities	Comment too detailed for Strategic Plan. Send to relevant Assistant Chief Officer for information/follow up.	Comment sent to relevant Assistant Chief Officer	N/A
It is felt that professionals at GIRFEC (Getting it right for every child) does not have an awareness about Deafness	Equalities Mainstreaming Event	Event	Delivering Our Priorities	Comment too detailed for Strategic Plan. Send to relevant Assistant Chief Officer for information/follow up.	Comment sent to relevant Assistant Chief Officer	N/A
Separate consultations with equality groups, Deaf, Autism, BME - to share within your own community.	Equalities Mainstreaming Event	Event	Delivering Our Priorities	Consider spread of events for future consultation exercises	Consider spread of events for future consultation exercises	N/A
At care home - Deaf people in care homes are very isolated, high risk of dementia that staff should be able to sign or better employ deaf staff.	Equalities Mainstreaming Event	Event	Delivering Our Priorities	Comment too detailed for Strategic Plan. Send to relevant Assistant Chief Officer for information/follow up.	Comment sent to relevant Assistant Chief Officer	N/A
Hearing loss - care home staff unaware of the issues, how hearings aids work. Staff sometimes don't even know who has hearings aids or not, this is common practice. Third sector organisations find it difficult to access care home to assess deaf patient's needs.	Equalities Mainstreaming Event	Event	Delivering Our Priorities	Comment too detailed for Strategic Plan. Send to relevant Assistant Chief Officer for information/follow up.	Comment sent to relevant Assistant Chief Officer	N/A

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Care homes have a high turnover of staff so training doesn't work. Also care home staff displayed no knowledge of assistive technology. No management of hearing aids meaning some deaf patients left on with a hearing aid with a flat battery for several months.	Equalities Mainstreaming Event	Event	Delivering Our Priorities	Comment too detailed for Strategic Plan. Send to relevant Assistant Chief Officer for information/follow up.	Comment sent to relevant Assistant Chief Officer	N/A
Examples where priorities are already working well can be used as good models -DOHs eg district nurses working 24/7	Older People Consultation Event	Event	Strategic Priorities		Approached a variety of internal and external colleagues to draft examples of what we're doing already to add in under each priority. These have been incorporated into the final draft.	Pages 29, 36, 41, 47, 53
The plan should have shorter summary version which is jargon free	Older People Consultation Event	Event	General	Develop Executive Summary version once Plan agreed at IJB	Shorter version to be drafted following approval of Plan at IJB	N/A
There were comments about the jargon and wordy" nature of the priorities that would make it difficult for these to be understood by all.	Older People Consultation Event	Event	General	Review wording of all Priorities to see if accessibility can be improved	Entire Plan reviewed and re-worded where possible to reduce jargon and increase readability of the document generally	All
One group suggested reordering of words to "prevention, early intervention, harm reduction". Can encourage self-care.	Housing event	Event	Strategic Priorities	Consider re-ordering of this priority as suggested	Priority re-worded as suggested	Page 23
not clear about public protection and what this means/encompasses, for example not understanding that this includes child protection – therefore not sure why it is a priority	Housing event	Event	Strategic Priorities	Consider re-ordering of this priority as suggested	Priority re-worded to clarify	Page 24
Tackling health inequalities in priorities	Housing event	Event	Strategic Priorities	Consider adding reference to health inequalities specifically in Priority 1	Reference to health inequalities added to Priority 1 and references made to tackling health inequalities made throughout	Page 23
Doesn't pick up on the context of how we look outwards (e.g. at economic drivers that create the need for our services). We need to acknowledge that we cannot solve the problems of poverty and inequality but we need to work together with the parts of the city that are designed to address these issues. For example we need to reach out to the community planning structures and to those responsible for social policy/economy to address poverty, income generation and public health	Partnership Wide Leadership Session	Event	Planning Context	Consider adding text in Planning Context section to make this point in relation to jointly working to address the issues of health inequalities	Reference made in Planning Context section to addressing the causes of health inequalities	Page 78
We need to be much more prominent in what we say about poverty and inequality and how we address it	Partnership Wide Leadership Session	Event	Priorities/Engagement	Strengthen reference to health inequalities and poverty in the Planning context and review activities under Priority 1 in line with the content of the Public Health Strategy	Text strengthened as suggested. Already was reference to the Public Health Strategy and activities in Priority 1 taken from the document. Has been made more explicit. Intro text suggested for this too.	Pages 4&5, 23

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
A number of participants thought that there should be greater emphasis placed upon including education within the plan, particularly in relation to Priority 1. They felt its omission from this point is an opportunity lost.	Provider Event	Event	Strategic Priorities	Consider adding the word education as proposed	None. Priority 1 already made reference to "...the right levels of advice and support..."	N/A
It was thought as an additional priority we should consider building resilience within individuals and communities. Making an explicit statement to this effect should be reflected within the five key priorities. There was also a feeling from some participants that we should include wording around creating opportunities for Glasgow citizens to flourish.	Provider Event	Event	Strategic Priorities	None. Although a worthwhile suggestion it is not considered that these are health and social care priorities	None	N/A
Commitment to good, effective communication and engagement with patients, service users and carers to ensure they feel heard, understood and recognised needs to be articulated within the plan.	Provider Event	Event	Priorities/Engagement	This is part of the Participation and Engagement Strategy. Reference could be added to partnership working section	Reference made within Partnership Working section including mention of the Audit Scotland report and emphasis on effective and innovative communication and engagement	Pages 87-89
It was thought the plan should contain a statement to say that the GCHSCP will work with communities; 3rd sector; voluntary orgs; private; patients / service users; and carers to ensure we meet Glasgow citizen's needs.	Provider Event	Event	Partnership Working	None. Already stated in the Partnership Working section	None	N/A
The plan should feature and prioritise equality and human rights.	Provider Event	Event	Equalities Context	Add text as proposed	Reference suggested for Intro and text added to Equalities Context section to show the General Duties and reference human rights	Page 4&4, 74
There needs to be a commitment to the workforce, including investment, training, development, recruitment and retention of staff, particularly staff providing care.	Provider Event	Event	Priorities/Engagement/Financial context	Consider text in Workforce section of Financial Context. Not for inclusion as Strategic Priority	Text added to Financial Context section	Page 87
The recruitment and retention of social care staff continues to be an issue and priority for provider organisations. This challenging context within which health and social care operates needs to be acknowledged within the Strategic Plan, and a commitment needs to be made to prioritise developing solutions among partners to address these issues	Provider Event	Event	Financial Context	Consider text in Workforce section of Financial Context.	Text added to Financial Context section	Page 87
There was an overwhelming view that inequalities/ poverty and its impact and our need to work with others to mitigate that needs to be much more explicit	HSCP staff	Email	Planning Context, Delivering our priorities	Strengthen reference to health inequalities and poverty in the Planning context and review activities under Priority 1 in line with the content of the Public Health Strategy	Text strengthened as suggested. Not already was reference to the Public Health Strategy and activities in Priority 1 taken from the document. Has been made more explicit. Intro text suggested for this too.	Pages 4&5, 23

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
I think there was something about importance of housing/environment that needs to be more visible	HSCP staff	Email	General	Consider adding an element for What Success Will Look Like and including reference to the importance of housing.	Text added to What Success Will Look Like section with two points added and reference to Housing Contribution Statement added	Pages 25 and 91
Although it wasn't mentioned at all I think there need to be more said about opportunities of digitalisation and how the much our context is changing	HSCP staff	Email	General	Text suggested for Intro and added to Transformation section	Text added to the Vision section, What success will look like, Transformation section	Pages 4&5, 22, 25, 59
I know we have it all through the Strategic Plan, but I wonder if we need to find a different/more ways of stating our intention to put people with lived experience at the heart	HSCP staff	Email	Partnership Working	Add reference to Partnership Working section	Text added to Partnership Working section	Pages 88-91
Something about acknowledging we are at points aspirational and not knowing how we might achieve aspiration is not a reason not to try	HSCP staff	Email	Strategic Priorities	Add text to priority 4 to make the connection more explicit	Text added to Vision section, Priority 4 and suggested for the Intro	Pages 4&5, 23, 24
Our aim for courage and creativity needs to be obvious	HSCP staff	Email	Strategic Priorities	Add text to priority 4 to make the connection more explicit	Text added to Vision section, Priority 4 and suggested for the Intro	Pages 4&5, 23, 24
The feedback from GCC CE that we need to articulate what our ask may be of Community planning partners I think is a point well-made and one we might want to reflect in the Strategic plan	HSCP staff	Email	Partnership Working	Add text to Partnership Working section for review	Draft text added to Partnership Working section under "Community Planning"	Page 90
Apologies if captured, but a theme I thought was helpful from both children's and primary care was the use of language around 'shifting the balance of care...' not particularly understood and perhaps we should convert that term more accurately to investing in local people, neighbourhoods and communities. Worth a discussion/ reflection thanks Mike	HSCP staff	Email	Strategic Priorities	Consider re-wording Priority 3 for review	Priority 3 re-wording considered but decision was to retain Priority heading wording and add new text into description	Pages 23 & 24
The needs of young people should be recognised as a specific priority	Survey response	Survey	Strategic Priorities	None. Reference to needs of children and young people is referred to in Priority 1	None	N/A
Quality of life (measurement is integral)	Survey response	Survey	What will success look like?	Add some text to this section to highlight the commitment to measuring impact on quality of life	Text added to What Success Will Look Like section	Page 25
General suggestion of the need to better explore how we are going to address issues connected to mental health, particularly among children and young people	Survey response	Survey	Delivering our Priorities	Subject not covered within proposed activities. Send to relevant Assistant Chief Officer for information/follow up.	Comment sent to relevant Assistant Chief Officer	N/A

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Need more about child welfare and protection	Survey response	Survey	Delivering our Priorities	None. Send to relevant Assistant Chief Officer for information/follow up.	Comment sent to relevant Assistant Chief Officer	N/A
We would welcome key elements of the vision being called out in the Key Priorities, in particular partnership, innovation and the expanded use of technology enabled care and support	Loretto	Email	Strategic Priorities	None. Reference to technology already made in Vision and added to Transformation area. Technology not a strategic priority in itself, more a means to achieve our priorities	None	N/A
We believe that the role of carers and how they will be supported should be called out within Key Priorities, perhaps under Priority 1 "Early Intervention etc..." Citing the promotion of Carers' rights as a means of preventing negative health and wellbeing outcomes could be beneficial	Loretto	Email	Strategic Priorities	None. Carers are referred to elsewhere in the Plan	None	N/A
A greater emphasis on the importance of Technology Enabled Care (TEC) could be made, including supporting people to understand and act on their options, such as the growing range of "off the shelf" solutions	Loretto	Email	Strategic Priorities	Text added to Vision section, Priority 4 and suggested for the Intro	Text added to Vision section, Priority 4 and suggested for the Intro	Pages 4&5, 23, 24
We welcome the activity area "Neighbourhood Teams for Older People" and would cite the successful Wheatley Group/Loretto Care Livingwell model as an excellent example of the positive outcomes that can be delivered through partnership working (including with housing providers) and innovation; we would welcome early and direct involvement in developing this aspect of the strategy	Loretto	Email	Delivering our priorities	Pass to relevant staff to follow up	Wrote to Loretto to request an example of partnership working. Yet to hear back	N/A
Further emphasising and giving greater priority to housing investment and design innovation to meet current and future needs, to acknowledge the correlation between poor housing and poor health, and preventative investment in housing to save health costs in later life	Loretto	Email	Delivering our priorities	Consider how to accommodate this point within proposed addition of housing-related points elsewhere	Text added to Partnership working section to make the connection between housing and health and social care outcomes.	Page 91

Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
We would welcome more activity around determining individual preferred communication method(s), including on line engagement, as this is crucial to optimising self-determination and choice. For example, the First Through the Door app developed and tested at the Wheatley / GHSCP 415 Innovation project ensures vulnerable individuals receive meaningful, targeted advice and support at first engagement, in a communication method they prefer	Loretto	Email	Partnership Working	Add text to reinforce the use of appropriate methods for individuals	Text added to Partnership Working section that commits us to understanding the preferred and most effective communication methods for our stakeholders	Pages 88-91
We particularly welcome the priority given to “working with housing providers” around social isolation and loneliness. The Loretto Care Community Engagement and Activity Team (CEAT) model is a successful, sustainable and replicable approach to inter alia tackling loneliness and isolation. The Knightswood Connects project, commissioned by Glasgow HSCP, is an integral part of the CEAT. We would welcome engagement as this part of the strategy is developed.	Loretto	Email	Delivering our priorities	Pass to relevant staff to follow up	Wrote to Loretto to request an example of partnership working. Yet to hear back	N/A
We would welcome more emphasis on activities to lever innovation, use of digital and technology enabled care (TEC) in this priority	Loretto	Email	Delivering our priorities	Review activity in this area and establish option to strengthen	See above references to added references to innovation and use of technology	N/A
Current structures of planning and delivery do not adequately take into account the needs of disabled people due to a focus on "care groups" rather than people and their needs	Glasgow Disability Alliance	Email	General	None. Strategic Plan opted not to go into that level of detail re' planning structures (may be subject to change during lifetime of the Plan). Cover report for the IJB will include reference to SPGs structures.	None. Although this feedback has been considered alongside other data captured during review of the SPGs and has informed the decision on the structure of the SPGs	N/A
Strategic Plan reflects the fact that none of Glasgow's services are designed with the needs of disabled people in mind	Glasgow Disability Alliance	Email	General	None. Strategic Plan highlights that all changes to services/service developments are subject to EQIA to identify impacts on groups with protected characteristics.	None	N/A



Feedback received	Source	Format	Relevant section(s)	Action proposed	Action taken	Plan page(s)
Equalities Impact Analyses need strengthened and a human rights lens embedded	Glasgow Disability Alliance	Email	Equalities Context	Confirm commitment to EQIA and Human Rights within the Plan. Work is currently underway to adapt the agreed EQIA tool used by GCHSCP, which includes incorporation of human rights considerations	Text proposed for Intro and reference to Human Rights made within Equalities Context section	Pages 4&5, 74
Strategic approach is required with wider Council and community planning partners to drive forwards the Public Sector Equality Duty	Glasgow Disability Alliance	Email	Partnership Working	Text added to the Equalities context section for review	Text added to the Equalities context section for review	Page 74
Disabled people's lived experience is essential to co-ordinated strategic planning to inequality	Glasgow Disability Alliance	Email	Partnership Working	Add text to Partnership Working section for review	Text added to the Partnership working section regarding inclusion of the perspectives of people with lived experience (not restricted to people living with disabilities)	Pages 88-91
GDA members report frequently encountering a lack of knowledge and understanding of the rights of disabled people	Glasgow Disability Alliance	Email	Financial Context	Text added to Workforce section in Financial Context	Text added to Staffing and Workforce Plan section of Financial Context to reiterate the need for skilled staff and knowledgeable staff, particularly when working with people from groups with protected characteristics	Pages 86 & 87
Structure of the Plan suggests investment in Community Connectors only targetted at older people	Glasgow Disability Alliance	Email	Delivering Our Priorities	Review text.	Text reviewed and specific reference that relates to working with OP has been removed.	Page 50
There are widespread concerns about the intended expansion of technology-enabled care and risks this poses to further increase isolation.	Glasgow Disability Alliance	Email	Delivering Our Priorities	General comment but pass to relevant lead officer for information and/or action	Passed passed to relevant lead officer for information and/or action	N/A



# Item No: 8

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Sharon Wearing

**Tel:** 0141 287 8838

### MEDIUM TERM FINANCIAL OUTLOOK 2019 - 2022

<b>Purpose of Report:</b>	This report outlines the Medium Term Financial Outlook for the Integration Joint Board (IJB) and has been prepared to support financial planning and delivery of the IJB's Strategic Plan.
---------------------------	--

<b>Background/Engagement:</b>	This draft plan has been developed to support financial planning and delivery of the IJB's Strategic Plan. All services, Partner Bodies and IJB members have been engaged in the development of this outlook.
-------------------------------	---

<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) approve the Medium Term Financial Outlook 2019 – 2022 attached to this report at Appendix 1.
-------------------------	---

#### Relevance to Integration Joint Board Strategic Plan:

This report outlines the funding and expenditure requirements over the medium term to support delivery of the Integration Joint Board Strategic Plan.

#### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Not applicable at this time.
--	------------------------------

<b>Personnel:</b>	Any implications for Personnel can only be established once final funding allocations are known from Partner Bodies, and the implications for Personnel can then be assessed.
-------------------	---

<b>Carers:</b>	Expenditure in relation to Carers' services is included within this draft medium term financial outlook.
<b>Provider Organisations:</b>	Expenditure on services delivered to clients by provider organisations is included within this draft medium term financial outlook.
<b>Equalities:</b>	Not applicable at this time.
<b>Fairer Scotland Compliance:</b>	The expenditure on services supports the delivery of a Fairer Scotland.
<b>Financial:</b>	The draft medium term financial outlook identifies an estimated funding gap of £100m over the three years, with £36m identified for 2019 - 20.
<b>Legal:</b>	<p>The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their respective annual budget setting processes. This is required to include assumptions on a range of issues including but not limited to:-</p> <ul style="list-style-type: none"> <li>• activity changes</li> <li>• cost inflation</li> <li>• efficiencies</li> <li>• performance against outcomes</li> <li>• legal requirements</li> <li>• transfer to or from amounts sets aside by the Health Board</li> <li>• adjustments to address equity of resource allocation</li> </ul>
<b>Economic Impact:</b>	Not applicable at this time.
<b>Sustainability:</b>	Sustainability of service provision over the medium term will be dependent on the final medium term financial outlook and the decisions required to deliver a balanced budget.
<b>Sustainable Procurement and Article 19:</b>	Not applicable at this time.
<b>Risk Implications:</b>	<p>The IJB is required to set a balanced budget for 2019 – 20 by the end of March 2019. This requires both Glasgow City Council and NHS Greater Glasgow and Clyde to provide financial allocations to support this timescale.</p> <p>The Medium Term Financial Outlook makes a number of assumptions about funding and expenditure requirements</p>

	between 2019 and 2022. Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests ‘what if’ scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.
--	---

<b>Implications for Glasgow City Council:</b>	The Integration Scheme requires Glasgow City Council to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes.
---	---

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Scheme requires NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes.
--	--

<b>Direction Required to Council, Health Board or Both</b>	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 IJB’s Strategic Plan for the next three years will set out the ambitions of Glasgow City IJB. However, it is important that this is set within the context of the funding which is available to support delivery, and medium term financial planning is an important part of the strategic planning process.
- 1.2 This has been recognised by the Accounts Commission report in November 2018, which highlighted the need to link resources to strategic priorities, recommending longer-term, integrated financial planning between IJB’s and Partner Bodies to deliver sustainable service reform.
- 1.3 Glasgow City IJB has developed a medium term financial outlook this year to support the development of the 2019 – 2022 Strategic Plan. This outlook has been updated to reflect comments which have been received as part of our consultation process with IJB members in February and also to reflect the latest funding offer from Glasgow City Council and NHS Greater Glasgow and Clyde.

## 2. Financial Context

2.1 The Medium Term Financial Outlook provides an opportunity for the IJB to gain an understanding of the financial climate in which it will operate over the medium term. This has been done by considering the impact of a range of factors, which are illustrated below and reflect the complexity of factors which can impact on IJB financial pressures.

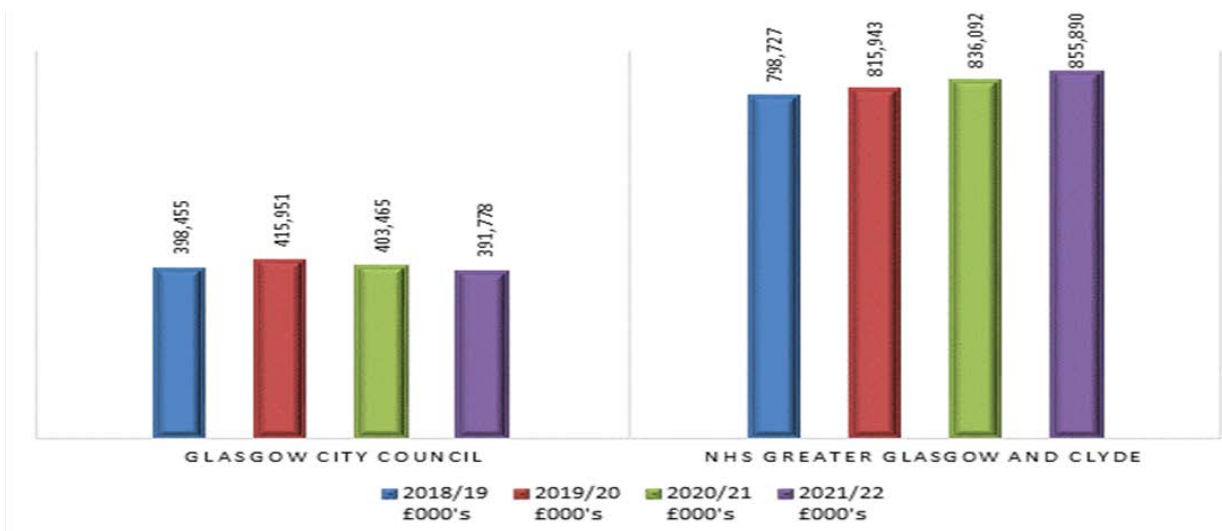


### Impact on Funding

2.2 The IJB is reliant on funding from Glasgow City Council and NHS Greater Glasgow and Clyde. These Partners' contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. The budget setting process will also consider the level of savings which will be applied to the IJB by both Partner bodies.

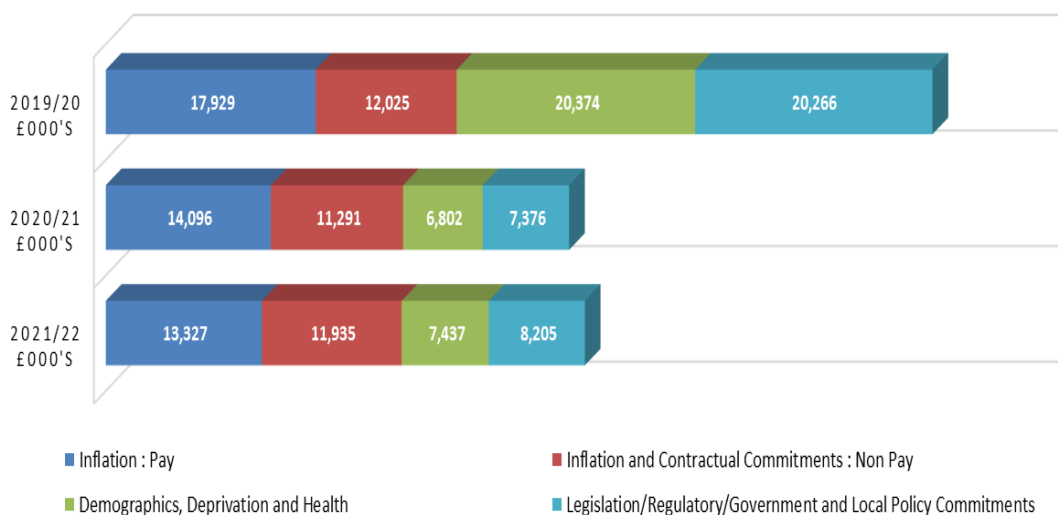
2.3 The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their respective annual budget setting processes. The funding which is proposed to be delegated to the IJB from Glasgow City Council and NHS Greater Glasgow and Clyde for 2019-20 is reflected within this document. This is the subject of a separate report to the March IJB.

2.4 Funding assumptions beyond this are based on the best information available at this time and forecast that Health Board funding is likely to increase by £57m between 2019-20 and 2021-22, with Council funding expected to reduce by £6m over the same time period.



### Impact on Expenditure

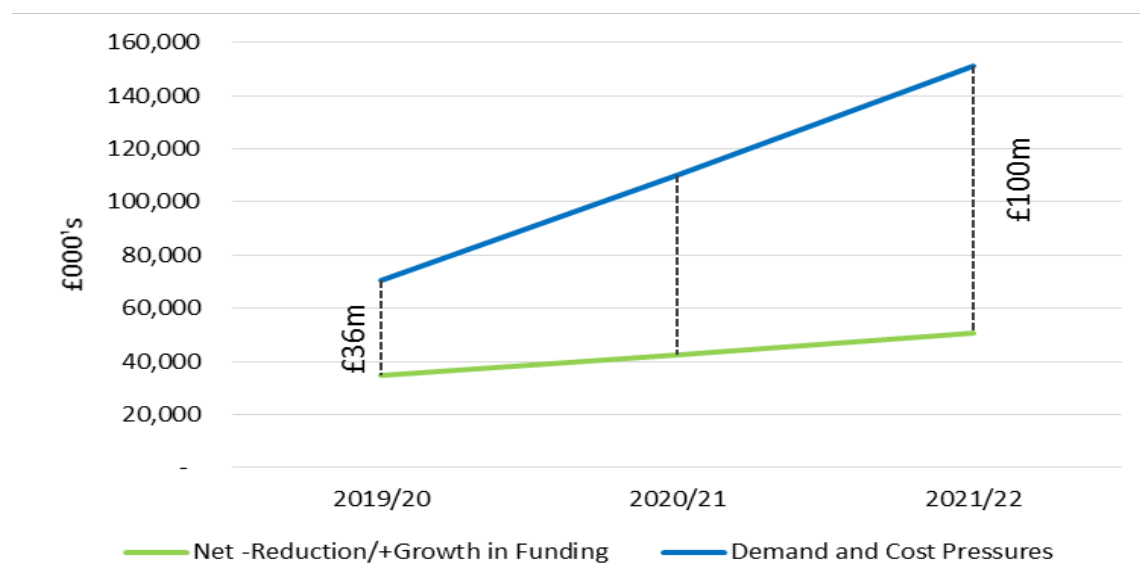
2.5 Each year the IJB will face cost pressures as a result of a range of factors including demand, inflation and changes in legislation/regulations. This Outlook has assessed the key factors likely to impact over the medium term and estimates that the IJB will face cost and demand pressures of £151m over the next three years.



2.6 These pressures reflect a number of inflationary pressures which the IJB is required to contractually pay which it has no control over and ranges from £25m to £30m per annum. In addition to this, services are experiencing high levels of demand for services as a result of demographics, deprivation and health issues some of which are being reflected in our financial performance in 2018-19. In addition to this there are a number of new commitments in relation to national and local policy commitments.

### Impact on Financial Position

2.7 The assessment of both funding and expenditure identifies a shortfall in funding of £100m and represents the scale of the challenge facing the IJB over the medium term.



2.8 This will require the IJB to consider options for savings in 2019 – 20 of £36m to deliver a balanced budget and this is the subject of a separate report to the March IJB.

### **3. Recommendations**

3.1 The Integration Joint Board is asked to:

- a) approve the Medium Term Financial Outlook 2019 – 2022 attached to this report at Appendix 1.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-8-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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	All functions as outlined in the draft Medium Term Financial Outlook.
7	Full text of direction	<p>The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes.</p> <p>Both Partners are requested to consider this Medium Term Financial Outlook as part of their annual budget process for 2020 – 21 and 2021 – 22.</p>
8	Budget allocated by Integration Joint Board to carry out direction	Not relevant at this stage.
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	31 March 2020





# MEDIUM TERM FINANCIAL OUTLOOK 2019 - 2022

Glasgow City Integration Joint Board



# TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
PURPOSE	4
LOCAL CONTEXT	5
NATIONAL CONTEXT	17
MEDIUM TERM FINANCIAL OUTLOOK	21
OUR RESPONSE	26
RISK AND SENSITIVITY ANALYSIS	30
APPENDIX ONE	33
APPENDIX TWO	34

## EXECUTIVE SUMMARY

Glasgow City IJB is ambitious about what it wants to achieve and is clear about its ambitions and priorities for the next three years as set out in its Strategic Plan. The financial position for public services continue to be challenging, therefore it is important that the IJB's ambitions are set within the context of the funding which is available. This Medium Term Financial Outlook assists the IJB to plan based on the totality of resources across the health and social care system to meet the needs of local people and support delivery of its Strategic Plan for 2019 to 2022.

Glasgow City IJB delivers a range of services to its citizens and in 2018-19 has funding of £1.2bn to spend on services. Glasgow remains 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. Almost half of our citizens live in the 20% most deprived areas in Scotland. One in three of our children live in poverty and there are significant long term health challenges which stop citizens from reaching their full potential.

The demographic, health and deprivation profile of the city impact on the demand that is experienced in all of our services and can often result in higher support levels than experienced in other parts of Scotland. This creates a challenging environment in which to operate, managing demand within the financial constraints in which we operate, whilst transforming services and delivering on the integration agenda.

Glasgow City IJB is clear about the challenges which are ahead and its aspirations for all of its services and this needs to be considered in the context of the financial resources which will be available over the Medium Term. Over the medium term this outlook estimates a funding shortfall of £100m over the next three financial years which the Integrated Joint Board will need to address. This is based on the best estimates available and sensitivity analysis has been undertaken to highlight the implication of changes to underlying assumptions.

There has been significant progress already in transforming services. As well as delivering financial savings this has enabled services to increase their effectiveness and efficiency, enabling services to manage the increasing demand and complexity of the patients and service users supported. The IJB is committed to transforming services, and this programme of work will continue moving forward, however future gains will be smaller and this alone will be unable to bridge the funding gap which has been identified above.

A clear strategy is required to ensure the IJB remains financially sustainable over the medium term. This will require services to be re-imagined and a new social care contract to be discussed with the citizens of Glasgow. This will represent a significant change to the IJB, our partners and the citizens of Glasgow and will require us all to work together to focus our limited resources on offering services which are sustainable over the longer term and are targeted to those with the greatest need.

## PURPOSE

Glasgow City Integration Joint Board (IJB) was established in February 2016, and has responsibility for planning how community health and social care services are delivered in Glasgow. It does this by directing Glasgow City Council and NHS Greater Glasgow and Clyde to work jointly together to deliver integrated community and social care services through the Glasgow City Health and Social Care Partnership.

Integration of services is about putting people first and ensuring that they get the right care and support whatever their needs, at the right time and in the most appropriate place.

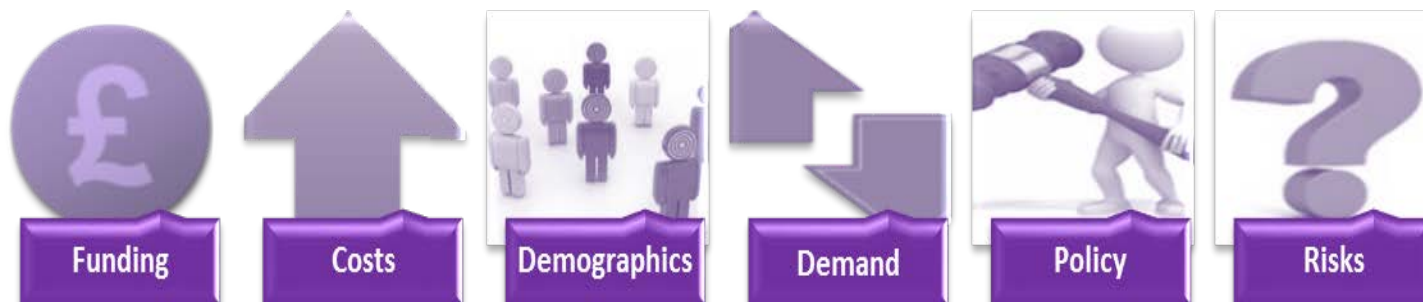
Glasgow City IJB is ambitious about what it wants to achieve and has already delivered early successes integrating and improving services for the people of Glasgow. The IJB is clear about its ambitions and priorities for the next three years and has set this out in its Strategic Plan.

Medium Term financial planning is an important part of the strategic planning process. The financial position for public services continue to be challenging, therefore it is important that the IJB's ambitions are set within the context of the funding which is available.

The purpose of this Medium Term Financial Outlook is to ensure that resources are targeted at the delivery of the priorities of the Strategic Plan and also to support the annual financial planning process. This Outlook will assist the IJB to plan based on the totality of resources across the health and care system to meet the needs of local people and support delivery of its Strategic Plan for 2019 to 2022.

### Approach to the Development of the Medium Term Financial Outlook

The Medium Term Financial Outlook provides an opportunity for the IJB to gain an understanding of the financial climate in which it will operate over the medium term. This will be done by considering the impact of a range of factors, which are illustrated below and reflect the complexity of factors which can impact on IJB financial pressures.



# LOCAL CONTEXT

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. It is the centre of the only metropolitan area in Scotland and is the most ethnically diverse city in the country.

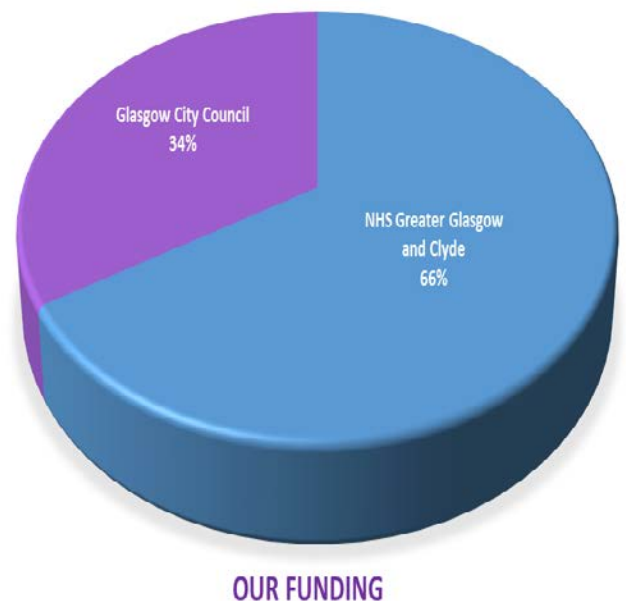
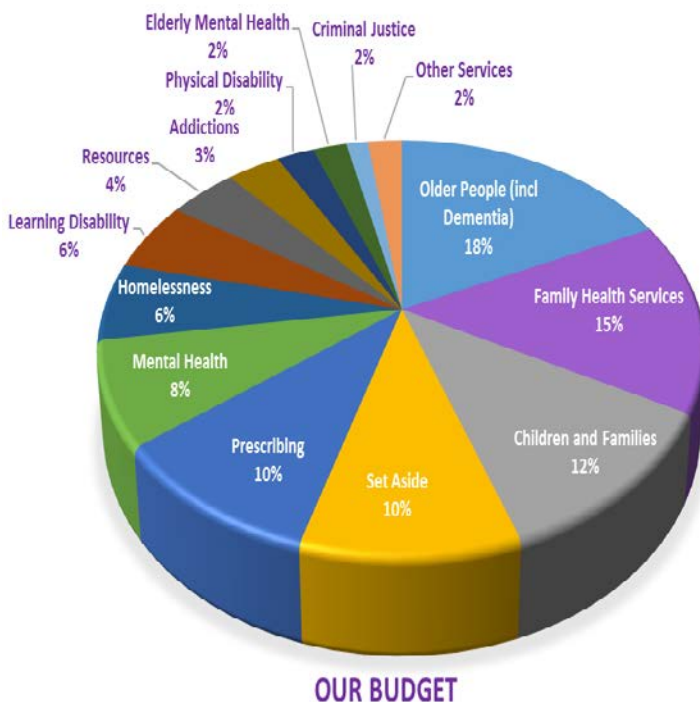
Glasgow remains, however, a city of contrasts. Parts of the city still suffer from unacceptable levels of poverty and inequality and not all the prosperity and success in the city has been shared. Almost half of our citizens live in the 20% most deprived areas in Scotland. One in three of our children live in poverty and there are significant long term health challenges which stop citizens from reaching their full potential.

Glasgow City IJB has a clear vision for health and social care services in Glasgow City.

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.

## Our Budget

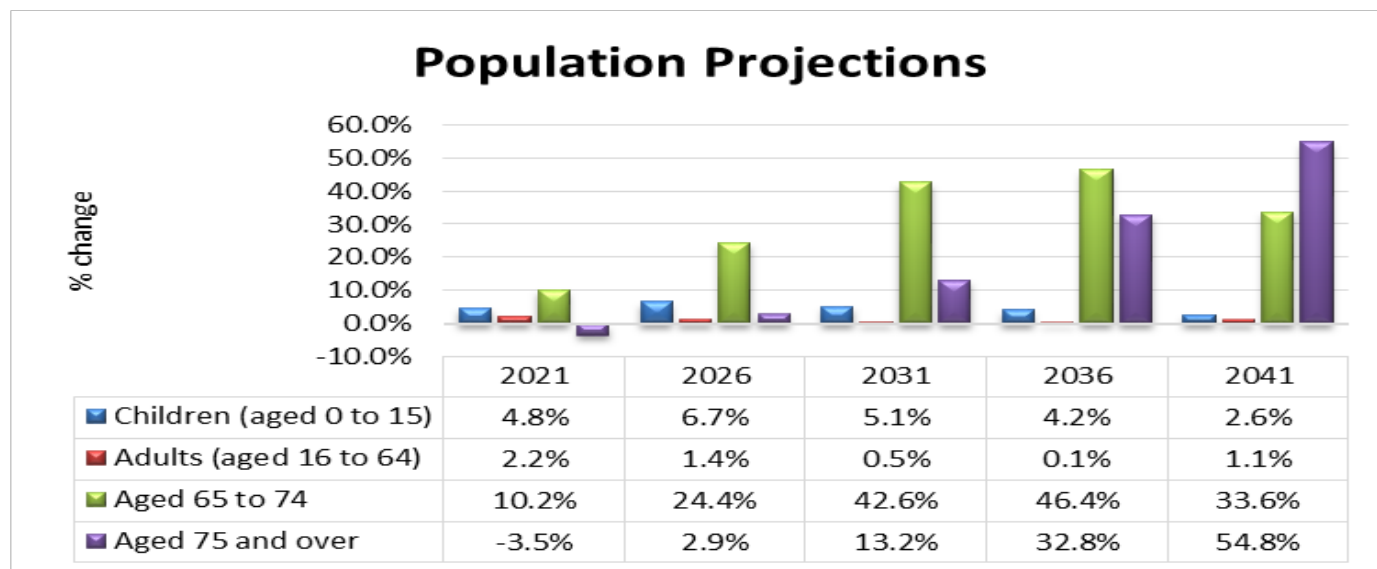
Glasgow City IJB delivers a range of services to its citizens and in 2018-19 has funding of £1.2bn to spend on services. This is funded through budgets delegated from both Glasgow City Council and



NHS Greater Glasgow and Clyde and is illustrated below.

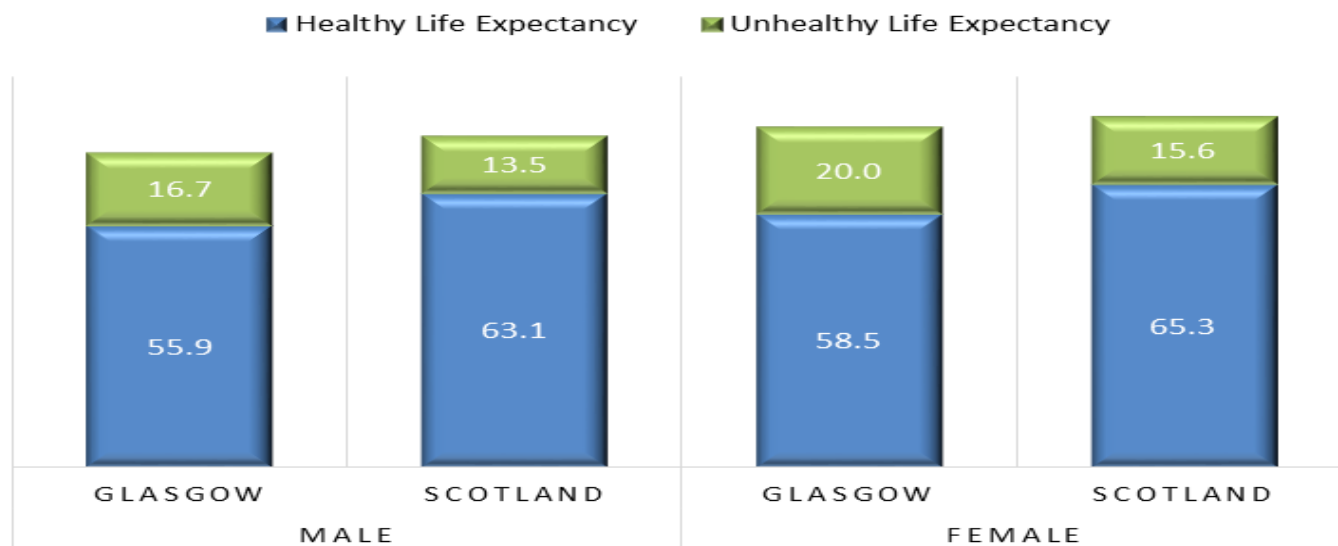
## Our Demography

Glasgow is expected to experience an increase in its demographic profile over the next 25 years, with the population forecast to increase by 7.1% to 659,000 by 2041. Over this period all population groups will increase. However the largest movement will be in those citizens who are aged 65 and over with aged 65 to 74 increasing by 33.6% and aged 75 and over increasing by 54.8%. Over the medium term the biggest increase will be experienced in aged 65 to 74 which is forecast to increase by 10.2% by 2021.



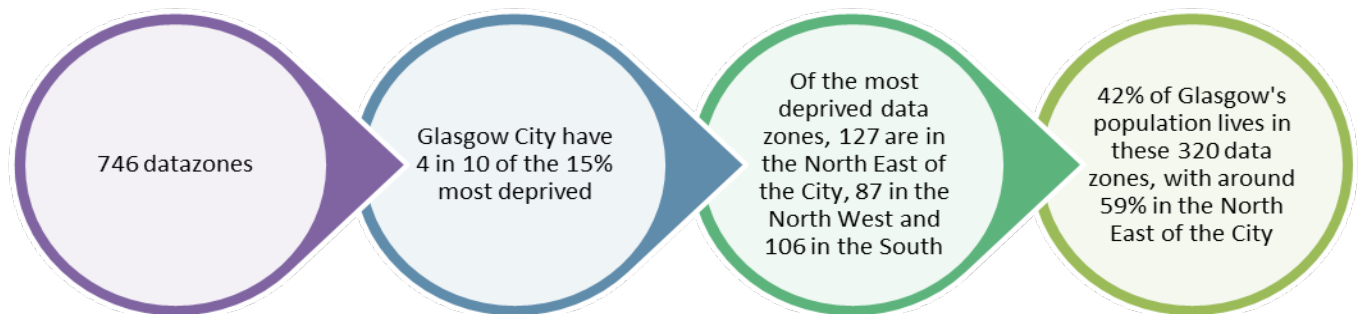
## Our Health and Deprivation

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.

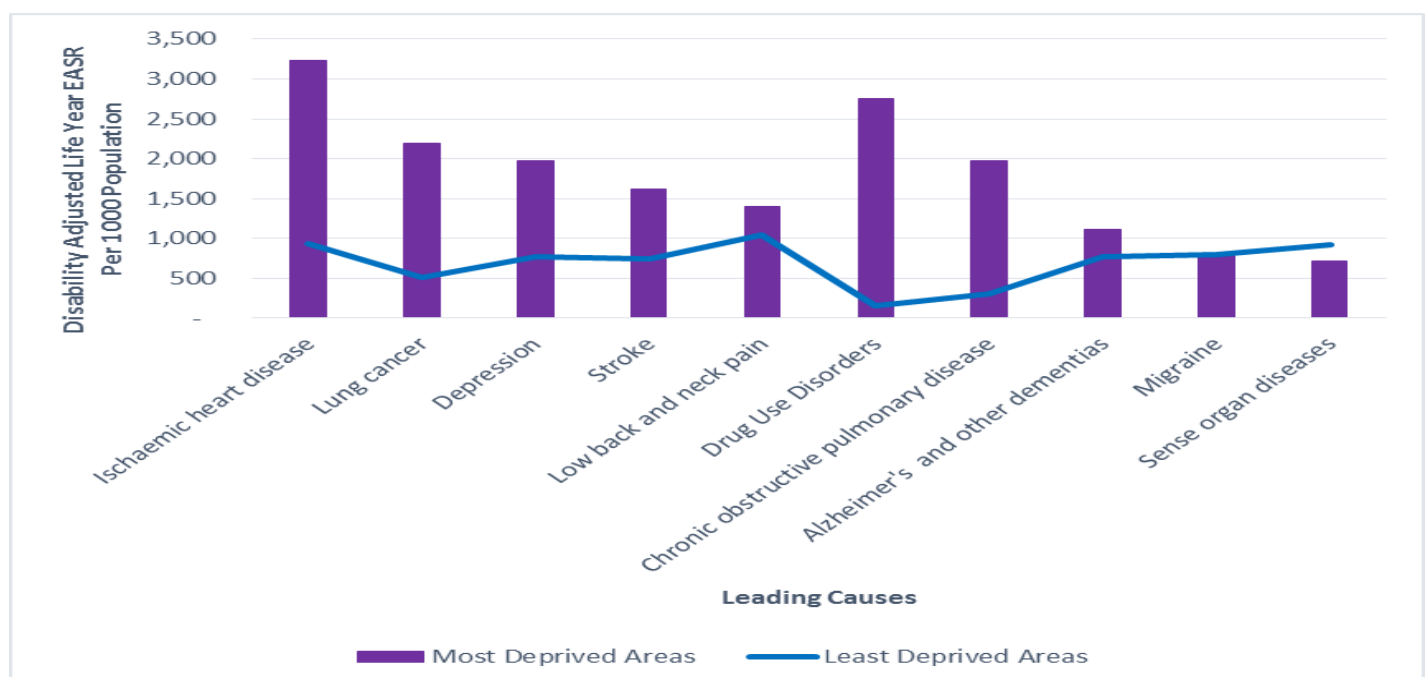


31% of Glasgow City's citizens are living with one or more long term health condition, which is higher than the Scottish average of 30%. Glasgow City shows higher number of citizens with blindness or partial sight loss, learning disability, learning difficulty, physical disability and mental health conditions when compared with the Scottish average. Glasgow City also experiences a number of other challenges linked to addictions, with 30% of Glasgow males and 18% of Glasgow females identified as potential problem drinkers, both far higher than the equivalent Scottish averages of 24% for males and 12% for females. Glasgow City also 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.

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.



The recent 'burden of disease' work led by Health Scotland shows very clearly the nature and extent of the impact of deprivation on health and care services and the added burden placed on services as a result of disease. This is illustrated in the graph below which shows the leading diseases which are unlikely to cause death but may cause substantial poor health.

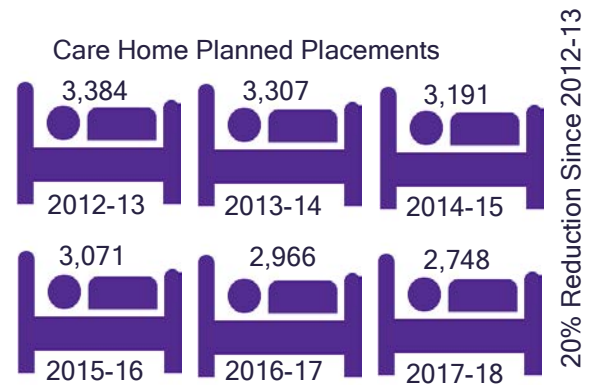


## Impact on Demand

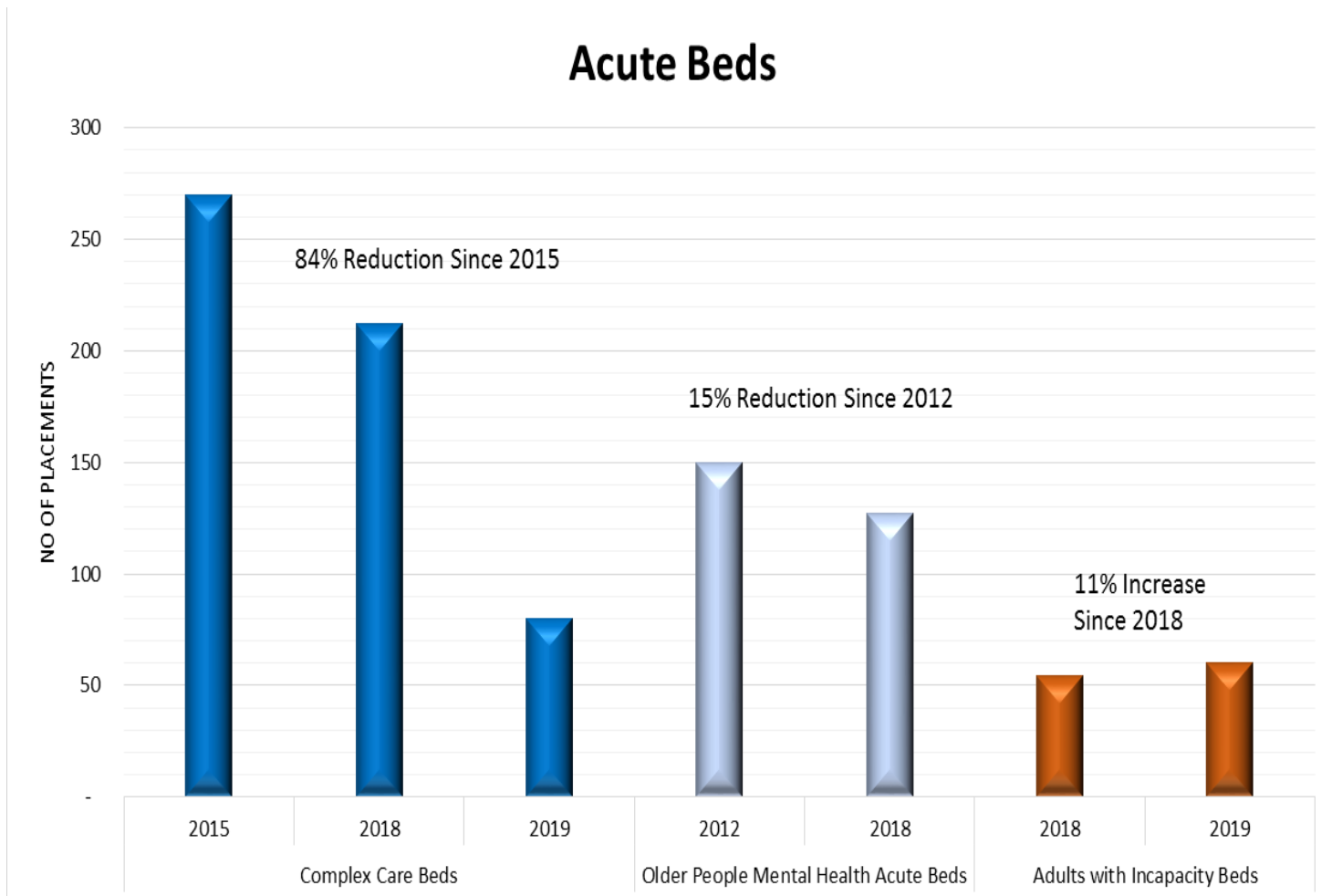
All of these areas impact on the demand that is experienced in all of our services and can often result in higher support levels than experienced in other parts of Scotland. This creates a challenging environment in which to operate, managing demand within the financial constraints in which we operate, whilst transforming services and delivering on the integration agenda.

## Older People Services

The direction of travel for Older People Services in recent years has been to shift the balance of care away from traditional hospital or institutional care towards providing more support in communities so people can live independently for as long as possible in their own homes or other community based settings. As the data on this page shows Glasgow has made great strides in this direction by reducing reliance on traditional hospital and institutional care.

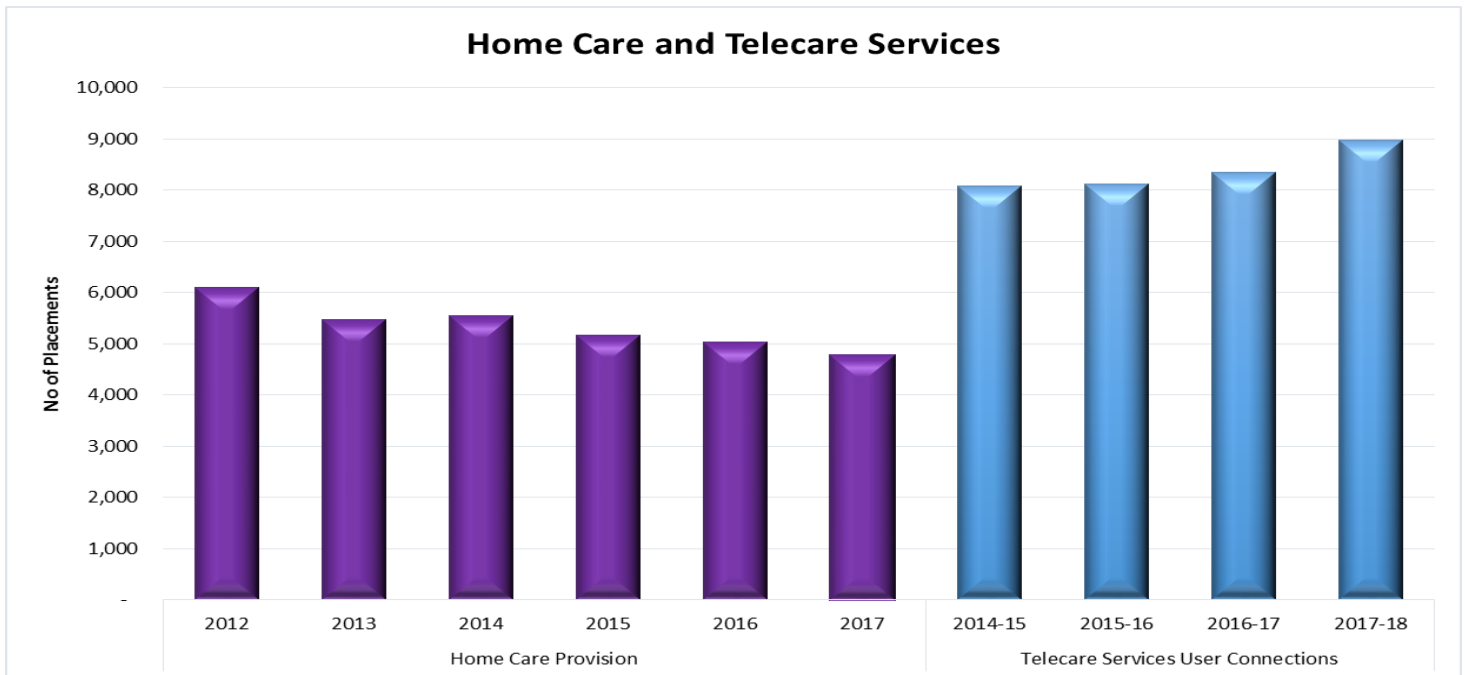


## Acute Beds





However, further work is required to continue to transform services. This includes changes to what is a relatively risk averse perhaps at times relatively paternal historical culture in Glasgow, where the tendency has at times been to 'do for' rather than enable people to 'do for themselves'. There has been significant progress in changing this natural tendency over recent years and this has been reflected in the development of successful new community based service models and preventative services which focus on rebuilding confidence and skills for independence. Some key information on the activity in these services is shown on this page.



**Supported Living**  
Increase in places to 734 in 2017-18

This shift in care has not only supported the development of community social care services, it has also delivered savings of £18m over the last 5 years, which has been required to manage services within the funding which has been available from partners.

**Community Based Supported Living**  
Development of 72 places

The investment in community social care services has been essential to delivering the shift in the balance of care, however all of these services are reporting increased levels of demand and increasing levels of frailty of the clients which are supported. This is reflected in the increased need for care home placements in 2018, which will be the first increase in six years, and is reflected in the projections shown on Page 10.

**65 to 74 year olds**  
10.2% increase projected between 2016 and 2021

Locally Glasgow City Council has transferred the delivery of Homecare Services back to the Council. This comes with it a financial pressure of £6.5m which will need to be considered as part of the medium term financial outlook.

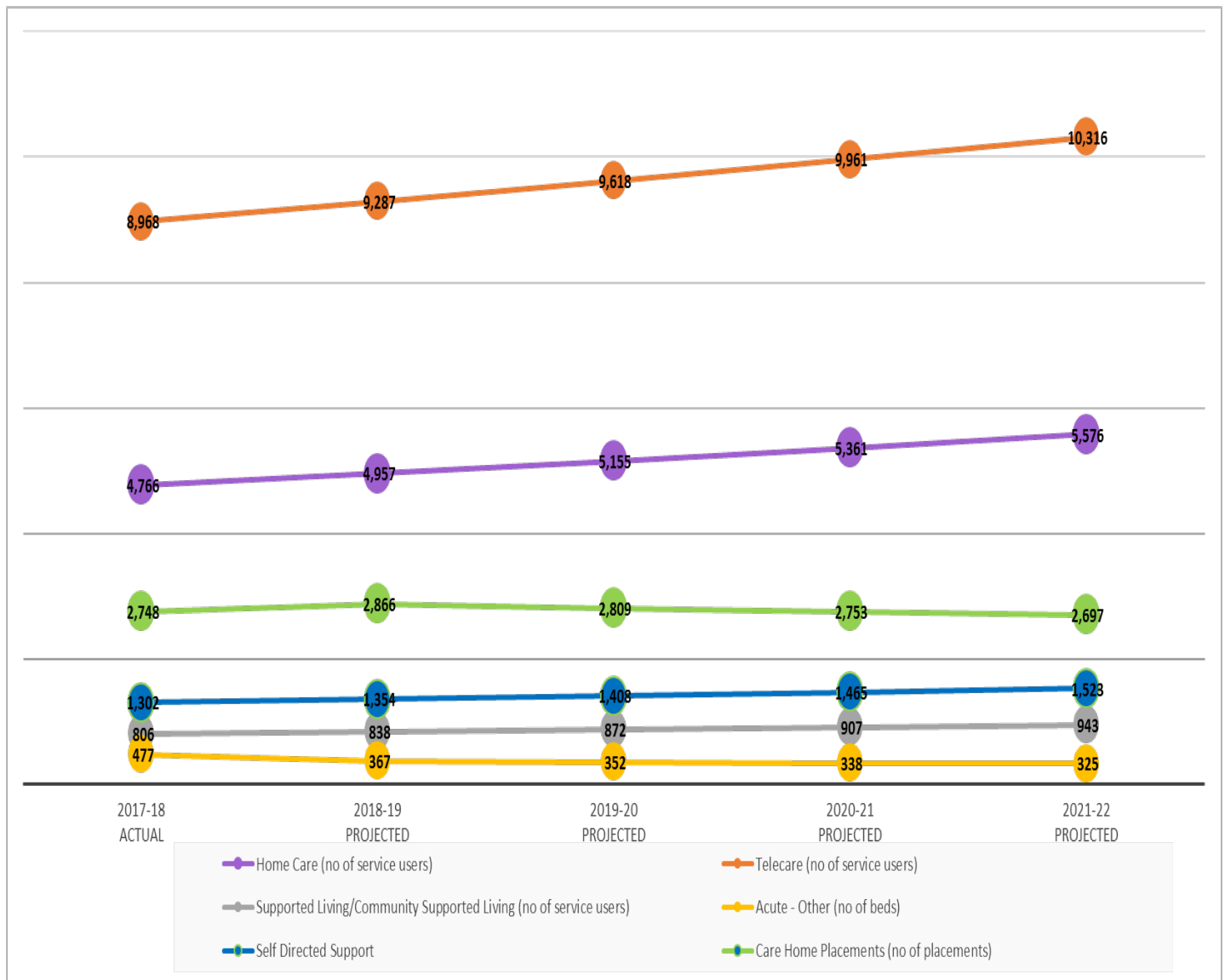
**75 and Over**  
3.5% reduction projected between 2016 and 2021

Maintaining this strategic shift in services becomes more challenging year on year as the number of older people with complex needs increases. While more people in Scotland and Glasgow are generally living longer healthier lives than ever before, there is a significant proportion of the City's population with additional complex needs and who place extra demand on care services. In May 2018, the Institute of Fiscal Studies and the Health Foundation recognised the pressure on social care funding, forecasting the need for a

**Self Directed Support**  
Increased from 491 service users in 2012/13 to 1,354 in 2018/19

3.9% per annum increase alone to meet the changing complex needs of the population, including a recognition of pressures as a result of the general population living longer.

Planning assumptions over the medium term are to continue to support Glasgow's population to live as independently as possible for as long as possible, but with a clear intention to shift the focus to enabling and supporting those that require assistance to enjoy the best quality of life possible, informed by choices they make for themselves. For older people's health and social care services that means a different approach to managing risk, particularly where older people, their families and carers make conscious choices to live with risk in the community. The graph below demonstrates what this shift could look like including the need for investment in community based solutions to both.



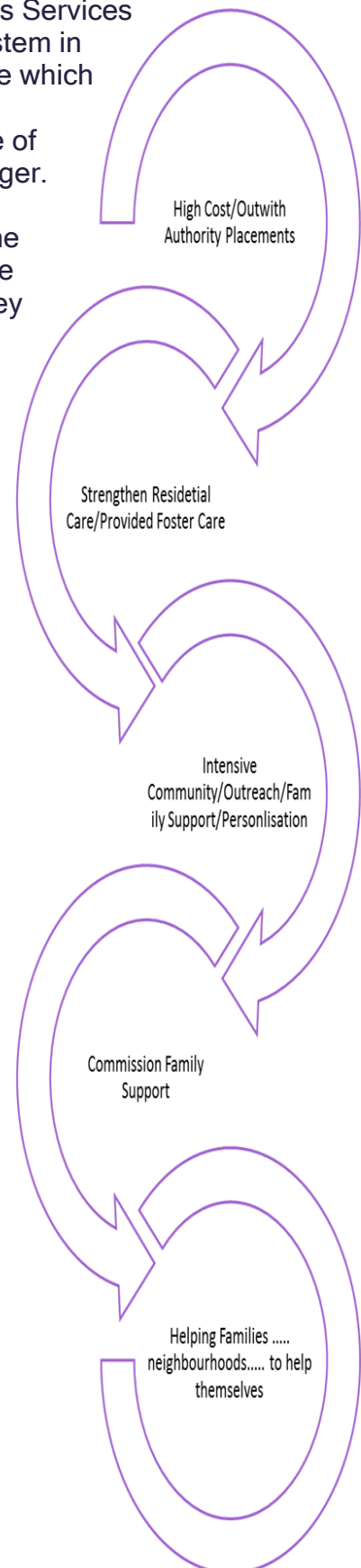
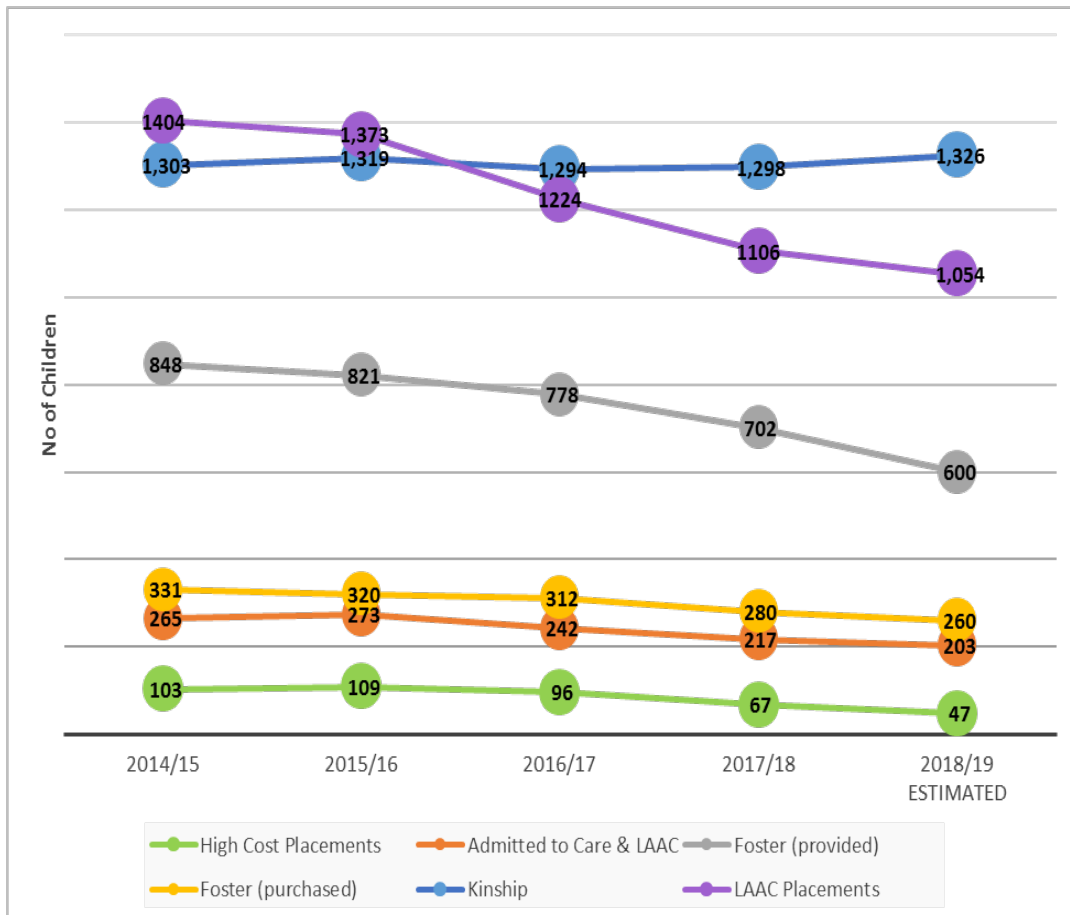
In looking towards 2021 the intention is to build upon the momentum already established over recent years and accelerate progress still further in the face of the significant challenges which will be experienced by the HSCP over the period. This will require a profound shift in the culture which operates across the whole system, with greater emphasis on family and carer support than exists at present, more effective applications of technology and a more efficient use of the Acute system.

## Children's Services

The introduction of the Health and Social Care Partnership provided Children's Services with an opportunity to undertake a comprehensive review of the child care system in Glasgow. This review reflected and concluded that Glasgow needed a service which was aligned to the policy aims of Getting It Right for Every Child, delivering a service which would help families to help themselves and improving the range of family support services in place to sustain more young people at home for longer.

This approach is shown opposite and seeks to implement the aspirations of the Christie Commission, to avoid spending money in an intervention that could be avoided, by prioritizing a preventative approach with a significant shift in money to prevention in the community infrastructure.

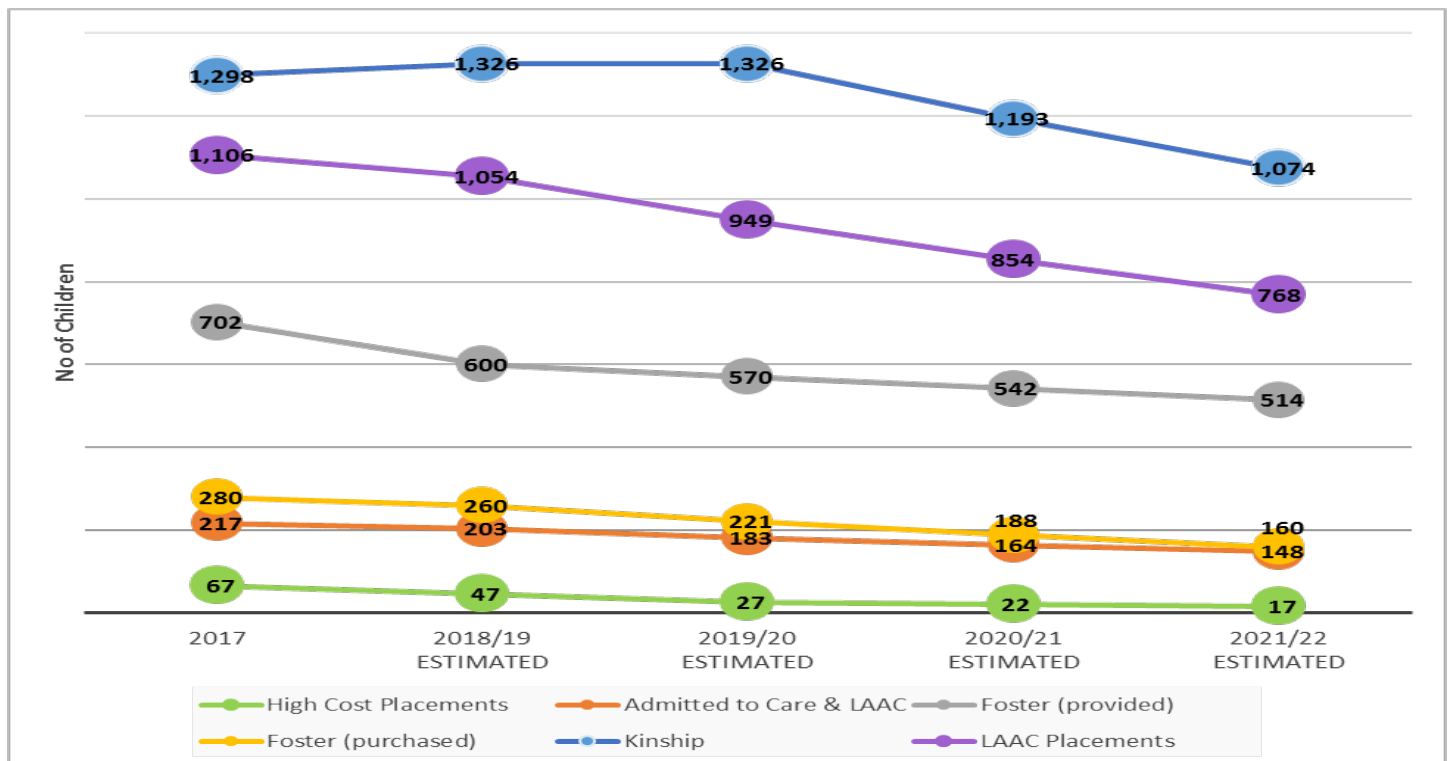
Children and Family Services have already secured significant financial savings of £9m over the last 3 years and contributed to a radical rethink for children's health and care services in the city of Glasgow. Measurable progress has been made and this is illustrated in the graph below which shows a reduction in the number of children and young people with packages of care, which did not provide outcomes commensurate with the scale of investment and more importantly deliver the desired outcomes for these young people.



This service believes that more can be done to shift this balance of care. However if this progress is to be sustained effective re-investment is required to strengthen the internal infrastructure available within the child health and social care system to ensure families are offered the levels of support required to prevent the need for intervention. Good progress has already been made with the introduction of Kinship Care, Family Group Conferencing and Extended Family Network Search which are delivering innovative and supportive options for children within their own extended family network. A review of Glasgow's own residential care provision is also underway to maximise the use of these resources to support those children requiring higher levels of support. The need for re-investment in family support and early intervention and prevention is not only the responsibility of the IJB, partners also have a role to play in delivering a city wide and service wide approach to delivering a successful strategy.

Future plans for the IJB include the development of an extended, more robust, intensive and assertive "edge of care" service which will endeavor to maintain more, older young people at home to prevent their unnecessary admission into 'acute' care. By developing and strengthening support in local communities, the IJB will seek to reduce inappropriate, unplanned and emergency admissions and instead support greater number of children and young people to continue to live in their families, and remain within their schools and within their local communities. This will not only improve performance securing better outcomes and more positive destinations for children and young people, it will also enable the whole system to operate more effectively.

Over the medium term there is an opportunity to grasp a number of initiatives to progress the direction of travel now established and to secure a step change for the most vulnerable children and young people in Glasgow. The graph below shows the potential further reductions which could be secured if supported by the required investment in prevention and early intervention and this needs to be considered when developing the IJB's financial plans over the medium term.



## Adult Service

Adult Services incorporates a broad range of services which are offered across Glasgow City. The vision for Adult Services clearly 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.

To deliver this vision there is a need for a profound shift in the whole system culture, which will rely on:-

- A range of preventative and effective early intervention services and supports being available to patients and service users.
- A network across the City of effective and extensive relationships with 3<sup>rd</sup> and independent sector organisations including a co-production approach to purchased services.
- A recovery approach which is peer lead and provides support for self-management and community capacity building.
- A detailed programme of work with service users; carers; stakeholders and the public to manage expectations of what future services can deliver.
- 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.

Adult Services has made significant progress in shifting the balance of care and delivering more effective community based alternatives. Developments in Mental Health Services in Glasgow is a good example of this were a reduction of hospital beds has been supported by improved community services, reducing from 4,370 in 1978 to 783 in 2017. These bed closures released significant levels of funding for reinvestment in community services, and allowed for major improvements in the quality of accommodation in the Inpatient estate. A number of services have also been re-profiled and the development of the Recovery Model of Care in some services has been a significant step change in relation to providing greater self-determination and choice.

Demand for Adult Services across the City remains high. Some examples of this demand are shown on the opposite page.

Criminal  
Justice Services

Adults with  
Mental Health  
problems

Sexual Health  
Services

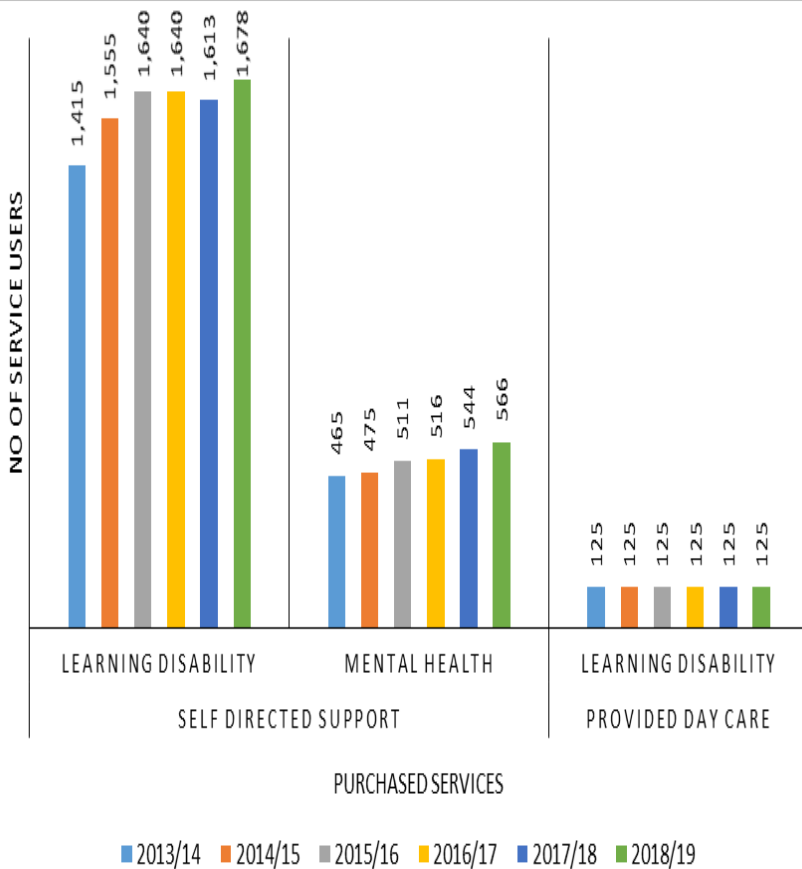
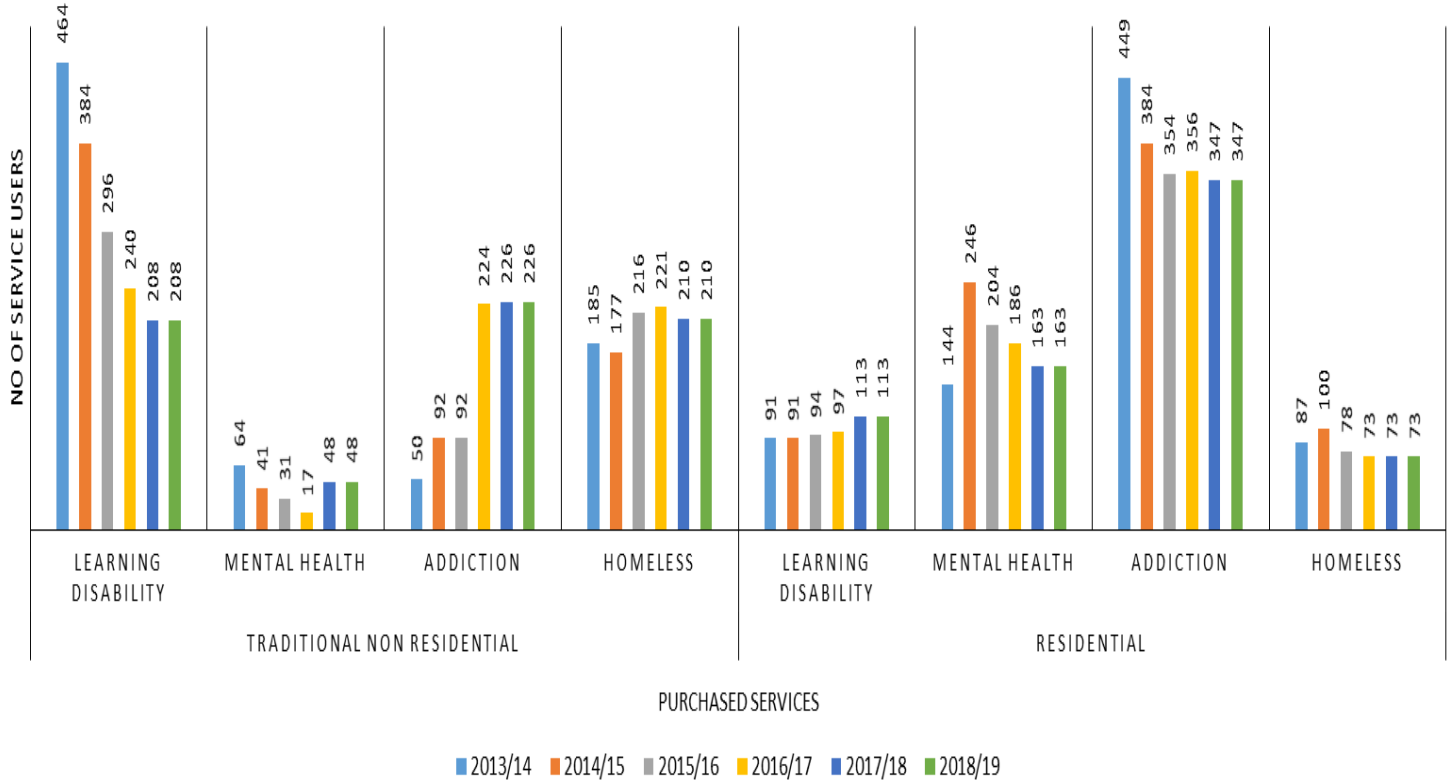
People with an  
Alcohol and/or  
Drug Issues

People with a  
Learning  
Disability

Healthcare for  
people in  
Prisons

Healthcare for  
people in  
Police Custody

Homeless  
Services







### Criminal Justice - 2017/18

- 4,127 reports requested
- 2,781 community payback order imposed
- 173 Long Term custody (over 4 years) imposed
- 231 Throughcare licenses in the community

### Homelessness - 2017/18

- 9,017 approaches for homelessness related advice and assistance
- leading to 5,203 homelessness applications
- 4,185 households were assessed as being homeless or potentially homeless.
- At the end of 2017/2018, there were 3,413 live homeless applications

Over the medium term, work will continue to transform services and deliver the vision for Adult Services. For adult mental health the objective is to provide alternatives to inpatient care which would reduce the number of beds across all sites and achieve occupancy levels at or below 95%. This will allow us to fund the development of community alternatives to inpatient care with the emphasis on recovery, supported self-management, community resources and resilience. This approach is supported by the 5 year strategy commissioned by the Chief Officers of the 6 Health and Social Care Partnerships within Greater Glasgow and Clyde, and in partnership with NHS Greater Glasgow & Clyde, who are committed to the need to take a whole-system approach to the strategic planning of Adult Mental Health Services and this is illustrated below.

balance of care		<b>Reduce inpatient beds</b> and invest in alternative forms of health and social care
Productivity: specialisation & matched care		Enhance <b>capacity</b> in CMHTs, PCMHTs <b>Extend role</b> of specialist teams Rationalise, consolidate unscheduled care
Transformational		<b>Task &amp; Resource Shifting:</b> recovery-oriented models of care <b>Quality Improvement:</b> BPD, bipolar disorder <b>Culture change:</b> compassionate, trauma-sensitive care
Prevention		<b>Focussed investment</b> in early years, conduct disorder, bullying, ACE reduction

For Learning Disability this will mean recommending future provision that aspires to meet the objectives of supporting people to live safely and independently as long as possible at home or in a homely setting, in a cost effective and risk enabling way. The emergence of a greater number and variety of technological solutions to assist people to be supported in the community, combined with the increasing costs of current service provision, provide an opportunity to review and refresh current practices and models of care. This will include assessing and reviewing care needs of individuals requiring overnight support to ensure that all suitable alternative options to sleepovers available are given full consideration.

In terms of homelessness prevention and assessment services, it is unlikely to reduce significantly over the short to medium term. Challenges continue to be experienced in fulfilling the statutory requirement to provide temporary and emergency accommodation and the service continues to work with the Scottish Housing Regulator on a voluntary intervention basis to reduce the time households spend in homelessness. There is scope for the service to reduce the number of live homeless applications and increase turnover to improve the choice and quality available within temporary and emergency accommodation and take forward a process of change to ensure support services are modern, fit for purpose and geared to providing better outcomes for service users. This will be assisted by the formation of the Alliance Partnership to facilitate innovation and change across services.

## Primary Care Services

Primary health care is the first point of contact for health care for most people. It is mainly provided by GPs (general practitioners), but community pharmacists, opticians and dentists are also primary health care providers. Within the wider primary and community teams there are practitioners providing care for patients, including practice nurses, health visitors, district nurses, physiotherapists, podiatrists and dieticians.



The Scottish Government has recognised the increasing demand and expectations that are placed upon frontline services within primary care and is clear that the status quo is not an option. In support of this, the Scottish Government has introduced a new contract with GP's, which over the next three years will 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.

While the new contract is intended to primarily benefit patients - by reducing and re-focusing GP and GP practice workload - its implications are much wider. There is an expectation that many 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 represents a significant programme of transformation change that will affect all practices and provides a unique opportunity to shape primary care alongside community care services. Glasgow City has developed a Primary Care Improvement Plan in support of this work.

These developments are supported by additional funding from the Scottish Government, with Glasgow City receiving £5.5m in 2018/19, rising to £18.732m by 2021/22. This investment is welcome, however may not be sufficient to meet the costs of this extensive programme of change, especially given the extensive health inequalities which are experienced by the population of Glasgow which places additional burdens on health care. This will require the IJB to make choices and decision on how this money is spent to achieve the most impact. In the medium term, this plan assumes that this programme of change will be managed within the funding which has been provided by the Scottish Government.



## Impact of Integration So Far

The IJB is ambitious about what it wants to achieve and to date has focused on the delivery of a transformation programme which focuses on early intervention, prevention and harm reduction, delivers care which enables choice, supports independent living and shifts the balance of care where appropriate. Some examples of what has been delivered can be seen 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
Supported 2,490 people to successfully quit smoking	Initiated the roll out across the city of Family Group Decision Making which transfers decision making from professionals to family groups with the child at the centre	Implemented the children's services transformation programme, reducing 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	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	311 children on the child protection register - a reduction of 174 from March 2017
Offered 13,870 people the opportunity to make changes to their drinking habits	2,994 adults and 184 children with disabilities in receipt of personalised services	Continued to implement and develop intermediate care provision, 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.	7,409 referrals for telecare services	Opened two new build emergency homeless facilities for males to support the prevention of homelessness
Delivered a range of health improvement initiatives in local neighbourhoods, which aim to find a better way of working between organisations and communities, making better use of resources and assets to achieve improved outcomes	Increases in the number of people who have registered a power of attorney	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.	5,117 new carers identified and a support plan put in place	Retendered and increased the contract value for an additional 450 units of private rented sector accommodation over the next 3 years to support a reduction in homelessness.

# NATIONAL CONTEXT

IJB's operate in a complex and changing environment where national issues can have an impact on what services are delivered and how they are delivered, as well as the financial resources which are available to support the IJB in commissioning services. An understanding of this national context is essential when developing a medium term financial outlook.

## The Economy

The Global, UK and Scottish economy has an impact on the citizens that we support across a range of areas including earnings, taxation and employment. It also impacts on the funding available to support public spending and in turn, the funding available to Councils and Health Boards to deliver services.

The Scottish economy has picked up in recent months, with growth nudging ahead of the UK as a whole. However growth still remain weak by historical standards. Annual growth of 1.4% remains well below trend. Growth has not been above 2% on an annual basis since early 2014. The Fraser of Allander Institute forecasts growth of 1.4% for 2019 and 2020, however stress the heightened degree of uncertainty around forecasts and that they would change materially should a 'no deal' Brexit outcome become a reality.

Brexit uncertainties continues to weigh heavily on the economic outlook, with most forecasters predicting that both the UK and Scottish economies are in the midst of an unprecedented period of uncertainty. Looking forward, most forecasts are for growth to remain fragile for the next few years with weak productivity being they key factor.

Scotland's funding is largely dependent on funding from the UK Government and income from devolved tax revenues. The outlook for Scotland's resource block grant has improved significantly from last year when it was on course to fall by over 1% between 2018/19 and 2019/20. However recent spending decisions by the UK government mean it will now increase significantly, with growth of 3% expected over the remaining three years of the parliament. The outlook for Scotland's income tax revenue has deteriorated by £400m, and will offset some of the increase in the block grant in 2019/20. This improving national position will aid the Scottish Government in delivering on its policy commitments. How it does this will determine the impact which it will have on the funding which is received by our Partner bodies and ultimately the IJB.

## UK and Scottish Legislative and Policy Changes

UK and Scottish Government legislation and policies and how these are funded can have implications for the IJB and its medium term financial planning. There are a number areas which could impact on the IJB over the medium term.

### (i) **Withdrawal from the European Union (Brexit)**

The greatest risk to the economic outlook remains Brexit, with the general view that this is likely to have a long term negative impact on the economy. The UK will leave the European Union (EU) in March 2019, marking the most significant change to the UK economy in over 45 years. More than 2 years since the EU referendum, much remains unclear about the future relationship between the UK and the EU. The economic impact of Brexit could be to reduce Scotland's GDP by £12.7bn by 2030 compared to staying in the EU. In addition it is likely to impact on our supply chains and labour markets. As a result it is impossible to ignore the risk it creates to some of the planning assumptions included in this outlook.

The Chancellor has indicated that should a 'no-deal' outcome become a reality, he is likely to implement an emergency budget to introduce measures to support the economy. A 'no deal' outcome would represent a significant economic shock to the UK economy which would impact on growth and would require both the UK Government and the Bank of England to take significant action to support the economy through a period of turmoil.

If a deal is secured, depending on the terms, it has the potential to unlock funds to the UK, however it is recognised that this is disingenuous and there is unlikely to be - at least in the short-run - much in the way of a Brexit dividend for growth in public finances.

**(ii) Local Governance Review**

The Scottish Government aims to strengthen local decision-making and democratic governance in ways that improve outcomes for local communities and give greater control to those who live and work in the area. The Scottish Government and COSLA launched a review in December 2017 to consider how decisions are made about Scotland's public services with the aim of devolving more power to communities. The review's findings will contribute to a Local Democracy Bill which will be introduced before the end of the Parliament in 2021 and could impact on how decisions are made in relation to services provided within local communities.

**(iii) Free Personal Care - Under 65's**

The Scottish Government has committed to the extension of Free Personal Care to all under 65s who require it regardless of condition. Ministers have committed to the extension by 1 April 2019. This will represent a significant change not only to how personal care is funded, but could see an increase in demand for personal care services across Scotland.

**(iv) Safe and Effective Staffing**

Scottish Government is currently considering the Health and Care (Staffing) (Scotland) Bill which seeks to make statutory provision about appropriate staffing by the National Health Service and by providers of care services to enable safe and high quality care and improved outcomes for service users. This would apply to care services registered and inspected by the Care Inspectorate and could have implications both for services delivered and those commissioned by the IJB. It is too early to assess the implications of this Bill, but is an area which the IJB will closely monitor to enable any financial and operational consequences to be fully understood.

**(v) Carers Act (Scotland) Act 2016**

This Act is designed to support carers' health and wellbeing and help make caring more sustainable. This Act came into effect from 1 April 2018 and places a duty for local authorities to provide support for carers, based on the carer's identified needs which meet the local eligibility criteria. This will be supported by adult carer support plans and a young carer statement to identify carers' needs and personal outcomes. The IJB is well placed to meet the requirements of the Act and have detailed plans in place across the City.

**(vi) Primary Care**

The Scottish Government has recognised the increasing demand and expectations that are placed upon our frontline services within primary care and is clear that status quo is not an option. In support of this and to ensure 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 nationally will increase annually by £250 million by the end of 2021-22, and forms part of the Scottish Governments commitment to an extra investment of £500 million per year for primary care funding. Some of

this funding will flow to IJBs to deliver services which will support GP practices to become sustainable for the future.

**(vii) Mental Health**

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. £12m is being made available for Scotland in 2018-19 rising to £35 million in 2021-22. Some of this funding will flow to Glasgow City and will be used to deliver on this national commitment as well as the Five Year Mental Health Strategy which has been approved for delivery within Greater Glasgow and Clyde. During 2018-19, the Scottish Government has committed to an additional £250m of new funding to support a wide range of mental health services. Details of how this will flow to IJB's are still awaited.

**(viii) Scottish Living Wage**

The Scottish Living Wage is currently £9.00 and is part of a Scottish Government policy to improve people's lives and help build a fairer society. This is subject to annual review and in recent years has increased by 20p, 30p and 25p in 2017/18, 2018/19 and 2019/20. This impacts on our costs as an employer and also the costs of services which we commission directly from service providers.

**(ix) Regional Planning**

The Scottish Governments Health and Social Care Delivery Plan and the National Clinical Strategy set out the expectations for a modern health and care system for Scotland. This includes a requirement for organisations to come together and focus on regional planning of services where appropriate. West of Scotland Health Boards are working together and connecting beyond traditional boundaries - across health and social care; across professions and disciplines; across settings; across specialties; and across organisations to build a person-centred and sustainable service that is fit for the 21st Century. Glasgow City IJB is an active partner in this process.

**(x) The Scottish Child Abuse Inquiry**

The Scottish Child Abuse Inquiry is looking at the abuse of children in care. The inquiry was set up in October 2015, and is most likely to continue until 2021 at the latest. The Inquiry will report to Scottish Minister as soon as reasonable practicable, with recommendations to improve the law, policies and practices in Scotland.

The Limitation (Childhood Abuse) (Scotland) Act 2017 gives victims of alleged child abuse after September 1964, which includes sexual abuse, physical abuse and emotional abuse, the right to pursue personal injury claims.

The financial implications of the recommendation of the inquiry and any personal injury claims, continue to be monitored, however they are unable to be quantified at this time. As a result it is difficult to make financial provision which represents a risk for the IJB and Glasgow City Council. This will continue to be kept under review and financial provision will be made when more information becomes available.

**(xi) Named Person Provision**

Under current Scottish Government plans every child in Scotland would have a named person responsible for helping them get the support they need. A Named Person will normally be the health visitor for a pre-school child and a promoted teacher - such as a head teacher, or guidance teacher or other promoted member of staff - for a school age child. However, the introduction of this has been delayed after the Supreme Court ruling against the scheme in July 2016.

**Scottish Government Funding**

Scottish Government funding is the main source of funding for both Councils and Health Boards and changes to policy, legislation or changes in the economy can have an impact on the funding which they receive. Between 2010/11 and 2018/19, revenue funding of Councils has fallen by just under 9% in real terms. Scottish Government revenue funding of Health Boards has increased by 8.1% in real terms between 2008/09 and 2018/19. The Scottish Government looks set to continue this increase in Health funding, with a clear commitment to increasing the health budget by £2bn over the lifetime of the current parliament, representing an increase of just under 2% per annum in real terms between 2018/19 and 2021/22. Funding for local government is forecast to reduce in real terms by 2% per annum, excluding the additional resources ring fenced for early year developments.

Glasgow City Council and Greater Glasgow and Clyde Health Board delegate budgets to the IJB to enable the IJB to fund the services which it commissions. Any changes to the Scottish Government funding which they receive is likely to impact on the level of budgets which are delegated to the IJB and the level of savings which are required to meet demand, demographic and inflationary pressures.

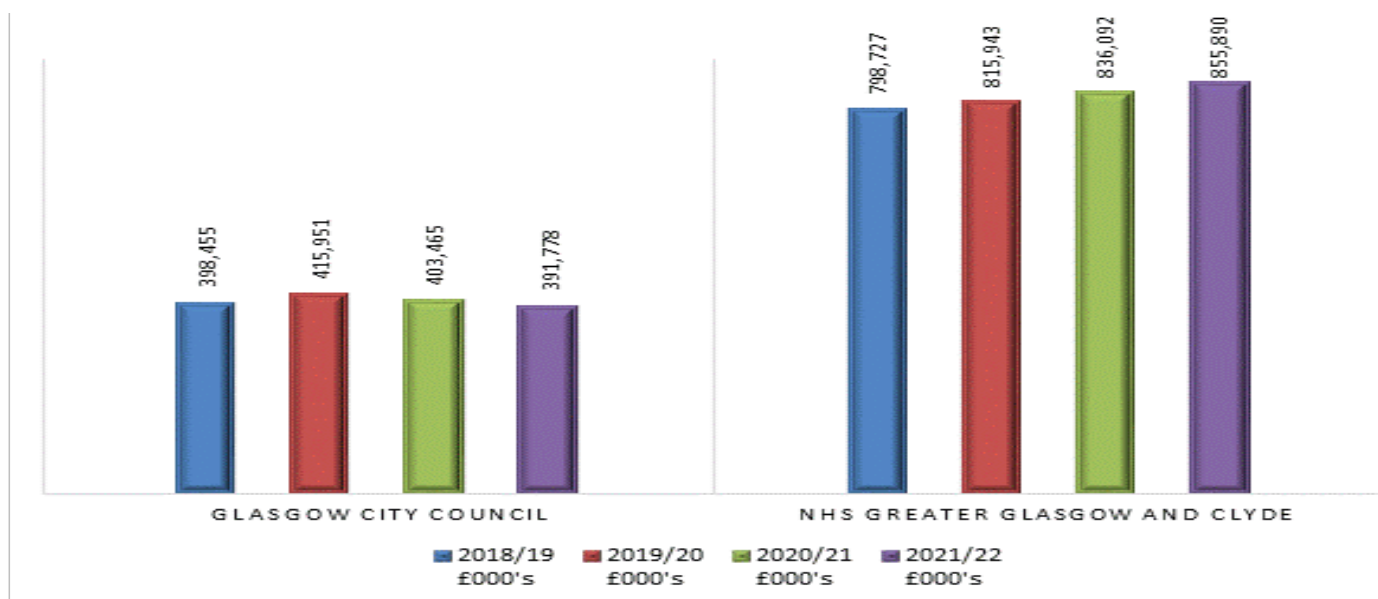
# MEDIUM TERM FINANCIAL OUTLOOK

Glasgow City IJB operates in an increasing challenging environment and the local and national context outlined in this document highlight the main areas which will impact on our medium term finances. This Medium Term, Financial Outlook seeks to consider this context to establish the main factors which will impact on the finances of the IJB over the medium term and will provide the IJB with the financial context in which it operates to support decision making over the medium term.

## Impact on Funding

The IJB is reliant on funding from Glasgow City Council and Greater Glasgow and Clyde Health Board. These Partners' contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. The budget setting process will also consider the level of savings which will be applied to the IJB by both Partner bodies. The IJB actively engages in the budget setting processes of each partner body.

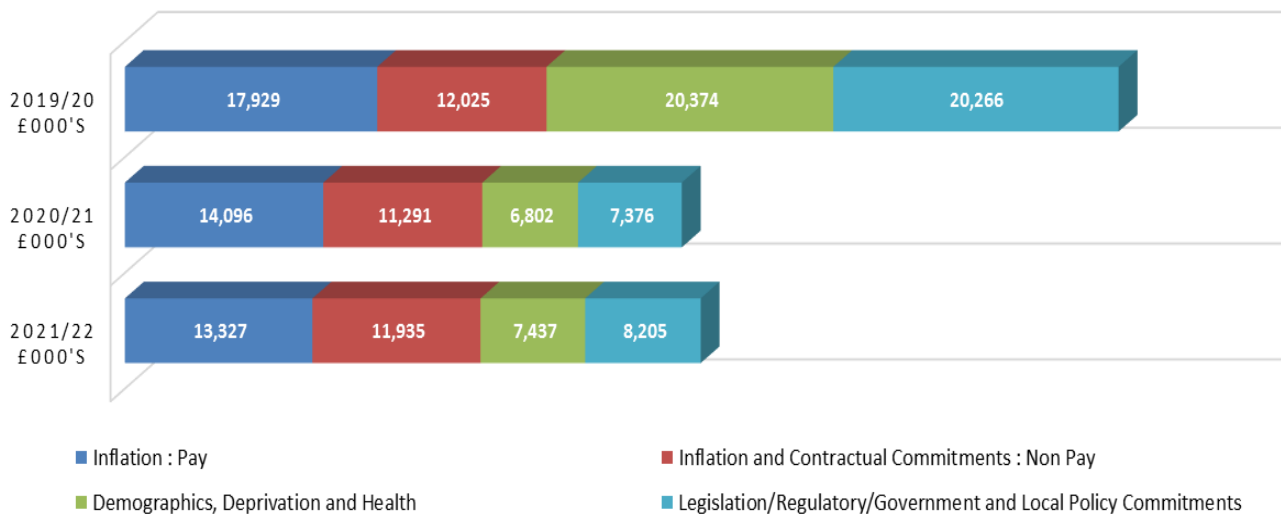
The Medium Term Financial Outlook makes assumptions about future funding contributions from Partners based on information which is currently available. Using this information it is forecast that Health Board funding is likely to increase by £57m between 2019-20 and 2021-22, with Council funding expected to reduce by £6m over the same time period. The Scottish Government has been clear in its commitment to increase the health budget over the lifetime of the current parliament and the increase in anticipated funding from the Health Board is reflective of this. Funding for local government for Health and Social Care will see a £160 million increase in investment across Scotland in 2019-20. There has been no commitment to continue to increase investment in Social Care beyond 2019-20 and it is assumed that for 2020-21 and 2021-22 that funding levels continue to reduce from 2020-21 and is reflective of funding levels over recent years.



## Expenditure Requirements

Financial planning requires assumptions to be made about demand and cost pressures which could be faced by the IJB over the medium term. These have been informed by the local and national context within which the IJB operates.

Each year the IJB will face cost pressures as a result of range of factors including demand, inflation and changes in legislation/regulations. This Outlook has assessed the key factors likely to impact over the medium term and estimates that the IJB will face cost and demand pressures of £151m over the next three years.



The key areas are:-

### (i) Inflation : Pay

Employee costs represent 32% of the IJB's net budget. Inflationary pressure in this area represents a significant pressure for the IJB. The assumptions for pay reflect the current inflationary assumptions of both Partner bodies.

Glasgow City Council is currently in negotiations aimed at resolving the mass equal pay claims which have been presented against it. The Council is also engaging with recognised trade unions and other claimant representatives to carry out the work necessary to achieve an Equality Act compliant Job Evaluation scheme and pay structure. It is assumed that any financial consequences as a result of settling the equal pay claim and any proposed Job Evaluation scheme and pay structure will be fully met by Glasgow City Council.

### (ii) Inflation and Contractual Commitments : Non Pay

Inflationary pressures reflect anticipated annual increases to payments to third parties and in the main reflect anticipated increases linked to contracts such as the National Care Home Contract and the cost of prescriptions within primary care services. Current planning assumptions are that non pay inflation and contractual commitments equates to an average £12m per annum over the life of the outlook.

It is assumed that Scottish Governments commitment to the Scottish Living Wage will continue over the medium term, however it is also assumed that additional Scottish Government funding will be provided, therefore having no adverse impact on costs over the medium term.

### (iii) Demographics, Deprivation and Health

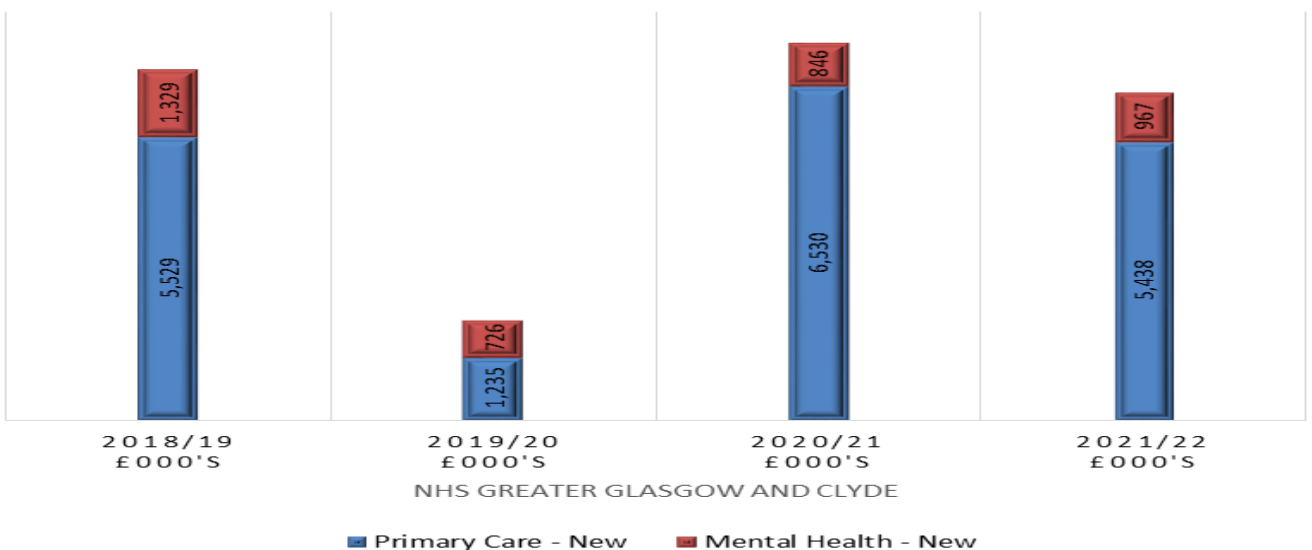
This outlook has considered the local context of Glasgow City and how this impacts on demand for services. Historically services have managed this demand, through the transformation of services, which has enabled gains in productivity and effectiveness to secure delivery of more services from the money they have received.

Services will continue to transform, however it is unlikely that demand as a result of demographics, health and deprivation can be funded purely from transformation. Modelling with this plan has looked at demand experienced during 2018-19 and has also assumed that there is a need for a 4% increase in some budgets on an annual basis to reflect the likely increase in demand reflective of the need of the citizens of Glasgow. This outlook will require to consider if this is sustainable over the longer term.

### (iv) Legislation/Regulatory/Government and Local Policy Commitments

The IJB is subject to legislation, regulatory, government and local policy changes which can have cost implications. It is not anticipated that there are any significant changes to regulations which will have a significant impact on the finances of the IJB. This outlook also assumes that any new statutory or policy burdens during the lifetime of this outlook will be fully funded by the Scottish Government, although this is not guaranteed.

The additional funding identified for Primary Care and Mental Health Services have been reflected, where these are known. The graph below illustrates the level of additional funding assumed to be coming from Greater Glasgow and Clyde Health Board.



The plan also reflects Glasgow City IJB's known commitments which are linked to the additional £160m increased investment across Scotland for Health and Social Care.

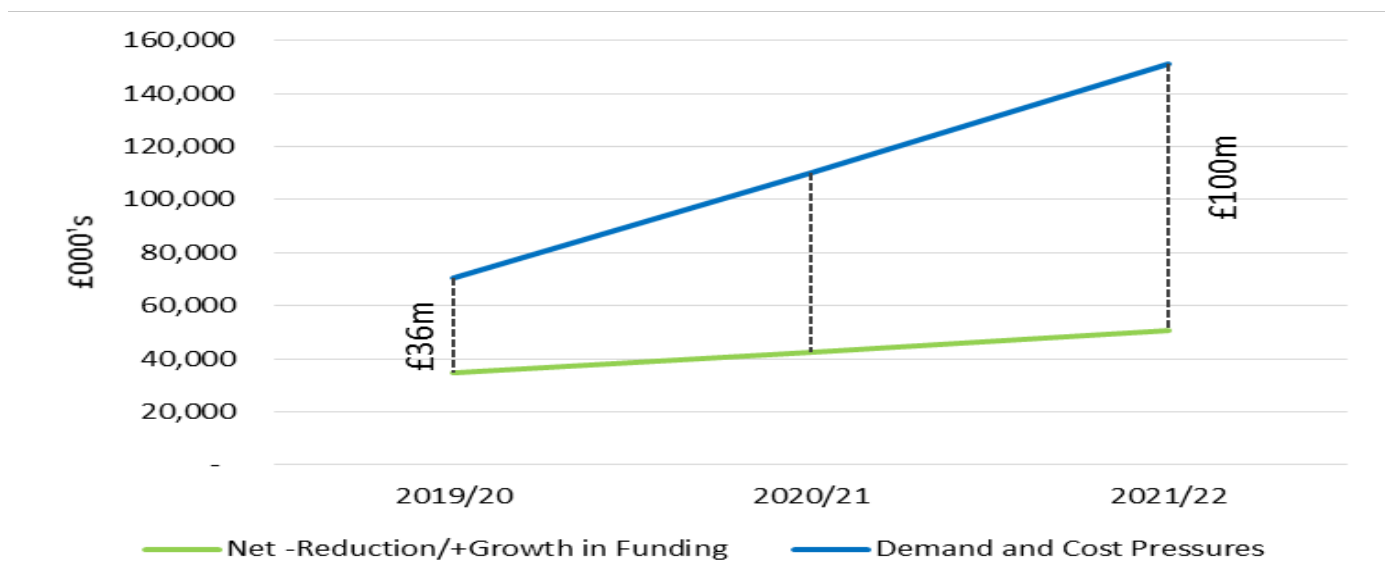
In April 2018 the Council took the decision to transfer services from Cordia LLP back into Council Services. The services which transferred to the Health and Social Care Partnership had a budgeted deficit of £6.5m. Non-recurring funding was put in place by the IJB and the Council



to fund this in 2018-19 on the basis that the Glasgow City Council would consider funding this as part of their 2019-20 budget exercise. The 2019-20 Glasgow City Council budget made no funding provision for this deficit. As part of the budget offer for 2019-20 the Council has confirmed that it will continue to engage with the IJB on the scale of the budgetary pressure associated with Homecare and to work towards finding a financially sustainable solution for 2019-20 and future years. This is not included in the financial allocation received to date, but may result in an increase to funding in 2019-20.

## Impact on Our Financial Position

This assessment provides a forecast of the financial position for the IJB over the medium term, and identifies a shortfall in funding of £100m and represents the scale of the challenge facing the IJB. This assumes that social care funding by Local Government continues to be reduced in 2020-21 and 2021-22.



## Set Aside

At the heart of integration is the desire to move from services within an acute hospital setting, to those which are community based. The legislation delegated some hospital services to IJB's through a 'Set Aside' budget to support this agenda. However to date, both locally and nationally, it has been difficult to implement this part of the Act. The IJB will continue to work with Greater Glasgow and Clyde Health Board and also at a national level to agree arrangements which will enable this part of the legislation to be fulfilled. The delegation of the budget to the IJB in the future will enable the IJB to strategically plan for these hospital based services and consider opportunities to enable a shift in the balance of care to a community setting, as originally planned by the legislation.

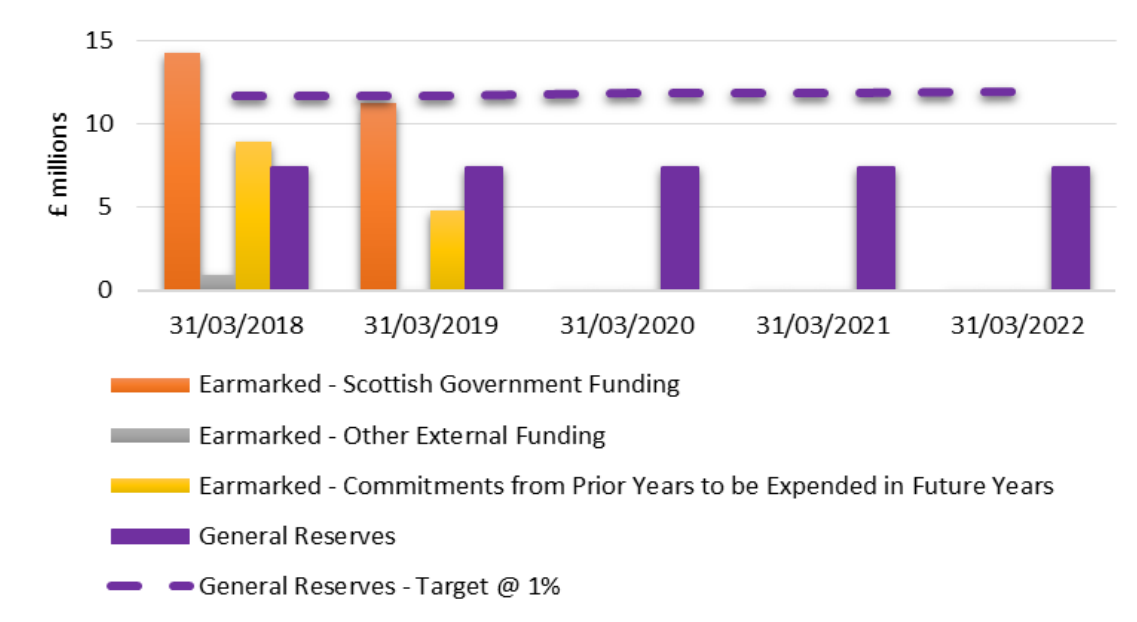
## Reserves

The IJB held £31.4m in reserves at the 31<sup>st</sup> March 2018. Reserves are a key component of the IJB's funding strategy. At 31 March 2018, the IJB had £31.4m of reserves, of which £24m is earmarked to support the delivery of projects which span financial years and are required to enable the IJB to deliver on national outcomes. The remaining balance is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies.

The IJB currently holds £7.4m in general reserves which represents 0.6% of net expenditure. The IJB Reserve Policy aims for a reserve balance of up to 2% of net expenditure.

Over the medium term this plan recommends that general reserves are increased to 1%, which would represent 50% of the target set by the Reserve Policy. This will require an additional £4.5m to be placed in reserves. This will be delivered, where prudent and will be dependent on financial performance of the IJB and the availability of in year funds which can support the increase of these reserves.

The graph below provides a forecast of when reserves are anticipated to be used over the medium term and confirms the target set for General Reserves.



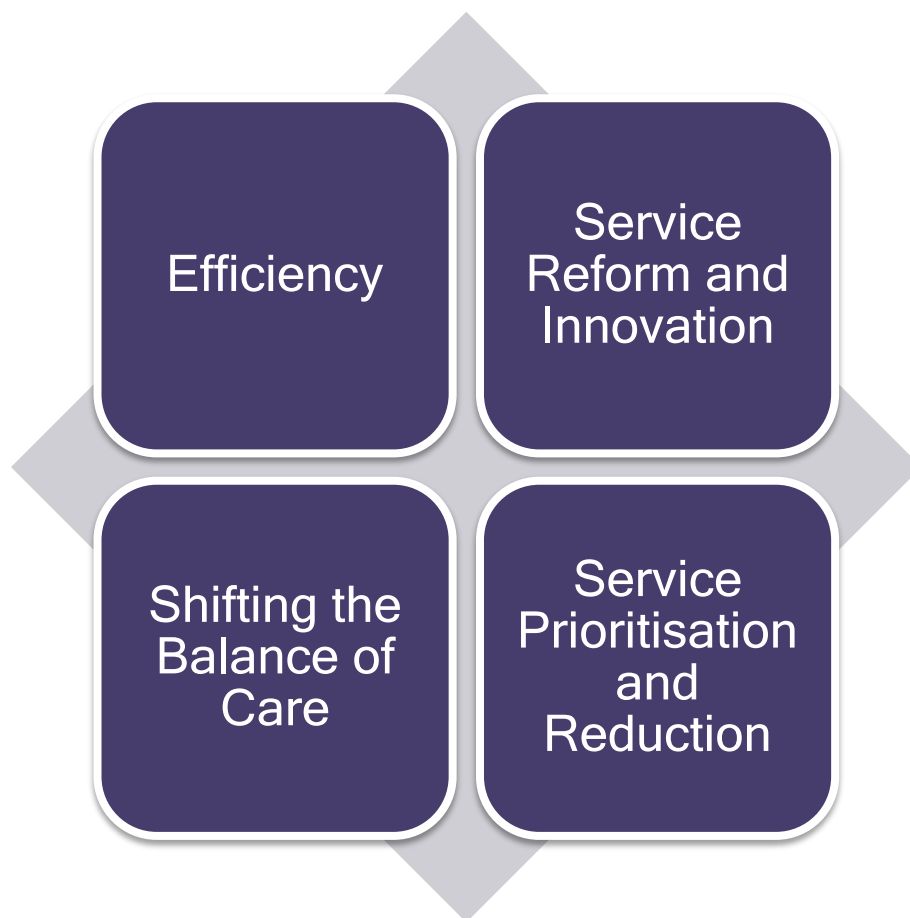
## OUR RESPONSE

The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. This is reflected in the Medium Term Financial Outlook, which has identified a £97m funding gap over the next three years.

Delivery of effective and lasting transformation of health and social care services is central to the vision of the IJB. The IJB's Strategic Plan for Health and Social Care 2019 - 2022 outlines its ambitions over the medium term and the transformation programme which supports delivery.

There has been significant progress already in transforming services and as well as delivering financial savings this has enabled services to increase their effectiveness and efficiency, enabling services to manage the increasing demand and complexity of the patients and service users supported. The IJB is committed to transforming services, and this programme of work will continue moving forward, however future gains will be smaller and it will be unable to bridge the funding gap which has been identified above.

The Financial Strategy has four key components which underpin the financial strategy over the medium term.



## Efficiency

The IJB has a statutory duty to deliver Best Value in its use of public funds and as part of this remains committed to keeping under review the cost of service delivery and the sources of income which are available to fund services. Over the Medium Term this will include maximising income opportunities, considering spend to save opportunities and keeping our cost base under review to identify opportunities for efficiencies.

In 2019/20 this will secure £6.5m of savings for the IJB, with a target of £5.9m and £6.8m set for 2020/21 and 2021/22 respectively.

## Service Reform and Innovation

During 2018/19 the IJB approved transformation programmes for Adults, Older People and Children and Families Services. In addition it has approved the Mental Health Strategy for Greater Glasgow and Clyde and the Primary Care Improvement Plan for Glasgow City.

The IJB is clear about its commitment to service reform and innovation. This is not just about changing the ways in which services are structured. It is a significant change in how they are planned and delivered working in partnership with stakeholders including patients, service users and carers to better support them to achieve their personal outcomes and aspirations.

In 2019/20 this will secure £7.8m of savings for the IJB, with a target of £6m set for 2020/21 and 2021/22.

## Shifting the Balance of Care

With growing demand for support and less money available, current service provision cannot be sustained. This will require services to be re-imagined and a new social care contract to be discussed with the citizens of Glasgow. This work will focus on offering services which are sustainable over the longer term and target the available resources to those with the greatest need.

This will require a radical rethink of the services on offer and could mean that the IJB will not always be the first source of support. This will require a culture change by not only the IJB and our partners but also the citizens of Glasgow. The IJB will not be able to deliver this approach alone and will require work with partners to harness the totality of resources available, with a focus on investment in families and communities and the infrastructure required to support this new service delivery model.

This work will recognise the strengths and resources of individuals and their families to support independent living, with the IJB working in partnership with patients and service users and their families to meet the assessed need. It will also create conditions which will enable our staff to focus their skills and expertise in supporting the most vulnerable of our service users and patients.

This change in approach will impact on service users and comes with a number of risks, including the potential for legal challenge and impacts on other partner bodies.

In 2019/20 this will secure £4m of savings for the IJB, with a target of £18m set for 2020/21 and 2021/22.

## Service Prioritisation and Reduction

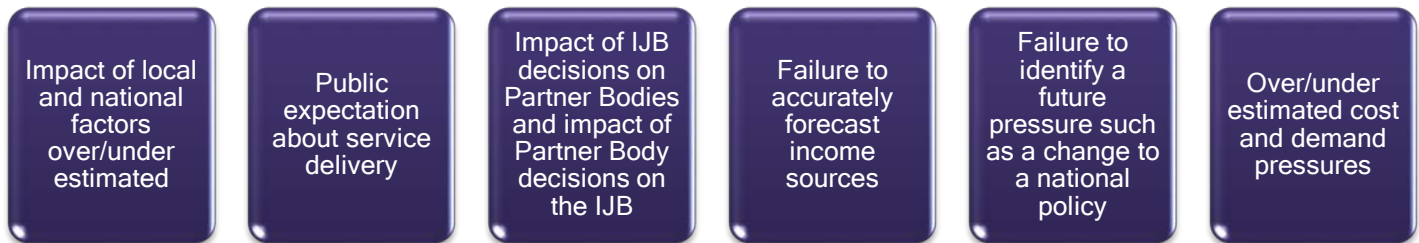
The scale of the financial challenge will require the IJB to consider prioritising, and in some cases, reducing or stopping some services in order to live within the funding which is available.

This is an option which will only be considered where financial balance cannot be secured through the other three components. This plan recognises that a level of service reduction will be required. In 2019/20 this will secure £1.3m of savings for the IJB, with a target of £2m set for 2020/21 and 2021/22.

A summary of the proposals to deliver a balanced budget for 2019/20 are included within Appendix 2. This appendix also details the targets which have been set for each of the key components and will form the focus of future financial planning over the medium term when more detailed plans will be required to secure delivery and a balanced budget in each of the next three years.

# RISK AND SENSITIVITY ANALYSIS

The medium term financial plan is a financial model and as such has risks associated with it.



As an organisation the IJB needs to be aware of these risks but should not become risk adverse when developing its future plans. The IJB recognises strategic risks through the IJB Risk register. This is used to ensure significant risk is identified and effective actions implemented that reduce these risks to acceptable levels whilst securing service delivery within available resources.

Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests 'what if' scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.

The table below shows what would happen if the main assumptions increase by 1%. For example if pay inflationary was 1% higher than the assumptions which have been made, this would represent an additional cost of £3.8m in 2019-20.

Sensitivity Analysis	Change in Assumption	2019-20 £000's	2020-21 £000's	2021-22 £000's
Funding from Health Board	Increase of 1%	- 4,649	- 5,109	- 5,357
Funding from the Council	Increase of 1%	- 3,985	- 3,950	- 3,834
Inflation : Pay	Increase of 1%	3,783	4,030	4,171
Inflation and Contractual Commitments : Non Pay	Increase of 1%	3,692	2,927	3,090
Demographics, Deprivation and Health	Increase of 1%	1,545	1,200	1,359

To understand the implication of changes in assumptions a number of scenarios have been undertaken which includes a combination of different changes in our main assumptions. The scenarios which have been considered for planning purposes are outlined below:-

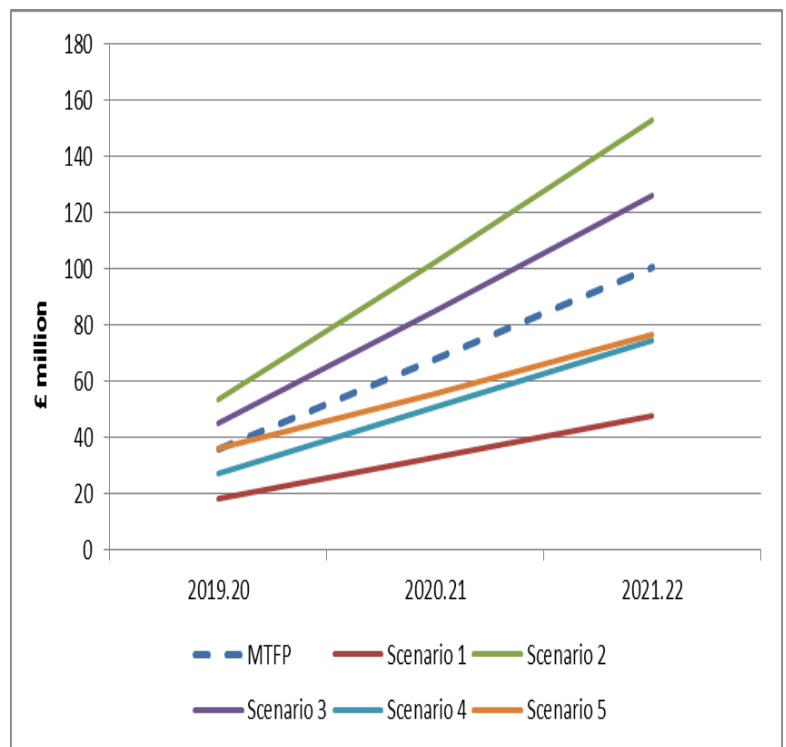
Scenario 1	Scenario 2	Scenario 3	Scenario 4
<ul style="list-style-type: none"> <li>•1% increase in both GCC &amp; NHSGGC funding</li> <li>•1% reduction in pay and non pay inflation and demographics</li> </ul>	<ul style="list-style-type: none"> <li>•1% decrease in both GCC &amp; NHSGGC funding</li> <li>•1% increase in pay and non pay inflation and demographics</li> </ul>	<ul style="list-style-type: none"> <li>•Both GCC and NHSGGC funding remains the same</li> <li>•1% increase in pay and non pay inflation and demographics</li> </ul>	<ul style="list-style-type: none"> <li>•Both GCC and NHSGGC funding remains the same</li> <li>•1% reduction in pay and non pay inflation and demographics</li> </ul>

The impact of each of these scenarios is shown in the graph opposite. Scenario One forecasts based on all our major assumptions improving with the IJB receiving more money and cost and demand pressures being less than currently forecast within the outlook. This would significantly reduce the funding gap from £100m to £48m over the next three years. The probability of this occurring is low.

Scenario Two forecasts based on all major assumptions declining with the IJB receiving less income than assumed within the core assumptions and cost and demand increases being higher than assumed within the outlook. This would see the funding gap increase from £100m to £153m over the 3 years. This scenario is used to consider the impact if all core assumptions are worse than originally estimated.

Scenario Three and Four has been used to demonstrate the impact of a mix of outcomes and shows under scenario three that the funding gap would increase to £126m and under scenario four would decrease to £75m

The medium term financial outlook assumes that local government funding for social care will return to a reducing position in 2020-21 and 2021-22. Scenario 5 has been undertaken to show the impact if all other assumptions remain the same, however a flat cash settlement is offered for social care. This would reduce the funding gap on the Medium Term Financial Plan to £77m.





The scenarios demonstrate the degree of variation which can occur within the plan. The plan is based on the best assumptions available at this time. However it is important that this is kept under review as part of the IJB's annual budget setting process and updated to reflect the latest information to refine the plan annually.

# APPENDIX ONE

	2018/19 £000's	2019/20 £000's	2020/21 £000's	2021/22 £000's
Children and Families	148,969	154,823	157,983	161,011
Adult Services	221,920	237,360	242,944	249,879
Older People Services	232,065	263,851	275,441	287,349
Resources	142,224	146,501	152,104	157,742
Criminal Justice	- 840	- 108	282	683
Prescribing	128,701	137,045	145,739	154,956
Family Health Services	183,872	183,872	183,872	183,872
Other Services	10,978	11,855	16,399	20,177
Set-aside	129,294	132,578	132,578	132,578
<b>Total</b>	<b>1,197,183</b>	<b>1,267,776</b>	<b>1,307,342</b>	<b>1,348,246</b>
<b>Funding</b>				
Glasgow City Council	398,455	415,951	403,465	391,778
NHS Greater Glasgow and Clyde	798,727	815,943	836,092	855,890
<b>Total</b>	<b>1,197,183</b>	<b>1,231,894</b>	<b>1,239,557</b>	<b>1,247,668</b>
<b>Funding Gap</b>	<b>-</b>	<b>35,882</b>	<b>67,785</b>	<b>100,579</b>

# APPENDIX TWO

	2019/20 Proposed Saving £000's	2020/21 Target £000's	2021/22 Target £000's
<b>Efficiency</b>			
Prescribing Contingency Budget	3,500	-	-
Prescribing - Efficiency Programme	2,045	-	-
South Locality HQ Lease Costs	36	-	-
Additional Income from other Health Board's Based on Activity	850	-	-
A Review of Support Services	60	-	-
<b>Efficiency : Total</b>	<b>6,491</b>	<b>5,903</b>	<b>6,794</b>
<b>Service Reform and Innovation</b>			
Childrens and Families Transformation Programme	5,000	-	-
Homeless Services	2,600	-	-
A Review of Older People Daycare Services	200	-	-
<b>Service Reform and Innovation : Total</b>	<b>7,800</b>	<b>6,000</b>	<b>6,000</b>
<b>Shift the Balance of Care</b>			
Shifting the Balance of Care	4,000	-	-
<b>Shift the Balance of Care : Total</b>	<b>4,000</b>	<b>18,000</b>	<b>18,000</b>
<b>Service Prioritisation and Reduction</b>			
Former Integrated Care Fund Services	124	-	-
Assisted Garden Maintenance Service	1,040	-	-
Additions - Purchased Review of Move on Services	100	-	-
<b>Service Prioritisation and Reduction : Total</b>	<b>1,264</b>	<b>2,000</b>	<b>2,000</b>
<b>Total Savings</b>	<b>19,555</b>	<b>31,903</b>	<b>32,794</b>
Use of Reserves - Care Homes and Assisted Garden Maintenance - Non Recurring	3,420		
Demographic Pressures Restricted to Funding Available	6,407		
Homecare Services - Work Jointly with Glasgow City Council to Develop a Financially Sustainable Solution	6,500		
<b>Total Funding Plans per Year</b>	<b>35,882</b>	<b>31,903</b>	<b>32,794</b>
<b>Total Funding Plans Cumulative</b>	<b>35,882</b>	<b>67,785</b>	<b>100,579</b>



# Item No: 9

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Sharon Wearing

**Tel:** 0141 287 8838

**INTEGRATION JOINT BOARD  
FINANCIAL ALLOCATIONS AND BUDGETS FOR 2019-20**

<b>Purpose of Report:</b>	To provide the IJB with a full update on the proposed financial allocations to, and implications for, the IJB Budget in 2019-20.
---------------------------	--

<b>Background/Engagement:</b>	In line with the Integration Scheme, the Chief Officer has fully engaged in Glasgow City Council’s budget setting process for 2019-20, which determined the funding allocations delegated to the IJB for 2019-20. The Chief Finance Officer has had initial informal discussions with the Assistant Director of Finance in relation to the budget offer from NHS Greater Glasgow and Clyde.
-------------------------------	---

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>a) note the contents of this report;</li> <li>b) note and accept the funding offer from Glasgow City Council, subject to the joint development of a financially sustainable solution for both Homecare and Housing First by September 2019 with update reports to the IJB on 27 June 2019 and 18 September 2019;</li> <li>c) note and conditionally accept the indicative funding offer from NHS Greater Glasgow and Clyde for 2019-20, subject to confirmation in April 2019;</li> <li>d) note that the budget for set aside is still notional and further updates will be provided once final arrangements are put in place for 2019-20;</li> <li>e) agree to the funding pressures outlined at section 5.3;</li> <li>f) agree to the savings programme outlined at section 5.7;</li> </ul>
-------------------------	--

	<p>g) delegate a budget to NHS Greater Glasgow and Clyde of £805,007,000 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 5.3 and 5.7; and</p> <p>h) delegate a budget to Glasgow City Council of £433,074,600 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 5.3 and 5.7.</p>
--	--

**Relevance to Integration Joint Board Strategic Plan:**

This report describes the financial allocation and budgets made available to the Integration Joint Board for 2019/20 by Glasgow City Council and NHS Greater Glasgow and Clyde; outlines the financial pressures on health and social care services; and the measures we will take to address the financial challenges and priorities facing the partnership and throughout the Strategic Plan.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The financial framework for the Partnership contributes to the delivery of the 9 national health and wellbeing outcomes that health and social care partners are attempting to achieve through integration.
<b>Personnel:</b>	Staffing implications are highlighted where appropriate in the report.
<b>Carers:</b>	The current shape of service provision across the system must move to one that includes an increased use of technology enabled care and other support networks being deployed in care support not just for the service user but also for their unpaid carer. The transformation programmes approved by the IJB for Older People and Adult Services involve the development of this changed system of service provision.
<b>Provider Organisations:</b>	An update on Scottish Living Wage commitment for 2019-20 will be the subject of a separate report to the IJB.
<b>Equalities:</b>	No EQIA carried out as this report does not represent a new or revised plan, policy, service or strategy. A preliminary assessment of the impact of the proposed savings proposals on groups with protected characteristics has been undertaken and can be made available to IJB members on request.
<b>Fairer Scotland Compliance:</b>	The expenditure on services within this budget supports the delivery of a Fairer Scotland.
<b>Financial:</b>	Financial implications are detailed throughout this report.

<b>Legal:</b>	The Chief Finance Officer's duties in Scotland require a balanced budget to be set. This is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992.  Directions are being issued in line with the legislation.	
<b>Economic Impact:</b>	Not applicable at this time.	
<b>Sustainability:</b>	Not applicable at this time.	
<b>Sustainable Procurement and Article 19:</b>	Not applicable at this time.	
<b>Risk Implications:</b>	Delays in setting the budget may impact on the IJBs ability to achieve financial balance in 2019-20. The volatility of the drugs supply market and demand for services continues to represent a significant financial risk to the IJB.	
<b>Implications for Glasgow City Council:</b>	The budget is required to be spent in line with the Strategic Plan and the approved directions.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The budget is required to be spent in line with the Strategic Plan and the approved directions.	
<b>Direction Required to Council, Health Board or Both</b>	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 This report will outline the revenue budget for Glasgow City Integration Joint Board for 2019/20 and the budget available for services commissioned from Glasgow City Council and NHS Greater Glasgow & Clyde.

## 2. Background

- 2.1 The Health Board and Local Authority will delegate function and make payments to the Integration Joint Board (IJB) in respect of those functions as set out in the Integration Scheme. Additionally, the Health Board will also "set aside" an amount in respect of large hospital functions covered by the integration scheme.
- 2.2 The IJB will make decisions on integrated services based on the strategic plan and the budget delegated to it. The IJB will publish an Annual Financial Statement setting out the total resources included in the Strategic Plan. The IJB will also give directions and

make payment where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan. This should be completed by 1<sup>st</sup> April each year.

### 3. Financial Allocation from Glasgow City Council

- 3.1 The financial forecast for Glasgow City Council has been updated and identified a spending gap of £40.9m for 2019-20. The gap has reduced from the original planning assumption of £50.9m and reflects an updated local government settlement offer from the Scottish Government. In delivering a balanced budget Glasgow City Council identified the need for savings of £22.6m.
- 3.2 The Local Government Finance (Scotland) order 2019 was approved by Scottish Parliament on 6 February 2019. A copy of the letters issued to local authorities on 12 December 2018, 31 January 2019 and 14 February 2019 are attached at Appendix 1. This confirms an additional £40 million in support of the expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and the implementation of the Carers Act. Glasgow City IJB's share of this is £4.920m.
- 3.3 In addition to this is £120 million for investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services. Glasgow City IJB's share of the monies for integration is £12.577m. The funding for school counselling services has still to be distributed.
- 3.4 The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. Although it allows the flexibility for local authorities to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19.
- 3.5 On 21 February 2019, the Council agreed its budget for 2019-20. The Council offer letter is attached in Appendix 2. This budget confirms funding of £433.075m. £13m of funding has been provided for pay and pension pressures relating to 2018-19 and 2019-20 which is off-set with a £13m reduction in funding to the IJB.

18/19 Additional Payroll Inflation	+£ 2.000m
18/19 Terms and Condition Changes – Full Year Impact Services	
Transferred from Cordia LLP	+£ 2.000m
<b>Sub Total</b>	<b>+£ 4.000m</b>
19/20 Payroll Inflation	+£ 6.700m
19/20 Auto Enrolment	+£ 2.300m
<b>Total Funding for Pressures</b>	<b>+£ 13.000m</b>
<b>Reduction in IJB Funding Contribution</b>	<b>-£ 13.000m</b>
<b>Net Movement in Funding</b>	<b>+£ 0.000m</b>

- 3.6 In April 2018 the Council took the decision to transfer services from Cordia LLP back into Council Services. The services which transferred to the Health and Social Care Partnership had a budgeted deficit of £6.5m. Non-recurring funding was put in place by the IJB and the Council to fund this in 2018-19 on the basis that the Council would consider funding this as part of their 2019-20 budget exercise. The 2019-20 Council budget made no funding provision for this deficit.

- 3.7 During 2018/19 the IJB agreed to implement a Housing First approach as part of Glasgow City's approach to responding more effectively to homelessness in the City. The funding of this approach has been the subject of discussion with the Scottish Government and Glasgow City Council.
- 3.8 As part of the budget offer letter the Council has confirmed that it will continue to engage with the HSCP on the scale of the budgetary pressure associated with Homecare and Housing First and to work towards finding a financially sustainable solution for 2019-20 and future years. This is not included in the financial allocation received to date, but may result in an increase to funding in 2019-20. This report recommends the acceptance of this funding offer, subject to the joint development of a financially sustainable solution for both Homecare and Housing First by September 2019 with update reports to the IJB on 27 June 2019 and 18 September 2019.
- 3.9 Separate reports will be presented to the IJB on commitments to Scottish Living Wage and the conclusion of the National Care Home Contract negotiations.

#### **4. Financial Allocation from NHS Greater Glasgow and Clyde Health Board**

- 4.1 The Scottish Government wrote to Health Boards on 12 December 2018 in relation to the Draft Budget for 2019-20 as set out by the Cabinet Secretary for Finance and the Constitution in Parliament that day. The letter is attached in Appendix 3. The letter covers the Scottish Government's expectations of the Health Board in relation to the budget and any financial implications for Integration Authorities. This letter confirms that NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.
- 4.2 The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and Partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets is put into practice. The Ministerial Steering Group is clear that each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20.
- 4.3 It is therefore expected that the final budget offer from NHS Greater Glasgow and Clyde includes the budget for set aside for 19/20 based on agreed commissioning intentions. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but recognises the lead role of the Integration Authority in planning for unscheduled care pathway set out in the legislation. The set aside budget included within the 2019-20 indicative offer letter continues to be notional uplifted for 2019-20. Further updates will be provided to the IJB once final arrangements are put in place for 2019-20.



- 4.4 This letter also confirms an allocation of £392 million for investing in reforming services including Primary Care, Waiting Time Improvements, Mental Health and CAMHS, Trauma Network and Cancer, some of which will be delegated to the IJB.
- 4.5 NHS Greater Glasgow and Clyde Health Board have provided the IJB with an indicative offer for 2019-20 which is subject to Health Board approval. The formal offer from the Health Board will not be received until April 2019. The interim budget position is attached in Appendix 4 and represents a 2.54% uplift reflecting the board uplift from the Scottish Government.

## 5. Proposed Budget for 2019-20

- 5.1 The funding outlined in section 4 is summarised below:-

<b>Movement in Funding</b>	<b>£millions</b>
NHS Greater and Glasgow and Clyde - Funding Uplift	12.039
Glasgow City Council - Funding of Pressures from 2018/19	4.000
Glasgow City Council - Funding of Pressures from 2019/20	9.000
Glasgow City Council - Reduction in IJB Funding Contribution	-13.000
Scottish Government Funding - Investment in Integration, Living Wage, Uprating Free Personal Care	12.577
Scottish Government Funding - Carers Act	1.223
Scottish Government Funding - Implementation of FPC < 65's	3.696
<b>Total Additional Funding</b>	<b>29.535</b>

- 5.2 The IJB has a number of pressures which require to be funded in 2019-20. The Medium Term Financial Outlook identifies pressures of £71m for 2019-20, £20m of which is linked to pressures as a result of the demographic, health and deprivation profile of the City. These pressures are being experienced in 2018-19 especially within Older People and Adult Services and will grow further in 2019-20. The funding identified at 5.1 is insufficient to enable the pressures linked to demographics, health and deprivation to be fully funded. Work will continue on the Transformation Programmes established within these service areas to secure delivery of services within the budget which has been set and this will continue to be managed through the chief Officer led Transformation Programme Board. This will represent a significant challenge for 2019-20 which will require to be closely monitored.
- 5.3 Taking into consideration both the pressures which are faced and the funding which has been offered, the following pressures are recommended for funding:-

<b>Pressures to be Funded</b>	<b>£millions</b>
Pay Inflation and Auto Enrolment	15.929
Terms and Condition Changes - Full Year Effect Services Transferred from Cordia LLP	2.000
Scottish Living Wage - Providers	3.700
Contractual Inflation	2.722
Prescribing and Drugs	8.344

Free Personal Care Uplift	0.158
Introduction of FPC < 65's	3.696
Carers Act Implementation	1.223
Demographic Pressures - Limited to Funds Available	8.446
Demographic Pressures - Older People - Care Homes	2.900
AWI Pressures	0.850
Junior Doctors	0.250
Investment - Children and Families to Support Transformation	1.000
Revenue Consequences of Capital - Children's Homes	0.820
Assisted Garden Maintenance - 6 month funding	0.520

<b>Total Pressures to be Funded</b>	<b>52.558</b>
-------------------------------------	---------------

<b>Funding Gap</b>	<b>22.975</b>
--------------------	---------------

- 5.4 In 2018-19 following a review of role and responsibilities for Band 6 Health Visitors, this workforce was regraded to Band 7 nationally across Scotland, effective from 3 December 2018. The full cost of this for Glasgow City is £1.9m. If no additional funding is secured at a national level then costs will be required to be managed within current funding levels, which will result in a reduced number of Health Visitors across the City. This would be phased between 2019-20 and 2022-23.
- 5.5 The budget provision for contractual inflation includes the National Care Home contract which is currently the subject of national negotiations which have not yet concluded. The estimate provided above may require to be revised once negotiations are concluded. As a result the allocation for demographic pressures is also a provisional figure and will not be allocated until negotiations for the National Care Home contract are concluded and budget availability for demographic pressures can be finalised. This will be the subject of a future report to the IJB.
- 5.6 This leaves a funding gap of £22.975m which will require to be met from savings and/or the use of reserves where it is prudent to do so within the IJB's existing reserves policy.
- 5.7 The table below identifies the options for funding which are available to the IJB.

<b>Funding Proposals</b>	<b>£millions</b>
Savings - Prescribing Contingency Budget	-3.500
Savings - Prescribing - Efficiency Programme	-2.045
Savings - South Locality HQ Lease Costs	-0.036
Savings - Former 'Integrated Care Fund' funded provision	-0.124
Savings - Additional Income from other Health Boards Based on Activity	-0.850
Savings - Children's and Families Transformation Programme	-5.000
Savings - Homeless Services	-2.600
Savings - A Review of Older People Daycare Services	-0.200
Savings - A Review of Support Services	-0.060
Savings - Assisted Garden Maintenance Service	-1.040

Savings - Addictions - Purchased Review of Move on Services	-0.100
Savings - Shifting the Balance of Care	-4.000
Reserves - Care Homes and Assisted Garden Maintenance - Non Recurring	-3.420

<b>Total Funding Identified</b>	<b>-22.975</b>
---------------------------------	----------------

- 5.8 £3.420m of the funding identified above will come from IJB Reserves and will be used on a temporary basis to meet the IJB's commitment to provide 6 months funding to the Assisted Garden Maintenance Scheme in 2019/20. It will also provide temporary funding to support demand within Care Homes whilst work continues on the Older People Transformation Programme.
- 5.9 Savings of £2.6m has been identified within Homeless Services for 2019/20. There has been an ongoing service review programme that has identified a number of projects where service should be decommissioned. Going forward the Homeless Alliance would develop proposals for service redesign.
- 5.10 It is anticipated that people currently residing in services affected by the savings agenda will have appropriate move-on plans created for them, which will primarily consist of Housing First tenancies with intensive support, mainstream tenancies with support if required, or will have appropriate supports secured via alternative care group resources.
- 5.11 A report will be submitted to the next IJB in relation to the services impacted. The proposed implementation date would be from 1<sup>st</sup> October 2019 and the any impact on savings delivery will be managed within the overall budget set for the IJB.

## 6. Criminal Justice Funding

- 6.1 Since 2017-18 the funding for Community Justice Authorities has come to IJB's from Central Government. This budget continues to be ring-fenced solely for the provision of criminal justice social work services.
- 6.2 A new funding formula is being phased in over a 5 year period with the maximum reduction being no more than 5% per annum. This approach will also see any increases in funding phased in as funds are released.
- 6.3 The 2019-20 allocation letter received on 13 December 2018 confirmed an allocation of £17,557,393 for Glasgow City HSCP, a decrease of £128,260 or 0.7% from 2018-19. Work is underway to manage the services within this reduced allocation.

## 7. Revenue Budget for 2020/21 and 2021/22

- 7.1 The Medium Term Financial Outlook identifies an estimated funding gap of £32m and £33m in 2020-21 and 2021-22. There has been significant progress already in transforming services. As well as delivering financial savings this has enabled services to increase their effectiveness and efficiency, enabling services to manage the increasing demand and complexity of the patients and service users supported. The IJB is committed to transforming services, and this programme of work will continue moving forward, however future gains will be smaller and this alone will be unable to bridge the funding gap which has been identified above.

7.2 A clear strategy is required to ensure the IJB remains financially sustainable over the medium term. This will require services to be re-imagined and a new social care contract to be discussed with the citizens of Glasgow. This will represent a significant change to the IJB, our partners and the citizens of Glasgow and will require us all to work together to focus our finite resources on offering services which are sustainable over the longer term and are targeted to those with the greatest need. This work will require to commence during 2019-20, and £4m has been targeted for delivery to deliver a balanced budget in 2019-20 and in support of financial planning for 2020-21 and 2021-22 and will be the subject of update reports to the IJB during 2019-20.

## **8. Recommendations**

8.1 The Integration Joint Board is asked to:

- a) note the contents of this report;
- b) note and accept the funding offer from Glasgow City Council, subject to the joint development of a financially sustainable solution for both Homecare and Housing First by September 2019 with update reports to the IJB on 27 June 2019 and 18 September 2019;
- c) note and conditionally accept the interim funding offer from NHS Greater Glasgow and Clyde for 2019-20, subject to confirmation in April 2019;
- d) note that the budget for set aside is still notional and further updates will be provided once final arrangements are put in place for 2019-20;
- e) agree to the funding pressures outlined at section 5.3;
- f) agree to the savings programme outlined at section 5.7;
- g) delegate a budget to NHS Greater Glasgow and Clyde of £805,007,000 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 5.3 and 5.7; and
- h) delegate a budget to Glasgow City Council of £433,074,600 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 5.3 and 5.7.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-9-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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	Budget 2019-20
7	Full text of direction	<p>Glasgow City Council is directed to spend the delegated net budget of £433,074,600 in line with the Strategic Plan and the budget outlined within this report. Glasgow City Council is also directed to jointly develop a financially sustainable solution for both Homecare and Housing First by September 2019 with update reports to the IJB on 27 June 2019 and 18 September 2019.</p> <p>NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £805,007,000 in line with the Strategic Plan and the budget outlined within this report.</p>
8	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £805,007,000 and Glasgow City Council is £433,074,600 as per this report.
9	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring arrangements.
10	Date direction will be reviewed	April 2020.

Cabinet Secretary for Finance, Economy and Fair  
Work

Derek Mackay MSP



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

T: 0300 244 4000

E: scottish.ministers@gov.scot

Councillor Alison Evison  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: The Leaders of all Scottish local  
authorities

12 December 2018

*Dear Alison,*

Today I set out the Scottish Government's draft spending and tax plans for 2019-20. Further to my announcement I write now to confirm the details of the local government finance settlement for 2019-20.

As agreed with COSLA, details of the indicative allocations to individual local authorities for 2019-20 will be formally published on 17 December in a Local Government Finance Circular.

This settlement takes into account the fact that the finances I have at my disposal are constrained by continuing UK Government policies that do not meet Scotland's needs. Even after the additional Health consequential and other non-Barnett allocations in 2019-20 announced as part of the 2018 UK Budget, Scotland's fiscal resource block grant is still almost £2.0 billion (6.9%) lower in real terms than it was in 2010-11.

If the consequential for investment in the NHS are excluded, this year's block grant would be £340 million or 1.3% less in real terms than it was last year.

Nobody should understate the real financial challenges that has posed and the tough and difficult decisions that means for us, both collectively and individually. Despite that, I am absolutely clear that the Budget plans I have announced are ambitious for Scotland and continue to be targeted at providing value for tax payers and support our vital public services.

The total revenue funding to be provided through the settlement for 2019-20 will be £9,987 million, which includes distributable non-domestic rates incomes of £2,853 million.

The core Capital funding is set at £759 million but with the inclusion of the continuing expansion of Early Years provision, the addition of an extra £50 million Town Centre Fund and the repayment of the reprofiled capital this increases the Capital funding within the settlement to £1,084 million.

The total funding which the Scottish Government will provide to local government in 2019-20 through the settlement is therefore £11,071 million. This includes;

- Baseline from 2019-20 of the full £170 million additional revenue investment announced earlier this year at Stage 1 of the Budget Bill for 2018-19;
- An additional £210 million revenue and £25 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £66 million baselined provision from 2018-19, a further £40 million is included to support expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and implementation of the Carers Act;
- £120 million to be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services;
- The ongoing additional £88 million to maintain the pupil teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- An indicative allocation of £3.3 million for Barclay implementation costs;
- Repayment in full of the reprofiled £150 million capital funding; and
- A new £50 million Town Centre Fund to enable local authorities to stimulate and support place-based economic improvements and inclusive growth through a wide range of investments which contribute to the regeneration and sustainability of town centres.

Individual local authorities will, in return for this settlement, be expected to deliver certain specific commitments.

For 2019-20, local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £80 million to support services.

The revenue allocation, including the additional resources to meet our commitments on the expansion of Early Years and support for social care and mental health, delivers a real terms increase for local government for 2019-20 compared to 2018-19. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £80 million next year) the total funding (revenue and capital) delivers a real-terms increase in the overall resources to support local government services of £289 million or 2.7%.

The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

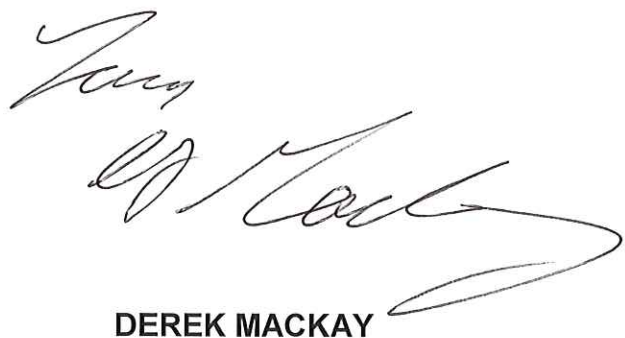
In addition to this, the Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.

We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme. We recognise that discussions on teachers' pay are on-going through the tri-partite Scottish Negotiating Committee for Teachers and any additional allocation to fund a negotiated agreement will require to be agreed.

Each local authority area will continue to benefit from Pupil Equity Funding (PEF) which forms part of the overall commitment from the Scottish Government to allocate £750 million through the Attainment Scotland Fund, over the term of the Parliament to tackle the attainment gap. £120 million in Pupil Equity Funding is going directly to headteachers to provide additional support to help close the attainment gap and overcome barriers to learning linked to poverty. PEF is additional to the £62 million Attainment Scotland funding, which is outwith the local government finance settlement. Money from the Attainment Scotland Fund will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people in greatest need.

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below inflation at 49 pence, a 2.1 per cent increase, ensuring over 90 per cent of properties in Scotland pay a lower poundage than they would in other parts of the United Kingdom.

I believe that the outcome of the financial settlement for local government, presented in the measures set out in this letter, is the best that could be achieved in the circumstances and continues to provide a fair settlement to enable local authorities to meet our priorities of inclusive economic growth and investment in our vital health and social care and education services.



**DEREK MACKAY**





T: 0300 244 4000  
E: scottish.ministers@gov.scot

Councillor Alison Evison,  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: Leaders of all Scottish local authorities

31 January 2019

Dear Alison,

I have listened carefully to the points you and other Leaders have raised with me following our consultation, and most recently in our meeting on 30 January, on the terms of the local government settlement and the issues you have sought to resolve as being important to you. The Scottish Greens have also raised many similar points in my discussions with them to secure support for the Budget.

In the Budget Bill Stage 1 debate in Parliament today I announced a package of further measures covering local taxation and local government finance which I consider will be the biggest empowerment of local authorities since devolution. I write now to confirm the details.

The Scottish Government has committed to make a number of changes to local government taxation between now and the end of this Parliament and clearly COSLA will have a key role as that works unfolds. These potential changes include:

- To consult, in 2019, on the principles of a locally determined tourist tax, prior to introducing legislation to permit local authorities to introduce a **transient visitor levy**, if it is appropriate for local circumstances;
- To support an agreed amendment from the Scottish Greens to the Transport (Scotland) Bill that would enable those local authorities who wish to use such a power, to introduce a **workplace parking levy**. Scottish Government support will be contingent on the exclusion of hospitals and NHS properties; and
- To devolve Non-Domestic Rates **Empty Property Relief** to local authorities in time for the next revaluation.

Both the Scottish Government and the Greens also supported the recommendation of the Commission on Local Tax Reform, which was co-chaired by the then COSLA President, that the present council tax system must end.



In order to make progress the Scottish Government will convene cross-party talks on its replacement with a view to publishing legislation, should cross-party agreement on a replacement be reached, by the end of this Parliament, with that legislation taken forward in the following Parliament.

While the Scottish Government maintains the position that money for education, social care and early learning and child care are core functions of local government, we have listened to the arguments that local government requires increased funding and flexibility for the 'core' local government settlement.

I have, therefore, agreed to make the following changes:

- An increase in the core resource local government settlement of £90 million;
- Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities– whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19, i.e. by up to £50 million across all local authorities to help them manage their own budgets
- Provide, as you have requested, local authorities with the flexibility to increase the Council tax by 3% in real terms, which equates to 4.79% next year.
- Bringing forward a three year funding settlement for local government from 2020-21 budget onwards; and to develop a rules based framework for local government funding in partnership with COSLA that would be introduced for the next Parliament.

Taken together, this enhanced package offers up to £187 million of increased funding and flexibility to local authorities.

In addition to this, and subject to the successful outcome of negotiations with teachers, the Scottish Government will fully fund its contribution to the cost of the Teachers' Pay deal, providing local authorities with the additional funding required to meet our share of the pay offer.

At our meeting on 30 January I also undertook to follow up and confirm the position on two further points.

Firstly, Local authorities, along with other public bodies, will face increased costs as a result of changes made by the UK Government to employer contributions for public sector pensions, including for Teacher pensions. The UK Government has committed to part fund these costs.

Local authorities were assuming a shortfall of 33% in the funding for these costs. Scottish Government analysis is that this shortfall is likely to be closer to 21%. This difference amounts to around £15 million for local authorities which they should no longer have to budget for.

We will not have formal confirmation of the impact of these changes to the Scottish Budget until the UK Spring Statement on 13 March 2019. However, we are committed to continue to press the UK Government to meet the full cost of these changes to avoid damaging impacts on the delivery of public services across Scotland. The Scottish Government will, however, commit to pass on to local government the consequential that we receive towards the employers' cost increase for local government Teachers' Pension schemes.

Secondly, I can confirm that I intend to bring forward as early as I can (early in the new financial year) changes to legislation which will allow Councils to vary loans fund repayments for advances made before 1 April 2016. Changes to repayments must be based on prudent principles and we will work with COSLA and Audit Scotland to reach a solution.

Throughout the Budget negotiations, I have endeavoured to engage constructively and openly with COSLA. As a result of the continuing UK austerity cuts forced upon us I know local authorities, along with the rest of the public sector, are still facing some difficult financial challenges, but I hope that you can recognise and welcome the significant package of additional measures I have confirmed today, which I truly do consider will be the biggest empowerment of local authorities since devolution.

Set out in the Appendix to this letter are details of the additional allocations to individual local authorities, through the normal formula distribution for the additional £90 million, to be spent at the discretion of individual councils. Subject to Parliamentary approval in the final stages of the Budget Bill, these sums will be added to the Local Government Finance (Scotland) Order 2019 to be presented to Parliament later in February.

  
**DEREK MACKAY**

<b>Local Authority</b>	<b>Additional Stage 1 Allocation: Core Grant</b>
	£m
Aberdeen City	3.161
Aberdeenshire	4.352
Angus	1.967
Argyll & Bute	1.626
Clackmannanshire	0.834
Dumfries & Galloway	2.678
Dundee City	2.503
East Ayrshire	2.051
East Dunbartonshire	1.874
East Lothian	1.719
East Renfrewshire	1.787
Edinburgh, City of	7.038
Eilean Siar	0.691
Falkirk	2.600
Fife	6.165
Glasgow City	9.969
Highland	4.228
Inverclyde	1.355
Midlothian	1.493
Moray	1.543
North Ayrshire	2.398
North Lanarkshire	5.702
Orkney	0.637
Perth & Kinross	2.477
Renfrewshire	2.941
Scottish Borders	1.990
Shetland	0.719
South Ayrshire	1.890
South Lanarkshire	5.388
Stirling	1.585
West Dunbartonshire	1.576
West Lothian	3.063
<b>Scotland</b>	<b>90.000</b>

Health Finance, Corporate Governance & Value  
Directorate

Richard McCallum, Deputy Director Health Finance  
T: 0131-244 2357  
E: [Richard.McCallum@gov.scot](mailto:Richard.McCallum@gov.scot)



Scottish Government  
Riaghaltas na h-Alba  
[gov.scot](http://gov.scot)

Health and Social Care Integration

Alison Taylor, Head of Integration  
E: [Alison.taylor@gov.scot](mailto:Alison.taylor@gov.scot)

Chief Executives, Local Authorities  
Chief Officers, Integration Authorities

Copied to:

Chief Executives, NHS Boards  
Directors of Finance, Local Authorities  
Chief Finance Officers, Integration Authorities  
NHS Directors of Finance

14 February 2019

Dear Colleagues

### **Budget 2019-20**

In the December 2018 Budget announcement the Scottish Government confirmed it was making available additional funding of £160 million in 2019-20 from the health portfolio budget. This includes £12 million to support school counselling services, with the remaining £148 million for Integration Authorities to continue to meet various commitments to social care and integration. Therefore Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets. Shares of the additional £160m by Local Authority are included in Annex A.

On 31 January 2019 the Cabinet Secretary for Finance, Economy and Fair Work announced a package of further measures on local taxation and local government finance. As part of this further package, flexibility will be available for Local Authorities to offset their adult social care allocations to Integration Authorities by up to £50 million in 2019-20 compared to 2018-19 based on local needs (up to 2.2% of Local Government adult social care allocations). To support transparency on the allocation and use of the total £160 million funding, and to provide assurance that these conditions are met, in quarter one of 2019-20 we will require further information from partnerships. The Scottish Government and COSLA will continue to work with local partnerships to ensure the successful implementation of integration locally.

Yours sincerely

**Richard McCallum**  
Deputy Director Health Finance

**Alison Taylor**  
Deputy Director Integration



## Annex A

<b>Allocation of the £160m from the Health and Social Care Budget</b>	
	Total*(£m)
<b>Aberdeen City</b>	5.815
<b>Aberdeenshire</b>	6.235
<b>Angus</b>	3.401
<b>Argyll and Bute</b>	2.609
<b>Clackmannanshire</b>	1.360
<b>Dumfries and Galloway</b>	4.633
<b>Dundee City</b>	4.402
<b>East Ayrshire</b>	3.468
<b>East Dunbartonshire</b>	2.861
<b>East Lothian</b>	2.779
<b>East Renfrewshire</b>	2.464
<b>Edinburgh, City of</b>	13.037
<b>Eilean Siar</b>	0.900
<b>Falkirk</b>	4.256
<b>Fife</b>	10.114
<b>Glasgow City</b>	17.497
<b>Highland</b>	6.400
<b>Inverclyde</b>	2.460
<b>Midlothian</b>	2.236
<b>Moray</b>	2.632
<b>North Ayrshire</b>	4.037
<b>North Lanarkshire</b>	9.001
<b>Orkney</b>	0.634
<b>Perth and Kinross</b>	4.336
<b>Renfrewshire</b>	4.932
<b>Scottish Borders</b>	3.315
<b>Shetland</b>	0.583
<b>South Ayrshire</b>	3.459
<b>South Lanarkshire</b>	8.778
<b>Stirling</b>	2.423
<b>West Dunbartonshire</b>	2.578
<b>West Lothian</b>	4.367
<b>SCOTLAND</b>	<b>148.000</b>
<b>School Counselling (to Education)</b>	12.000
<b>Total</b>	<b>160.000</b>

\*The distribution formula for Free Personal Care for people aged under 65 (£29.5 million) included in the total of £148 million is awaiting political approval by COSLA Leaders (22<sup>nd</sup> February)



Executive Director of Finance  
Martin Booth  
BA FCPFA MBA

Financial Services  
Glasgow City Council  
City Chambers  
George Square  
Glasgow G2 1DU

Appendix 2

Telephone: 0141 287 3837  
Fax No: 0141 287 0264

11 March 2019

David Williams  
Executive Director Social Care Services/Chief Officer Glasgow City HSCP  
Commonwealth House  
32 Albion Street  
Glasgow  
G1 1LH

Dear David

As a result of the budget approved by the Council on 21 February 2019 I can confirm that the Council's 2019-20 contribution to the Glasgow Health and Social Care Partnership amounts to £433,074,600.

I can also confirm that the council will continue to engage with the HSCP on the scale of the budgetary pressure associated with homecare and Housing First and to work towards finding a financially sustainable solution for 2019-20 and future years. This is not included in the sum above but may result in an increase to funding in 2019-20.

Yours sincerely

Martin Booth  
Executive Director of Finance

**GCC contribution to IJB 2019/20**

	£
Social Work	
Direct Exp	606,198,500
Direct Inc	<u>185,447,900</u>
Net direct (per SBW)	420,750,600
Balance due for Auto enrolment/Harmonisation	4,300,000
Additional funding from Scottish Government for Free Personal Care for under 65s	3,696,000
Additional funding from Scottish Government for changes to Carers Act Extension	58,000
DRS (Aids & Adaptations)	2,000,000
LES (Assisted House Garden Maintenance)	1,290,000
Apprenticeship Levy (all allocated to CBS)	980,000
Total IJB Budget	<b>433,074,600</b>

## Note:

The net direct of £420,750,600 includes:	£m
IJB Health & Social Care included in Settlement	12.577
IJB Carers Act to match Settlement	1.165
Criminal Justice to match Settlement	<u>1.470</u>
	15.212
GCC savings	-13.000
18/19 inflation	2.000
19/20 inflation	<u>6.700</u>
GCC funding in £420,750,600	8.700
Balance of GCC funding for Auto enrolment and Harmonisation not in £420,750,600	<u>4.300</u>
Total GCC funding included total IJB budget	13.000



Directorate for Health Finance,  
Corporate Governance & Value  
Christine McLaughlin, Director



T: 0131-244 3464  
E: christine.mclaughlin@gov.scot

Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

***Issued via email***

Our Ref: A22950623

12 December 2018

Dear Chief Executives

**Budget 2019-20 – Indicative Allocation**

Following the announcement of the Scottish Government's Budget for 2019-20 by the Cabinet Secretary for Finance, Economy and Fair Work in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in the annex to this letter.

A central component of the Portfolio settlement and approach taken is that the Budget will support the delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, investment in mental health and delivering greater progress and pace in the integration of health and social care, as well as evidencing a further shift in the balance of spend to mental health and to primary, community and social care.

**Baseline Funding**

Territorial Boards will receive a minimum baseline uplift of 2.5%, which includes funding for the 2019-20 pay award. In addition to this, those Boards furthest from NRAC parity will receive a share of £23 million, which will continue to mean that no Board is further than 0.8% from NRAC parity in 2019-20.

The four patient facing National Boards, (Scottish Ambulance Service, NHS 24, Golden Jubilee Foundation and The State Hospital) will each receive a minimum uplift of 1.7%, including funding for the 2019-20 pay award. In addition, the Scottish Ambulance Service will receive a further £6 million to support the implementation of their strategy. NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland will receive funding for the 2019-20 pay award.

The National Board savings requirement of £15 million is reflected in opening budgets, with final amendments to be agreed before the start of the financial year.

## Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £392 million will be invested in reforming service delivery in 2019-20, as set out below:

Improving patient outcomes	2018-19 (£m)	2019-20 (£m)	Increase for 2019-20 (£m)
Primary Care	120	155	35
Waiting Times Improvement	56	146	90
Mental Health and CAMHS	47	61	14
Trauma Networks	10	18	8
Cancer	10	12	2
<b>TOTAL</b>	<b>243</b>	<b>392</b>	<b>149</b>

When combining the £149 million increase in investment in reform with an increase of £281 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £430 million (4.2 per cent) in 2019-20. Further detail is set out in the annex to this letter.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas in advance of the new financial year.

### Core Areas of Investment

#### Primary Care

Investment in the Primary Care Fund will increase to £155 million in 2019-20. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

#### Waiting Times Improvement Plan

Investment of £146 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40 million will be accelerated into 2018-19 to allow Boards to support immediate priorities.

#### Mental Health and CAMHS

To support the mental health strategy, in 2019-20 a further £14 million will be invested which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018-19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019-20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018-19 plus £14 million. Directions regarding the use of £14 million will be issued in year.

#### Trauma Networks

This funding will increase by £8 million to £18 million, taking forward the implementation of the major trauma networks.

#### Cancer

This reflects continued investment in the £100 million cancer strategy.

## Health and Social Care Integration

In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.

In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:

- £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but it recognises the lead role of the Integration Authority in planning for the unscheduled care pathway set out in the legislation.

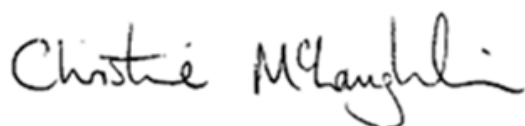
### Capital Funding

We will continue to prioritise funding for existing commitments and Boards should assume an unchanged initial capital formula allocation.

### 3 Year Financial Plan

We will shortly set out the requirements for the three year planning and performance cycle. This will set out a number of principles to be delivered in relation to finance and wider performance.

Yours sincerely



### **CHRISTINE MCLAUGHLIN**

Director of Health Finance, Corporate Governance and Value  
Scottish Government

## Annex – Board Funding Uplifts

NHS Territorial Boards	Total 2018-19 Allocation £m	Baseline uplift £m	Uplift (exc 18-19 pay) £m	Uplift (exc 18-19 pay) %	NRAC & National Board adjs £m	2019-20 Total allocation £m	Total uplift (exc 18-19 pay) %
Ayrshire and Arran	695.3	24.1	17.8	2.6%	0.6	720.0	2.6%
Borders	200.7	7.0	5.1	2.6%	0.0	207.7	2.6%
Dumfries and Galloway	289.3	9.8	7.3	2.5%	0.0	299.1	2.5%
Fife	637.0	22.2	16.4	2.6%	2.2	661.4	2.9%
Forth Valley	507.1	17.7	13.1	2.6%	2.2	527.0	3.0%
Grampian	921.1	32.6	23.9	2.6%	4.2	957.9	3.1%
Greater Glasgow and Clyde	2,155.7	75.4	55.6	2.6%	0.0	2,231.2	2.6%
Highland	604.7	21.0	15.5	2.6%	1.8	627.5	2.9%
Lanarkshire	1,156.8	40.4	29.8	2.6%	2.2	1,199.3	2.8%
Lothian	1,385.1	48.7	35.8	2.6%	7.7	1,441.5	3.1%
Orkney	48.0	1.6	1.2	2.5%	0.0	49.6	2.5%
Shetland	49.0	1.6	1.2	2.5%	0.0	50.6	2.5%
Tayside	735.2	25.6	18.9	2.6%	2.1	762.9	2.8%
Western Isles	73.4	2.4	1.8	2.5%	0.0	75.7	2.5%
	<b>9,458.4</b>	<b>330.2</b>	<b>243.4</b>	<b>2.6%</b>	<b>22.9</b>	<b>9,811.4</b>	<b>2.8%</b>
<b>NHS National Boards</b>							
National Waiting Times Centre	54.0	2.3	1.3	2.5%	-2.1	54.2	-1.4%
Scottish Ambulance Service	241.0	9.2	4.4	1.8%	9.6	259.9	5.8%
The State Hospital	34.8	0.9	0.6	1.7%	-0.3	35.3	0.7%
NHS 24	66.4	2.4	1.5	2.2%	-0.2	68.6	1.8%
NHS Education for Scotland	423.4	6.5	0.5	0.1%	-4.0	425.9	-0.8%
NHS Health Scotland	18.3	0.4	0.2	1.1%	-0.4	18.3	-1.1%
NHS National Services Scotland	332.3	12.8	10.3	3.1%	-6.7	338.5	1.1%
Healthcare Improvement Scotland	24.7	0.4	0.2	0.8%	-0.3	24.9	-0.3%
	<b>1,194.9</b>	<b>35.1</b>	<b>19.1</b>	<b>1.6%</b>	<b>-4.5</b>	<b>1,225.6</b>	<b>1.2%</b>
<b>Total NHS Boards</b>	<b>10,653.3</b>	<b>365.3</b>	<b>262.5</b>	<b>2.5%</b>	<b>18.4</b>	<b>11,037.0</b>	<b>2.6%</b>
<b>Improving Patient Outcomes</b>	<b>243.0</b>	<b>149.0</b>	<b>149.0</b>	<b>-</b>	<b>-</b>	<b>392.0</b>	<b>-</b>
<b>Total Frontline NHS Boards*</b>	<b>10,097.5</b>	<b>494.0</b>	<b>400.2</b>	<b>3.9%</b>	<b>29.9</b>	<b>10,621.4</b>	<b>4.2%</b>

\*Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.

**Greater Glasgow and Clyde NHS Board**

JB Russell House  
 Gartnavel Royal Hospital  
 1055 Great Western Road  
 GLASGOW  
 G12 0XH  
 Tel. 0141-201-4444  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Date:  
 Our Ref: MW/JH

Enquiries to: Mark White  
 Direct Line: 0141-201-4470  
 E-mail: [Mark.White@ggc.scot.nhs.uk](mailto:Mark.White@ggc.scot.nhs.uk)

Dear David

**2019/20 Indicative Financial Allocation to Glasgow Health and Social Care Partnership**

Further to my and James Hobson's initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2019/20. An update to this letter formally confirming your allocation for 2019/20 will be issued on behalf of the Board after the Board's financial plan has been approved at the 16 April board meeting.

**Annual uplift to NHSGGC**

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2019/20 is 2.54% totalling £55.6m.

As outlined in the Budget announced on 12 December 2018, there are two components to the general uplift;

- A baseline uplift of 1.8% to deliver a real-terms uplift in baseline funding (£39.3m); and
- An additional amount to help meet the costs of the 2019/20 public sector pay policy (£16.3m).

**The HSCP Settlement**

The Scottish Government's funding allocation letter issued on 12 December 2018 states that *"In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels"*.

As such, this instruction translates as;

- The real terms uplift is 1.8% on each HSCPs base recurring budgets. This is £14.6m.
- The HSCPs share of the Boards £16.3m allocation for the pay award. This share would be calculated on each HSCPs actual FTE cost. This is £3.3m.

Hence the total allocation uplift to all six HSCPs should be £17.9m.

However, following initial discussions with HSCPs, their expectation is the Board pass through the full proportionate share of the Board's uplift of 2.54%. This equates to £20.6m

### **The Boards Initial 2019/20 Finance Outlook and Performance Improvements**

The Boards initial financial outlook for 2019/20 indicates a savings requirement of £71m, with significant pressures around Acute prescribing and improving performance. At the current planning stage, the Acute Division are facing savings of 6-7%, with HSCPs facing savings of 1-2%.

As such, to achieve improvements in patient care and ensure the overall financial balance of the organisation, reducing demand and improving patient flow within the Acute Division remains a priority.

One of the fundamental objectives of HSCPs, and as committed in their strategic Plans was to improve delayed discharges within acute care. Progress within NHSGGC has been good, with performance amongst the best in Scotland.

However, 2018/19 performance has slipped in some areas and delayed discharges continue to represent a significant additional cost to the Board.

The Board is proposing to allocate the full 2.54% uplift to the HSCPs (£20.6m This funding will support HSCPs to deliver the commitments outlined in their Strategic Plans, including improving delayed discharge performance.

The uplift will be applied to the recurring rollover budgets on 1 April 2019 and adjusted for agreed realignments including the transfer of continuing care budgets from the Acute Division. Non recurring allocations that are specifically intended for HSCPs will be passed across when these are confirmed in the monthly allocation letters from Scottish Government.

An indicative allocation based on month 11 figures is included in **Appendix 1**.

### **Set Aside Budget**

The 2019/20 Set Aside Budget for unscheduled care services consumed by your HSCP in Acute hospitals will initially remain at the same value as for 2018/19 but will be uplifted by 2.54% based on the notional arrangements that have applied in recent years. Scottish Government has indicated that it is expected that the Set Aside arrangements will be fully implemented during 2019/20 and the Board is currently awaiting guidance on the mechanism for implementation. The actual budgets and costs of unscheduled care services have been identified and when these have been validated and finalised an updated Set Aside allocation will be formally issued to HSCPs.

### **Recharges to HSCPs**

The following items will continue to be charged to the HSCP during 2019/20:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

I hope this now enables the HSCP to finalise its financial plans for 2019/20.

Yours sincerely

**Mark White**

Director of Finance

NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation (based on month 11 figures)

Spend Categories		Glasgow HSCP
		£000s
Family Health Services *		188,834
Fhs Income*		(8,624)
<b>Family Health Services Budget (Net)</b>		<b>180,209</b>
Prescribing & Drugs		136,564
Non Pay Supplies		32,676
Pay		180,565
Other Non Pay & Savings		147,315
Other Income		(16,987)
<b>Budget - HCH incl Prescribing</b>		<b>480,132</b>
<b>Total Rollover budget - NET</b>		<b>660,341</b>
<b>Adjustments:</b>		
Non Recurring budget allocated to base		(4,256)
<b>Budget Eligible for HCH &amp; Prescribing uplift</b>		<b>475,876</b>
<b><u>Uplifts</u></b>		
Scottish Government allocation	2.54%	<b>12,087</b>
<b>Revised Budget</b>		<b>672,429</b>
Set Aside Budget for 2018/19		129,294
Uplift @ 2.54%		3,284
<b>Set Aside Budget 2019/20</b>		<b>132,578</b>



# Item No: 10

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Sharon Wearing

**Tel:** 0141 287 8838

### THE INTRODUCTION OF FREE PERSONAL CARE FOR UNDER 65s

**Purpose of Report:**

The purpose of this report is to update the IJB on the implementation and potential financial implications of Free Personal Care for under 65s.

**Background/Engagement:**

The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 revokes regulation 3 of the 2002 Regulations, removing the previous age qualification and thereby extending personal care entitlements to all adults who are assessed by the local authority as needing this service, free of charge.

**Recommendations:**

The Integration Joint Board is asked to:

- a) Note the introduction of Free Personal Care for under 65's from 1<sup>st</sup> April 2019; and
- b) Allocate the £3.696m Scottish Government funding to support the implementation of Free Personal Care including the loss of income and potential expansion of demand.

**Relevance to Integration Joint Board Strategic Plan:**

Free Personal Care for people aged under 65 does not feature within the Strategic Plan 2016-19 as this is a new change not currently in place anywhere in Scotland. The Strategic Plan for 2019-22, which comes into effect on 1st April 2019, refers to the implementation of Free Personal Care for people aged under 65.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Relates to all National Health and Wellbeing Outcomes.
<b>Personnel:</b>	The introduction of Free Personal Care for people aged under 65 could impact on demand for services. This could have staffing implications and will be monitored as part of implementation.
<b>Carers:</b>	None
<b>Provider Organisations:</b>	Most providers of services for under 65s collect client contributions for support directly from the service user. GHSCP requires to work closely with these providers to ensure that remaining charges from 1 April 2019 reflect the new legislation.
<b>Equalities:</b>	The legislation has been introduced to address current inequality concerns.
<b>Fairer Scotland Compliance:</b>	The introduction of free personal care for under 65's supports the delivery of a Fairer Scotland.
<b>Financial:</b>	Implementation of Free Personal Care for people aged under 65 may result in the reduction of current financial contributions to care. The Scottish Government have made available £30 million nationally in 2019-20 to support this implementation of which Glasgow's share is £3.696 million.
<b>Legal:</b>	The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 revokes regulation 3 of the 2002 Regulations, removing the previous age qualification and thereby extending personal care entitlements to all adults who are assessed by the local authority as needing this service, free of charge.
<b>Economic Impact:</b>	The introduction of Free Personal Care for people aged under 65 will have an economic benefit for some individuals who will become eligible to receive it, however non-personal care tasks remain chargeable which means for many their contribution to care will remain unaffected.
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None

<b>Risk Implications:</b>	<p>There are a number of risks associated with the implementation of this legislation:</p> <ul style="list-style-type: none"> <li>- That there is an overall increase in demand for services</li> <li>- That there is a significant challenge to the division of support within current care plans between personal and non-personal care</li> <li>- Marginalisation of specific client groups who would not benefit from this policy</li> <li>- That the policy will not meet the expectations of service users who are in receipt of non-personal care, and where charges may remain unchanged.</li> </ul>
---------------------------	--

<b>Implications for Glasgow City Council:</b>	Glasgow City Council is responsible for implementing Free Personal Care for under 65's from 1 <sup>st</sup> April 2019.
---	---

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
--	------

<b>Direction Required to Council, Health Board or Both</b>	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 update the IJB on the implementation and potential financial implications of Free Personal Care for under 65s.

## 2. Background

- 2.1. Free Personal Care for those ages 65 or over was introduced in Scotland in 2002 following the passing of the Community Care and Health (Scotland) Act 2002. In 2017 the Scottish Government published a feasibility study into extending free personal care to those under 65. The study showed this could have important benefits for individuals who are charged for this support including increased uptake of services and would ensure charging arrangements for personal care apply equally regardless of age, condition or means.
- 2.2. Following appropriate evaluation the Scottish Government has amended The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 to revoke regulation 3 of the 2002 Regulations, removing the previous age qualification and thereby extending personal care entitlements to all adults who are assessed by the local authority as needing this service, free of charge. This comes into effect on 1<sup>st</sup> April 2019.

### **3. Financial Implications of Free Personal Care for People Aged Under 65**

- 3.1. As of the 1<sup>st</sup> April 2019 people currently aged under 65 receiving care for personal care tasks will no longer make a financial contribution towards the costs of that care. This means for some individuals the financial contribution they make towards the care they receive will decrease or cease altogether.
- 3.2. Schedule 1 of the 2002 Act in conjunction with section 20 of Schedule 12 of the Public Service Reform (Scotland) Act 2010 provides the definition of personal care. These definitions are attached as Appendix 1 and Appendix 2.
- 3.3. It is anticipated many people under 65 currently making a contribution towards their care will still make a contribution unaffected by the change in legislation. This is because most people under 65 currently receive a level of non-personal care which exceeds the level of their current contribution and as result will still be liable to contribute to their care in the same way they currently are.
- 3.4. Examples of potential ways this change could impact on a range of individuals both in receipt of residential and non-residential care is attached at Appendix 3.

### **4. Implications of the introduction of Free Personal Care for People Aged Under 65 for the HSCP**

- 4.1. The extension of Free Personal Care to those aged under 65 will reduce the value of the financial contribution currently received from people receiving personal care. Work is currently underway to identify those who will be affected, to ensure their contribution where appropriate is amended and to quantify the financial impact this change will have for the HSCP.
- 4.2. In addition to those currently receiving personal care and known to the HSCP the introduction of free personal care could result in an increase in demand for services. At this time the extent of this increase in demand cannot be quantified, but will be closely monitored. The introduction of free personal care for over 65's in 2002 reported an increase in the provision of eligible services of 30%.
- 4.3. It has been announced that the Scottish Government would provide £30 million in 2019-20 to implement the commitment to extend Free Personal Care to Under 65s with Glasgow City's share being £3.696 million.
- 4.4. Out with potential financial risks, the implementation of Free Personal Care for under 65s requires all existing and new support services be categorised into personal and non-personal care. This requires change to the care records and a dedicated team in place to ensure this change is in place prior to the 1<sup>st</sup> April 2019 to ensure all individuals who are due an amended contribution have this in place.

Work is currently underway to ensure system requirements are in place and individual service agreements are updated as required.

## **5. Recommendations**

5.1 The Integration Joint Board is asked to:

- a) Note the introduction of Free Personal Care for under 65's from 1<sup>st</sup> April 2019;  
and
- b) Allocate the £3.696m Scottish Government funding to support the implementation of Free Personal Care including the loss of income and potential expansion of demand.



## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-10-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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	All services which include free personal care.
7	Full text of direction	Glasgow City Council is directed to utilise the £3.696 million allocated by the Scottish Government to support the implementation of Free Personal Care to Under 65's.
8	Budget allocated by Integration Joint Board to carry out direction	The introduction of Free Personal Care has been allocated £3.696 million from Scottish Government.
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	April 2020

## THE COMMUNITY CARE AND HEALTH (SCOTLAND) ACT 2002

### Schedule 1

#### Social Care Not Ordinarily Charged For

*[Whether or not personal care (see section 1(1)(a) or personal support (see 1(1)(b))]*

- 1 As regards the personal hygiene of the person cared for -
  - (a) shaving;
  - (b) cleaning teeth (whether or not they are artificial) by means of a brush or dental floss and (in the case of artificial teeth) by means of soaking;
  - (c) providing assistance in rinsing the mouth;
  - (d) keeping finger nails and toe nails trimmed;
  - (e) assisting the person with going to the toilet or with using a bedpan or other receptacle;
  - (f) where the person is fitted with a catheter or stoma, providing such assistance as is requisite to ensure cleanliness and that the skin is kept in a favourable hygienic condition;
  - (g) where the person is incontinent -
    - (i) the consequential making of the person's bed and consequential and changing and laundering of the person's bedding and clothing; and
    - (ii) caring for the person's skin to ensure that it is not adversely affected.
  
- 2 As regards eating requirements, the preparation of, or the provision of any assistance with the preparation of, the person's food including (without prejudice to that generality) -
  - (a) defrosting, washing, peeling, cutting, chopping, pureeing, mixing or combining, cooking, heating or re-heating, or otherwise preparing food or ingredients;
  - (b) cooking, heating or re-heating pre-prepared fresh or frozen food;
  - (c) portioning or serving food;
  - (d) cutting up, pureeing or otherwise processing food to assist with eating it;
  - (e) advising on food preparation; and
  - (f) assisting in the fulfilment of special dietary needs.

But not the supply of food (whether in the form of a pre-prepared meal or ingredients for a meal) to, or the obtaining of food for, the person, or the preparation of food prior to the point of supply to the person.
  
- 3 If the person is immobile or substantially immobile, dealing with the problems of that immobility.
  
- 4 If the person requires medical treatment, assisting with medication, as for example by
  - (a) applying creams or lotions;
  - (b) administering eye drops;

- (c) applying dressings in cases where this can be done without the physical involvement of a registered nurse or of a medical practitioner;
- (d) assisting with the administration of oxygen as part of a course of therapy.

- 5 With regard to the person's general well-being -
- (a) assisting with getting dressed;
  - (b) assisting with surgical appliances, prosthesis and mechanical and manual equipment;
  - (c) assisting with getting up and with going to bed;
  - (d) the provision of devices to help memory and of safety devices;
  - (e) behaviour management and psychological support.

*[Counselling, or other help, provided as part of a planned programme of care is explicitly included within the definition of personal support (see 1(1)(b)]*



**THE PUBLIC SERVICES REFORM (SCOTLAND) ACT 2010**

**Schedule 12, Section 20**

**Care Services: Definitions**

In this schedule, unless the context otherwise requires –

“someone who cares for” (or “a person who cares for”) a person, means someone who, being an individual, provides on a regular basis a substantial amount of care for that person, not having contracted to do so and not doing so for payment or in the course of providing a care service;

“vulnerability or need”, in relation to a person, means vulnerability or need arising by reason of that person –

- (a) being affected by infirmity or ageing;
- (b) being, or having been, affected by disability, illness or mental disorder;
- (c) being, or having been, dependent on alcohol or drugs; or
- (d) being of a young age;

“personal care” means care which relates to the day to day physical tasks and needs of the person cared for (as for example, but without prejudice to that generality, to eating and washing) and to mental processes related to those tasks and needs (as for example, but without prejudice to that generality, to remembering to eat and wash); and

“personal support” means counselling, or other help, provided as part of a planned programme of care.

## Implementation of Free Personal Care, extended to include those under 65 years of age from 1 April 2019.

### Examples of how this will affect individual service users.

#### Residential Care – The national rate for free personal care in 2019/20 is £177.00

##### Example One

Mr A is a 29 year old gentleman with a diagnosed learning disability who resides in a care home which is registered to provide care for this care group. Due to a significant level of capital Mr A was deemed as being fully self-funding, and as he is under 65 has not been entitled to free personal care.

From 1 April 2019, Mr A will be entitled to the free personal care element.

Currently Mr A pays the gross fees of his care which are £876.00 Going forward, Mr A will pay on a weekly basis:

Gross fees	£876.00
Less entitlement to free personal care	£177.00
Mr A Payment	£699.00

##### Example Two

Mrs B is a 36 year old woman with a diagnosed mental health, who resides in a care home which is registered to provide care for this care group. At the time of her admission Mrs B was deemed as requiring funding assistance and as she is under 65 has not been entitled to free personal care.

Mrs B has been paying a financially assessed contribution towards the cost of her care home fees since the date of her admission. She uses her benefits to make this payment as noted below:

Gross fees	£450.00
Mrs B's financially assessed contribution	£130.00
Social Care's contribution	£320.00

From 1 April 2019, Mrs B will be entitled to the free personal care element.

Mrs B's contribution will not change:

Gross fees	£450.00
Less entitlement to free personal care	£177.00
Fee for Non Personal Care	£273.00
Mrs B's financially assessed contribution	£130.00

From 1 April 2019 Mrs B's contribution will be unaffected by the implementation of free personal care as the maximum she can contribute is more than her current contribution based on her financial assessment.

**Non Residential Care - There is not a set rate, and the free amount will be equal to the cost of the service provided.**

**Example 3**

Mrs C – 32 year old woman with a diagnosed learning disability, who receives a care at home service in her own home from a provider which are registered to provide care for this care group. Mrs C requires 10 hours of care at home in her own home. Of the 10 hours 8 of these are personal care and 2 are non-personal care.

Mrs C was financially assessed as being able to contribute £98.00 per week towards the cost of her package of care.

The provider who delivers the care package to Mrs C charge £22.00 per hour for her care:

Gross fees – 10 hours @£22.00 per hour	£220.00
Mrs C's contribution	£98.00
Social Care's contribution	£122.00

From 1 April 2019, Mrs C will be entitled to the free personal care element. Using the current amounts for 18/19, Mrs C's contribution will change:

Gross fees	£220.00
Less free personal care – 8 hours @ £22.00 per hour	£176.00
Non-personal care – 2 hours @ £22.00 per hour	£44.00

Her new contribution will be £44 per week as Mrs C will only contribute to the cost of her non-personal care support.

**Example 4**

Mrs D – 48 year old woman with a diagnosed physical disability, who receives a care at home service in her own home from a provider who are registered to provide care for this care group. Mrs D requires 60 hours of care. Of the 60 hours 20 of these are personal care and 40 are non-personal care.

Mrs D was financially assessed as being able to contribute £20.00 per week towards the cost of her package of care.

The provider who delivers the care package to Mrs D charge £20.00 per hour for her care:

Gross fees – 60 hours @ £20.00 per hour	£1,200.00
Mrs D's contribution	£20.00
Social Care's contribution	£1180.00

From 1 April 2019, Mrs D will be entitled to the free personal care element. Using the current amounts for 18/19, Mrs D's contribution will not change:

Gross fees – 60 hours @ £20.00 per hour	£1,200.00
Less personal care – 20 hours @ £20.00 per hour	£400.00
Non-personal care – 40 hours @ £20.00 per hour	£800.00

From 1 April 2019 Mrs D's contribution will be unaffected by the implementation of free personal care as the maximum she can contribute is more than her current contribution based on her financial assessment.

**Item No: 12**

**Meeting Date: Wednesday 27<sup>th</sup> March 2019**

**Glasgow City  
 Integration Joint Board**

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

**Contact: Sharon Wearing**

**Tel: 0141 287 8838**

**SCOTTISH LIVING WAGE SETTLEMENT (2019)**

- PROVIDER RATE UPLIFTS (GLASGOW PURCHASED SERVICES CONTRACTS)
- SLEEPOVER RATES
- DIRECT PAYMENT RATE UPLIFTS

<b>Purpose of Report:</b>	To advise Glasgow City Integration Joint Board that the Scottish Government settlement for 2019/20 includes provision for increase in Scottish Living Wage. This report covers the proposal for 2019/20.
---------------------------	--

<b>Background/Engagement:</b>	The Scottish Government's 2016/2017, 2017/2018 and 2018/19 financial settlements for Glasgow City Council contained an allocation to support an uplift in the Scottish Living Wage. This funding was awarded to Providers and Direct Payment recipients who complied with Scottish Living Wage rates. This report proposes a further uplift for 2019/20, funded from additional monies from the Scottish Government.
-------------------------------	--

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>a) note the report;</li> <li>b) agree that the Council will offer a 2.3% uplift to Provider rates within Glasgow Purchased Services;</li> <li>c) agree that the Council will offer a revised Sleepover rate of £11.11 in recognition of Scottish Living Wage requirements;</li> <li>d) agree that the Council will apply a 2.3% uplift to Direct Payments;</li> <li>e) note that this will be subject to Providers confirming they will pay the Scottish Living Wage (including sleepover services) from 8 April 2019; and</li> <li>f) note the increase in rates to providers to create a sustainable marketplace.</li> </ol>
-------------------------	---

**Relevance to Integration Joint Board Strategic Plan:**

The delivery of good health and social care outcomes is dependent on the quality of care delivered by providers with whom we contract. This settlement improves conditions for staff and organisations and should contribute to improved health and wellbeing outcomes for staff and service users.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<b>Outcome 9.</b> Resources are used effectively and efficiently in the provision of health and social care services.
<b>Personnel:</b>	No impact on Partnership personnel.
<b>Carers:</b>	No direct impact on carers, however, the current shape of service provision must move beyond a dependence on paid employee inputs only, to one that also includes an increased use of technology enabled care and other support networks being deployed in care support not just for the service user but also for their carer.
<b>Provider Organisations:</b>	This settlement assists providers deliver the Scottish Living Wage and helps with their financial sustainability.
<b>Equalities:</b>	No EQIA carried out as this report does not represent a new policy, plan, service or strategy, but is about the equitable distribution of a budget allocation from the Scottish Government.
<b>Fairer Scotland Compliance:</b>	This settlement supports the delivery of a Fairer Scotland.
<b>Financial:</b>	The proposal of the 2.3% uplift will cost approximately £3,700,000. The 2019/20 costs of implementing the sleepover rate will be funded within the financial allocation provided by the Scottish Government for the Scottish Living Wage.
<b>Legal:</b>	<p>From a legal perspective the Council is unable to force purchased providers to implement the Scottish Living Wage as the Scottish Living Wage is not enshrined in law. That said, the Council supports the implementation of Fair Work Practices including the Scottish Living Wage via it's contracting and procurement processes and will continue to encourage and incentivise providers to comply.</p> <p>No option for delivering the Scottish Living Wage is free from the risk of legal challenge. The approach adopted for 2019/20 is consistent with the approach taken in 2017/18 and 2018/19 and presents the least risk.</p>
<b>Economic Impact:</b>	None

<b>Sustainability:</b>	None
------------------------	------

<b>Sustainable Procurement and Article 19:</b>	None
--	------

<b>Risk Implications:</b>	As above for Legal.
---------------------------	---------------------

<b>Implications for Glasgow City Council:</b>	Risk of challenge from providers.
---	-----------------------------------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
--	------

<b>Direction Required to Council, Health Board or Both</b>	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 of Report

1.1 To advise Glasgow City Integration Joint Board that the Scottish Government settlement for 2019/20 includes provision for increase in Scottish Living Wage.

1.2 The proposal is to offer;

- i) a 2.3% uplift to Provider rates within Glasgow Purchased Services.
- ii) Providers a revised sleepover rate of £11.11 in recognition of Scottish Living Wage requirements.
- iii) an increase of 2.3% to Direct Payment rates.

1.3 Implementation date will be 8<sup>th</sup> April 2019.

## 2. Background

2.1 The Scottish Government's 2016/2017, 2017/2018 and 2018/19 financial settlements for Glasgow City Council contained an allocation to support an uplift in the Scottish Living Wage. This funding was awarded to Providers and Direct Payment recipients who complied with Scottish Living Wage rates as follows:

- 3.1% on rates from 1 April 2016
- 2.5% on rates from 1 May 2017
- Introduction of a transitional sleepover rate to £9.38 from 2 October 2017
- 2.8% on rates from 9 April 2018
- Revised sleepover rate of £10.86 from 9 April 2018

These measures represent to date an investment of £12m in Scottish Living Wage payments, and £6m for sleepover payments.

- 2.2 The Scottish Government's 2019/20 financial settlement for Glasgow City Council contained a share of an additional £108 million for investment in integration, including delivery of the Living Wage and uprating free personal care. Glasgow IJB's share of the monies for integration is £12.577m and will support the uplift in the Scottish Living Wage from £8.75 per hour to £9.00 per hour.
- 2.3 The Scottish Living Wage settlement for the National Care Home Contract, including a Provider rate uplift in recognition of payment of the Scottish Living Wage, is the subject of a separate report to the IJB.
- 2.4 This report proposes an increase in rate of 2.3% from 8 April 2019 for Purchased Services. This increase will apply to the Purchased Services Framework 2015, supported accommodation and supported living services. Excluded from this award will be those services governed by national contracts, such as the National Care Home Contract and Scotland Excel. Also excluded from this award will be services provided by the Purchased Services Framework 2019 which have had rates agreed which already reflect the living wage uplift for 2019.
- 2.5 This offer will be subject to Providers confirmation that they agree to pay the Scottish Living Wage. From a legal perspective the Council is unable to force purchased providers to implement the Scottish Living Wage as the Scottish Living Wage is not enshrined in law. That said, the Council supports the implementation of Fair Work Practices including the Scottish Living Wage via it's contracting and procurement processes and will continue to encourage and incentivise providers to comply. The position at March 2019 is that the vast majority of purchased providers have confirmed that they are paying the Scottish Living Wage. There are 9 providers who have not yet done so.
- 2.6 Direct Payments provide service users with an alternative to commissioned services, promoting independence and self-directed care. As with previous Scottish Living Wage increases, it is proposed to increase Direct Payment rates by 2.3% consistent with that for Purchased Services.

### **3. Sustainability**

- 3.1 The IJB is committed to contracting with providers on a sustainable basis and this has been reflected in the 2019 Framework. As outlined in section 2.1 providers have received successive increases to their contracted value to assist with this.
- 3.2 In partnership with service users, disabled persons organisations, carers, social care providers, advocacy organisations and the Care Inspectorate, the partnership is developing a transformational change programme in relation to the provision of overnight supports in Glasgow. A key feature of the change project is assessing the contribution that assistive technology and localised responder services can make in continuing to ensure that people who have overnight support needs are well supported in their own homes.

### **4. Funding**

- 4.1 The proposal of the 2.3% uplift will cost approximately £3,700,000. The costs associated with the sleepover will be funded within the financial allocation provided by the Scottish Government for the Scottish Living Wage.



- 4.2 Implementation date will be 8 April 2019, in line with the DWP benefit increase.
- 4.3 The Scottish Living Wage is reviewed and increased every November with implementation of the new rate by the following May each year. To date, the Scottish Government has provided new funds to meet this commitment. It would therefore be prudent for the Council to ensure that Scottish Living Wage obligations are taken into account in its future financial planning and its allocations to the IJB should the Scottish Government cease to make new funding for further increases, available.

## **5. Recommendations**

- 5.1 The Integration Joint Board is asked to:
- a) note the report;
  - b) agree that the Partnership will offer a 2.3% uplift to Provider rates within Glasgow Purchased Services;
  - c) agree that the Partnership will offer a revised Sleepover rate of £11.11 in recognition of Scottish Living Wage requirements;
  - d) agree that the Partnership will apply a 2.3% uplift to Direct Payments;
  - e) note that this will be subject to Providers confirming they will pay the Scottish Living Wage (including sleepover services) from 8 April 2019 and
  - f) note the increase in rates to providers to create a sustainable marketplace.



## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-12-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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	Glasgow Purchased Services Contracts Glasgow Purchased Services Contracts (Sleepover) Direct Payments
7	Full text of direction	Council is directed to vary Glasgow Purchased Service contracts by an additional 2.3% for those Providers who have agreed to pay the living wage, and for Direct Payment recipients. Excluded from this award will be those services governed by national contracts, such as the National Care Home Contract (details are included in a separate report to the IJB) and Scotland Excel. Also excluded from this award will be services provided by the Purchased Services Framework 2019.
8	Budget allocated by Integration Joint Board to carry out direction	The proposal to increase rates by 2.3% will cost an additional £3,700,000. Funds have been made available within the Scottish Government settlement for 2019/20.
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	October 2019



# Item No: 13

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Sybil Canavan, Head of People and Change/ Christina Heuston, Head of Corporate Services

**Tel:** 0141 287 8751/287 0408

### GLASGOW CITY HSCP WORKFORCE PLAN 2019-2022

<b>Purpose of Report:</b>	To provide Glasgow City Integration Joint Board with a further update to the Workforce plan for the HSCP presented in December 2018, aligning the Workforce Plan with the HSCP Strategic Plan.
---------------------------	--

<b>Background/Engagement:</b>	This document provides further narrative in terms of early discussion with Third and voluntary sector colleagues, information regarding the transfer of Cordia Services to the HSCP, information regarding workforce in relation to the Primary Care Improvement Plan and also Action 15 monies as provided by Scottish Government
-------------------------------	--

<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the updates provided in the narrative; and b) agree the alignment to the HSCP Strategic Planning cycle.
-------------------------	--

#### Relevance to Integration Joint Board Strategic Plan:

The workforce plan supports the HSCP to deliver priorities in the strategic plan and ensure appropriate staffing arrangements are in place across the HSCP

#### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Outcome 9 – resources are used effectively and efficiently in the provision of health and social care outcomes
--	--

<b>Personnel:</b>	The document describes the transformational agenda for the HSCP and the impact on our workforce going forward	
<b>Carers:</b>	None	
<b>Provider Organisations:</b>	Future iterations of the plan will reference detail from Voluntary and Third Sector partners where available.	
<b>Equalities:</b>	The document describes equalities challenges for the population of Glasgow City and also confirms the organisational requirements of equality duties and outcomes detailed in the Equalities Act (2010).	
<b>Fairer Scotland Compliance</b>	N/A	
<b>Financial:</b>	The document describes the service transformational agenda for the HSCP and the programmes of redesign underway to meet our financial requirements.	
<b>Legal:</b>	N/A	
<b>Economic Impact:</b>	N/A	
<b>Sustainability:</b>	N/A	
<b>Sustainable Procurement and Article 19:</b>	N/A	
<b>Risk Implications:</b>	Service changes will potentially impact on staff within the HSCP and these processes will have to be managed via the appropriate H R processes.	
<b>Implications for Glasgow City Council:</b>	Changes to structures and staffing arrangements.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Changes to structures and staffing arrangements.	
<b>Direction Required to Council, Health Board or Both</b>	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 Glasgow City HSCP has developed two earlier versions of a Workforce Plan for the HSCP, firstly in June 2017 and latterly in December 2018.
- 1.2 Following discussion at the Integration Joint Board in December 2018, it was confirmed that the plan would be further refreshed to include detail regarding the transfer of Cordia services into the HSCP in October 2018, now called Care Services, the planned staffing implications for both the Primary Care Development Plan and also the Action 15 Mental health funding for the HSCP. There has also been the opportunity for early discussions with Voluntary and Third Sector partners, with the aspiration that future versions of the Workforce plan will contain detail from these sectors, where available and applicable in terms of service provision within the HSCP.

## **2. Background**

- 2.1 The draft Strategic Plan for the HSCP (2019 – 22) provides extensive narrative regarding the geography and population of Glasgow City. It also provides detailed narrative regarding the Transformation agenda, and other programmes of work underway within Glasgow City. This document sits alongside, and informs a lot of the detail of the Workforce Plan.
- 2.2 As previously reported, the Workforce Plan references the care group changes for the HSCP in Older People, Adult Services and Children's Services. Detail regarding the services contained within Resources is also contained within the document
- 2.3 The Primary Care Improvement Plan for Glasgow City HSCP was agreed in 2018, providing detail on proposed multidisciplinary working arrangements within G P practices across the City. The workforce plan provides available detail on the workforce elements of this plan.
- 2.4 The transfer of Cordia Services into the HSCP marked a significant change in our workforce numbers as an integrated system. Given the significance of the change, detail of this workforce is included in this latest iteration of the plan
- 2.5 As described, Action 15 Mental Health monies have provided a significant investment opportunity for the HSCP and again, in recognition of the importance of this investment in service delivery, further detail of this planned workforce has been provided in the updated document
- 2.6 The document has also been revised to simplify the content for the reader and has reduced in size as compared to previous versions.

## **3. Recommendations**

- 3.1 The Integration Joint Board is asked to:
  - a) note the updates provided in the narrative; and
  - b) agree the alignment to the HSCP Strategic Planning cycle.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-13-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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: 121218-9-a)
6	Functions covered by direction	All functions and care groups covered in the appended Workforce Plan
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to align future iterations of the Workforce Plan to the timescales of the HSCP Strategic Planning cycle and to progress the actions outlined at Section 3 of the Workforce Plan.
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources (taking into account additional investment committed by the Government to develop the mental health workforce over the next 5 years).
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	27 March 2020



# **Workforce Plan**

**2019 -2022**

1	Section One	5
1.1	Introduction to the Workforce Plan	6
1.2	An overview of Glasgow City Health and Social Care Partnership	7
1.3	Vision	7
1.4	Glasgow City HSCP Organisational Development Strategy 2018/2022	8
1.5	Organisational Development and Succession Planning	10
1.5.1	The immediate priorities for staff and workforce development will be	10
1.6	Key Priorities for the Partnership	10
1.7	Moving Forward Together	11
1.8	Detail of the Third and Voluntary Sector Workforce	12
2	Demand Drivers	13
2.1	Glasgow City	14
2.2	The Glasgow City Population Profile	14
2.3	Glasgow City HSCP - Locality Profile	14
2.4	Health as a driver of demand	15
2.5	Equalities	20
2.6	Care Groups/Core Leadership Groups	20
2.7	Older People's Services	21
2.8	Children's and Families Services	26
2.9	Adult Services	31
2.10	Pharmacy and Prescribing Support	38
2.11	Business Support	40
2.12	The Financial Environment	41
2.13	New General Medical Services (GMS) Contract (2018)	42
2.14	Potential Impact of Brexit	42
2.15	Safe and Effective Staffing in Health and Social Care	43
3	Future Workforce	44
3.1	The future Older Peoples Services Workforce	45
3.2	Care Services	47
3.3	The Future Children's and Families Services Workforce	47
3.4	The Future Adult Services Workforce	50
4	The Glasgow City HSCP Workforce	61
4.1	Staffing Resource	62
4.2	By Service Area/Leadership Group	64
4.3	Leavers Trends	64
4.4	Risk of Retirals	66
4.5	HSCP Turnover Levels	66
4.6	Equalities Profile	67



4.7	Ethnicity.....	67
4.8	Religious Beliefs.....	67
4.9	Disability.....	68
4.10	Sexual Orientation.....	68
4.11	Supplementary Staffing.....	68
4.12	Characteristics of the Current Workforce.....	68
4.13	Activity within the HSCP.....	69
4.14	The local labour market.....	69
4.15	Widening Access to employment.....	69
4.16	Learning and Education.....	69
4.17	Detail of the Third and Voluntary Sector Workforce.....	70
5	Section Five.....	71
5.1	Workforce Plan Governance & Monitoring.....	72
6	Appendices.....	73
6.1	The 6 Steps Methodology.....	73
6.2	Appendix 2 - Glasgow City HSCP Workforce Plan Board Membership.....	75

## **Executive Summary**

The workforce plan for Glasgow City HSCP provides a detailed narrative and overview of the range of service change which has the potential to impact on our current workforce over the coming years. This document provides a range of detail on how our workforce has changed over the recent past and also provides detail on a wide range of service Strategy implementation that is underway within the HSCP. These strategies in themselves are detailed areas of work and sit alongside the short narrative captured in this plan.

This latest iteration of the plan aligns the content of the plan to the Strategic Plan for the HSCP, running from 2019 – 2022. Detail is also included with regard to the transfer of Cordia Staff, now referenced as Care Services within the HSCP, the Primary Care Implementation Plan and the Mental Health Strategy and Action 15 arrangements within the HSCP.

The document includes:

- Section 1 – An introduction to the workforce plan and an overview of the HSCP and our priorities and vision within the HSCP. This section also references our Organisational Development strategy, detail on Succession planning, NHS Greater Glasgow and Clyde’s Moving Forward Together strategy and the need to link with third and voluntary sector partners to describe their workforce.
- Section 2 – Provides extensive detail on the demand drivers across the HSCP, both in terms of the challenges facing our current population but also national, locality and care group priorities in place that are impacting on our current workforce.
- Section 3 – Details a range of workforce actions for the future workforce in place across all care groups, how the HSCP is seeking to respond to known workforce challenges and also plans around new technology and new roles and ways of working.
- Section 4 – Provides a range of detail on the current workforce for both the NHS and Social care staff within the HSCP, along with some comparative historical data to show some of the changes that have taken place over recent years within the workforce. There is also detail of some local HSCP activity and corporate activity within both NHS Greater Glasgow and Clyde and Glasgow City Council that will assist the HSCP to respond to recognised challenges within the workforce.
- Section 5 – outlines the Implementation and monitoring and review detail for the plan.

# **1 Section One**

## **Background to the Glasgow City Health and Social Care Partnership Workforce Plan**

## **1.1 Introduction to the Workforce Plan**

- 1.1.1 Integration of health and social care has been introduced to change the way key services are delivered, with greater emphasis on supporting people in their own homes and communities and less inappropriate use of hospitals and care homes.
- 1.1.2 Glasgow City HSCP's service redesign activities must also support a culture of improvement. Sustainable improvements in care, health and value will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce.
- 1.1.3 The Health and Social Care Partnership is required by the Scottish Government to develop and publish a workforce plan for approval by the Integrated Joint Board, which sets out the strategic direction for workforce development and the resulting changes to our workforce.
- 1.1.4 This Workforce Plan has been developed using the Skills for Health "Six Steps Methodology for Integrated Workforce Planning"<sup>1</sup>.
- 1.1.5 The Six Steps Methodology is a workforce model which enables provides a framework which can be applied across both health and social care services and, as such, allows the HSCP to take a coherent view of the workforce across all job families and sub-groups.
- 1.1.6 The workforce implications of service change and redesign are set out in Glasgow City HSCPs Workforce Plan (this document) which should be viewed in conjunction with the HSCP Strategic plan for 2019 – 22. These workforce implications highlight any planned service changes across the HSCP. Service transformation is governed through a range of structures across the HSCP, namely the Integration Joint Board, the Senior Management Team, Staff Partnership and Council Liaison fora and also Care Group Programme Board constructs.
- 1.1.7 It is critical therefore that all workforce plans whether stand-alone documents or part of wider service planning documents are signed off by a wide range of stakeholders including local management teams, service managers and planners, financial managers and local staff side representatives and partnership forums.
- 1.1.8 It is recognised by all stakeholders that the redesign and service change plans set out in this workforce plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with staff side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.
- 1.1.9 Actions arising from this Workforce Plan
- 1.1.10 The workforce actions are noted within this workforce plan under each relevant heading/topic.

---

<sup>1</sup><http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning>

1.1.11 Annual updates on progress against the aims and targets set out in the Workforce Plan will be provided to the IJB, Senior Management Team (SMT), Staff Partnership Forum (SPF) and other stakeholder forums e.g. the Glasgow City HSCP Workforce Board.

## **1.2 An overview of Glasgow City Health and Social Care Partnership**

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

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

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

## **1.3 Vision**

1.3.1 Glasgow City Health and Social Care Partnership believes “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”.

1.3.2 Our Principles

- Focussing on being responsive to Glasgow's population and focussing on reducing health inequalities
- Supporting and protecting vulnerable people and promoting their independence and social well being
- Working with others to improve physical, mental and social health and wellbeing and treating people fairly
- Designing and delivering services around the needs, talents, aspirations and contributions of individuals, carers and communities using evidence from what we know works
- Showing transparency, equity and fairness in the allocation of resources and taking a balanced approach by positively allocating resources where health and social care needs are greatest, with decisions based on evidence of what works and innovative approaches, focussed on outcomes for individuals and risk

accepted and managed rather than avoided, where this is in the best interests of the individual.

- Developing a competent, confident and valued workforce
- Striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology
- Evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- Developing a strong identity
- Focussing on continuous improvement, within a culture of performance management, openness and transparency.

#### **1.4 Glasgow City HSCP Organisational Development Strategy 2018/2022**

1.4.1 The Organisational Development Strategy has been designed to support the vision and principles for the HSCP as outlined in the strategic plan as well as to deliver the various elements of the workforce plan through the strands of:

- Culture;
- Service improvement and change;
- Establishing integrated teams;
- Leadership development.

1.4.2 Annual implementation plans will describe the activity that delivers this change

1.4.3 The Organisational Development strategy for the HSCP is detailed below:

## **Glasgow City Health and Social Care Partnership Organisational Development Strategy**

**The OD Strategy has been designed to support the vision and principles for the HSCP as outlined in the strategic plan as well as to deliver the various elements of the workforce plan through the strands of – Culture; Service improvement and change; Establishing integrated teams and Leadership development. Annual implementation plans will describe the activity that delivers this change.**

**HSCP principles are the measures of success** 1.Focussing on being responsive to Glasgow's population and where health is poorest; 2.Supporting vulnerable people and promoting social well-being; 3.Working with others to improve health; 4.Services designed and delivered around the needs of individuals carers and communities; 5.Transparency, equity and fairness in the allocation of resources; 6.Competent, confident and valued workforce;7.Strive for innovation; 8.Develop a strong identity; 9.Focus on continuous improvement

**Organisational Development Strand 1** HSCP Culture -To develop the values, attitudes and behaviours that support a healthy organisational culture, ensuring staff are engaged and prepared for future roles

**Organisational Development Strand 2** Service Improvement and Change - Ensure consistent change management applied across HSCP with principles of Partnership working ;Value for money ; Quality approach; Improvement and sustainability ; Leadership developed to embed and sustain change

**Organisational Development Strand 3** Establish Integrated Teams and team working -Effective team development process to support team development and measure impact of team leader's involvement

**Organisational Development Strand 4** Leadership development Embed a leadership style that has a coaching approach to conversations either solutions or behavioural focus and building on organisational knowledge and learning

## 1.5 Organisational Development and Succession Planning

### 1.5.1 The immediate priorities for staff and workforce development will be

- Team effectiveness, leadership, development and engagement
- Succession planning to ensure our staff are fit for the integrated world they are operating in with a focus on relationship development, influence and collaborating
- Look at changes to ways of working and how to support and enable each other to take on new ways of working which contribute to the outcomes for the HSCP

1.5.2 Increasingly we must have the right people in the right jobs at the right times. We cannot afford to be without people who have the necessary knowledge, skills or behaviours to quickly fill a critical or key post when the need arises. This is Succession Planning.

1.5.3 On-going development of all staff to improve current performance, adapt to the changes being made to their existing posts, to broaden their expertise and contributions or move towards another post is essential. This is Career and Development Planning.

1.5.4 It is important to remember that staff will often move across as well as upward to a new post.

1.5.5 The workforce development required to support the HSCP Workforce Plan in the years ahead requires both succession planning and an approach to career and development planning which supports change. It is also recognised that the extent of potential change does impact on the capacity to develop and embed new ways of working and new models of care. This activity is essential to support staff through this process.

1.5.6 A Succession Planning proposal has been developed for discussion and consultation. This seeks to structure the process with the aim of providing a supported space for leaders at all levels to engage with their staff around their aspirations, development and then aligning those with opportunities to develop across the HSCP. The initial focus will be on identifying critical posts: current and future roles and understanding the critical competencies and experiences required. It is proposed that this is taken forward by a specific working group within the HSCP.

## 1.6 Key Priorities for the Partnership

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

- **Prevention, early intervention, and harm reduction** We are committed to working with a wide range of partners across the city to improve the overall health and well-being and prevent ill-health of the people of Glasgow, including increasing healthy life expectancy and reducing health inequalities and the impact of deprivation through the delivery of services where they are needed most. We will continue to promote positive health and well-being, prevention early intervention and harm reduction. This includes promoting physical activity, acting to reduce exposure to adverse childhood experiences as part of our commitment



to 'Getting it Right for Every Child'<sup>2</sup>, and improving the physical health of people who live with severe and enduring mental illness. We will seek to ensure that people get the right level of advice and support to maintain independence and reduce the instances of people having to engage with services at points of crisis in their life.

- **Providing greater self-determination and choice** - We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve. We recognise that those who have already received services (those with 'lived experience') have unique and valued perspectives that will be harnessed in helping to shape services into the future
- **Shifting the balance of care** Services have transformed over recent years to shift the balance of care away from institutional, hospital-led services towards services better able to support people in the community and promote recovery and greater independence wherever possible. Glasgow has made significant progress in this area in recent years, and we aim to continue to build on our successes in future years by investing in local people, neighbourhoods and communities to help us shift the balance of care. Over the next 10 years we will increasingly move towards health and social care services being delivered in local communities across Glasgow.
- **Enabling independent living for longer** Work will take place across our all Care Groups to support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible. To do this will show ambition and be innovative to develop and try new ways of providing services that haven't been done before, even if that is difficult and sometimes more risky than the easy option.
- **Public Protection** We will work to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately. We accept that not all risks can be avoided entirely. However, risk can be managed effectively through good professional practice

## 1.7 Moving Forward Together

1.7.1 NHS Greater Glasgow and Clyde has developed a transformational change programme, Moving Forward Together, which sets out a vision for health and social care services. The aim of the strategy is to develop new models of care delivery which will provide safe, effective and person-centred care that is sustainable in the long term. The focus of the strategy is to ensure –

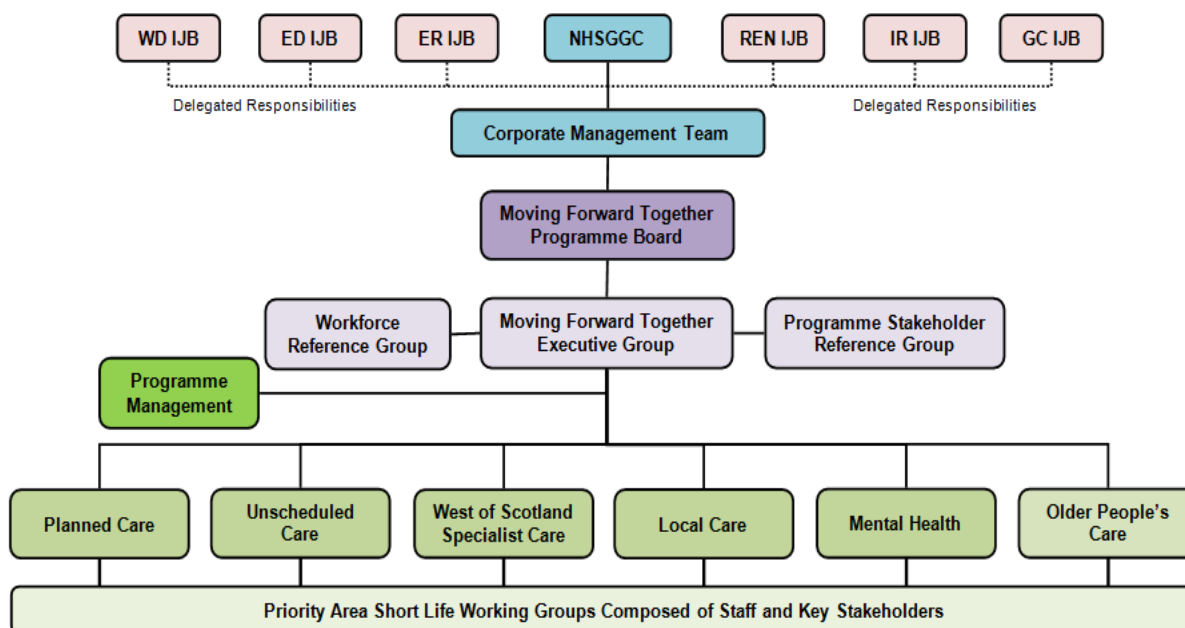
- People can look after and improve their own health and live in good health for longer
- People are able to live independently and at home or in a homely setting in their community
- Care is centred on helping to maintain or improve the quality of life of people
- Services contribute to reducing health inequalities

---

<sup>2</sup> <http://www.gov.scot/Topics/People/Young-People/gettingitright>

- Unpaid carers are supported to look after their own health and wellbeing and to reduce any negative impact of caring
- Service users are safe from harm
- Our staff feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently

The diagram below provides detail on the governance arrangements in place for the work streams in place within the Moving Forward Together programme



### 1.8 Detail of the Third and Voluntary Sector Workforce

Glasgow City HSCP recognises the importance of service provision to our patient and client group within our care groups and localities within the HSCP involving Third and Voluntary sector colleagues. To date there has not been the opportunity to formally assess and record the detail of these workforce(s) as part of the workforce planning processes in place for the HSCP.

It is recognised that, given the many different service providers within this sector, provision of standardised detail could be challenging. However, going forward for future iterations of the workforce plan, there is a commitment to dialogue with our partners to seek to represent this detail on an on-going basis to ensure that as complete a picture as possible is provided regarding the range of services, individuals and skills provided.

# 2 Demand Drivers

## 2.1 Glasgow City

2.1.1 Glasgow is a vibrant, cosmopolitan, award-winning city known throughout the world as a tourist destination and renowned location for international events. The city has been transformed in recent years, becoming one of Europe's top financial centres and developed remarkable business and tourism sectors, whilst the physical enhancement of our city has been dramatic. However, our challenges in addressing deprivation, ill health and inequality are significant and well documented.

2.1.2 While much progress has been made in addressing these issues, but there is more to be done to ensure that there are opportunities for everyone in the city to live longer, healthier, more independent lives.

## 2.2 The Glasgow City Population Profile

2.2.1 Glasgow has a population of 615, 070, based on the 2016 census, which is 11.4% of the total population of Scotland.

2.2.2 The population is expected to continue to increase over the next few years and beyond, with a greater growth in the numbers of children in the city (6.3%) and older people (14.4%). Currently the population comprises of

- 110, 239 (17.9%) children aged 0 - 17
- 421,041 (68.5%) adults aged 18-64
- The population of older people aged 75+ rising by 14%

## 2.3 Glasgow City HSCP - Locality Profile

2.3.1 Within Glasgow City HSCP, services are organised by Care Groups (children, adult and older people) with a strategic centre and three operational areas.

2.3.2 There are three localities areas:

- North East Glasgow;
- North West Glasgow;
- South Glasgow.



### 2.3.3 Each of the three areas includes:

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

## 2.4 Health as a driver of demand

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

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

### 2.4.3 Key Health and Social Care Indicators

- Although increasing, life expectancy at birth in Glasgow is currently 72.9 years for males and 78.2 years for females (compared to the Scottish averages of 77.4 and 81.3).
- Around 12% of the Glasgow population aged over 16 live in 'bad' or 'very bad' health, with one third of Glasgow's population, around 170,000 people, suffering with one or more long term health conditions.
- More than 8,000 people in Glasgow currently may be experiencing dementia.
- Almost 2.7% of the population have some form of learning disability or learning difficulty.
- It is estimated that 17% of the population have a physical disability.
- Almost 6.9% of the population were recorded as having a hearing impairment and almost 2.5% of the population were recorded as having a visual impairment.
- It is estimated that up to 6,400 people in Glasgow have a form of autism.
- Around 9.3% of people in the City carry out unpaid caring duties, 57,000 people.
- A fifth of the city's Adult population have common mental health problems compared to 16% of Scotland's adult population.
- Over one fifth (23%) of Glasgow's adults are estimated to drink hazardous/harmful levels of alcohol – this is slightly less than the national average of 25%.
- Glasgow has an estimated 13,000 problem drug users, 3.2% of the adult population – almost double the national average of 1.7%.

2.4.4 Each of the HSCPs localities has unique populations and consequently differing health and social care needs.

---

<sup>3</sup> Data zones are a common, stable and consistent, small-area geography produced by the Scottish Government. To produce data zones, groups of 2001 Census output areas with between 500 and 1,000 household residents are identified. Where possible, data zones respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social characteristics.

#### 2.4.5 North East Locality

#### 2.4.6 North East locality covers the following Local Area Partnerships:

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

2.4.7 The total population of North East Glasgow is 167,518 people.

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

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

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

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

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

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

#### 2.4.14 Initial Priorities for North East Locality

- Development of a Health and Social Care Centre on the Parkhead Health Centre and Hospital site;
- Working with families, especially through early intervention, to improve the life chances for children, with a specific focus on reducing the number of children who need to be looked after by the Council;

- Development of new adult mental health wards on the Stobhill Hospital site;
- Continuing to improve waiting times to access primary care mental health teams;
- Re-design of Older People's Mental Health Services to make sure that we deliver services in line with the most up to date care pathway;
- Focus on improving the uptake of cancer screening by local residents as these are below the Health Board average; and,
- Supporting the development of the Thriving Places agenda in Parkhead/Dalmarnock and Easterhouse.

#### 2.4.15 North West Locality

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

- Anderston / City/ Yorkhill
- Hillhead
- Partick East/ Kelvindale
- Garscadden / Scotstounhill
- Drumchapel / Anniesland
- Maryhill / Kelvin
- Canal
- Victoria Park

#### 2.4.17 The total population of North West Glasgow is 206,483 people.

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

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

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

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

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

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

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

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

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

2.4.27 Initial Priorities for North West

- Delivering the new Woodside Health and Care Centre to support integrated working and improve access to primary care, community health and social care services;
- Working with partners to reduce the impact of health inequalities evident across North West, with a particular focus on the Thriving Places programme in Ruchill/Possilpark, Drumchapel and Milton/Lambhill;
- Improving the life chances for children, through implementation of 'Getting It Right For Every Child' and the new Children and Young People's Act;
- Working with GPs and the wider primary care team to develop 'locality clusters' to support service integration and partnership working;
- Achieve waiting time and access targets for services, including improving access to psychological therapies and reducing delayed discharges;
- Leading the implementation of service improvement and redesign work arising from the Sexual Health Services review
- Leading a range of programmes to improve Adult Services across the City, alongside meeting the challenge of delivering service efficiencies and savings.

2.4.28 South Locality

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

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

2.4.30 The total population of South Glasgow is 220,489 people.



- 2.4.31 A particular feature of the locality is that a large number of people from an ethnic minority live in the South of the city, and make up 14.2% of the total population. In addition, there is also a lower percentage of people aged 65 and over as compared to the Scottish average (significantly different in the age 75 plus age group).
- 2.4.32 There are a number of factors affecting the health of the people living in South Glasgow. Male and female life expectancy is significantly lower than the Scottish average, although it has been rising over time.
- 2.4.33 Mortality rates from coronary heart disease, cerebrovascular disease and cancer (all under 75s) are all significantly higher than the Scottish average, as are deaths from alcohol conditions in the last five years. The proportions of the population hospitalised with alcohol conditions and with drug related conditions are also higher than the Scottish average.
- 2.4.34 Drug prescribing for mental health problems is significantly higher than average. Suicide death rate (19.5 per 100,000 population) is also higher than the Scottish average (15.1 per 100,000).
- 2.4.35 South Glasgow has a significantly higher percentage of adults claiming Incapacity Benefit/Severe Disability Allowance than the Scottish average. Levels of income and employment deprivation, the percentage of working age population claiming Job Seeker's Allowance, dependence on out of work benefits or child tax credit, and people claiming pension tax credits are all significantly higher than the Scottish average.
- 2.4.36 The crime rate (63.9 per 1,000 population) is significantly higher than the Scotland average (49.5 per 1,000 population). Rates of referrals to the Children's Reporter for violence-related offences, and rates of patients hospitalised following an assault are also high
- 2.4.37 Breast screening uptake is lower than the Scottish average. The prevalence of pregnant mothers who smoke is lower than the Scottish average whilst the rate of teenage pregnancies (under 18s) is higher than average. Although an increasing figure in the South Locality, the percentage of babies exclusively breastfed at 6-8 weeks at 22% is lower than the Scotland average. Child dental health in primary 1 is worse than the Scottish average with 49% of children with no obvious signs of decay.
- 2.4.38 Priorities for South Glasgow
- Delivering New Gorbals Health & Care Centre to support integrated working and improve access to primary care, community health and social care services;
  - Responding with partner agencies to the specific needs in the Govanhill area including housing and the significant Roma population;
  - Taking forward the Thriving Places agenda in Gorbals, Govan and Priesthill Househillwood;
  - Supporting the development of new residential care facilities in Pollock
  - Completion of the redesign of mental health services at Leverndale;
  - Taking forward the Govan integrated care project with four GP practices testing new forms of integrated service delivery with community health, social care and the third sector to support and prolong independent living in the community harnessing all available resources;
  - Developing Housing Options with four housing associations to prevent and avoid homelessness through a committed earlier cross agency response;

- Extension of Food for Thought through network of community gardens with housing associations and local communities;
- On-going delivery of health improvement programmes for older people, encouraging older people to improve their health; and,
- Continue to deliver smoking cessation work with the local BME population.

## **2.5 Equalities**

- 2.5.1 Glasgow has a very diverse population, with interpreting services providing support for over 80 regularly used languages in the city. Our minority ethnic population has more than doubled in the last decade, with growth across most ethnic groups, but most significantly in African, Polish and Roma communities. We welcome and support around 3000 people seeking asylum per year.
- 2.5.2 We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in enabling service users and patients to routinely disclose equalities information.
- 2.5.3 We will work to establish strong working arrangements with equalities networks within and beyond the city. This will include continuing to support the Community Planning Partnership's equalities work in particular, to work with partners to support the Single Outcome Agreement, which sets out the planned improvements for local areas' thematic and place based priorities.
- 2.5.4 We aim to remove discrimination in accessing all of our services; ensure that our services are provided in an equalities sensitive way; contribute to reducing the health gap generated by discrimination; and, work in partnership, to make Glasgow a fairer city.
- 2.5.5 Both the NHS Board and Council routinely publish Equalities progress reports which highlight the significant progress that is already being made. We will continue this journey to improve the health and care outcomes for equalities groups, recognising the additional challenges experienced by equalities groups living in poverty.
- 2.5.6 The Equalities Act (2010) required public sector bodies to comply with general equalities duties. Integration Joint Boards are included in the list of public sector organisations relevant to the Act and Glasgow City HSCP have therefore developed Equalities Outcomes and report on these annually to the Integrated Joint Board.

## **2.6 Care Groups/Core Leadership Groups**

- 2.6.1 The following text sets out the drivers which will influence the Glasgow City HSCP workforce within each of our main Care Groupings and are described under the following headings:
- Older People's Services
  - Children's and Families Services
  - Adult Services
  - Business Support

2.6.2 Details of the identified actions for the workforce are described for each of the care groupings in Chapter 3 of this document.

## **2.7 Older People's Services**

2.7.1 There are currently a number of service arrangements in place within Glasgow City to deliver older people and physical disability health and social care services across the city. These range from:

- Area based social work teams;
- Hospital interface social work teams;
- Social work occupational therapy teams;
- GP cluster based district nursing teams;
- Locality based community rehab teams;
- Locality based specialist nursing teams;
- Locality based older people's mental health teams;
- Citywide specialist nursing resources;
- Professional nursing support;
- Citywide residential and day-care services.

2.7.2 These services are not all co-terminus and cross cover in terms of location and service provision. There are also a number of direct access points and duty systems for each of these services which do not relate to each other.

2.7.3 Some but not all of the teams have direct connections to GPs and there are a varied set of arrangements in place in relation to the interface with acute.

2.7.4 Proposals for the development of Older People's Services

2.7.5 As noted previously within this document Glasgow city is currently divided into to 3 localities all with a network of health and social care services, partner agency services and community and third sector services.

2.7.6 The HSCP has agreed new arrangements for delivery of older people, adopting a community/neighbourhood model which will reflect the development of the GP cluster arrangements and link to natural communities.

2.7.7 We are establishing neighbourhood teams to deliver integrated health and social care services for older people and those with long term conditions, based on the principle of supporting people with increasing levels of frailty and complex needs to live longer at home. It is our ambition to provide an older people's system of care across the City that ensures that services users/patients get access to the service at the right time and can live well for longer within their own community.

2.7.8 The model will consist of 20 GP clusters' across the City

- 7 in South,
- 7 North West
- 6 North East

2.7.9 In broad terms these clusters are geographically based although a number of cross boundary issues still exist with GP patient lists. We are establishing 10 neighbourhood teams in the new arrangements

- 4 covering South Glasgow;
- 3 covering North West Glasgow
- 3 covering North East Glasgow

2.7.10 These neighbourhood teams will link to the broad geographical area that the clusters cover.

2.7.11 Rationale for Change

2.7.12 The challenge facing Glasgow City HSCP is how to maximise the opportunities of Health and Social Care integration to deliver effective and efficient services. Current drivers include:

- Glasgow's high use of care home places
- New GP contract and cluster arrangements
- Agreed shift in resources to support home based care
- Financial pressures across Health and Social Work

2.7.13 Evidence suggests that joint approaches between Health and Social Care that result in a multi-component approach are likely to achieve better results than those that rely on a single or limited set of strategies (King's Fund 2011). The establishment of Neighbourhood Teams will allow for:

- Community-based multi-professional teams based around general practices that include generalists working alongside specialists
- Joint care planning and co-ordinated assessments of care needs
- Clinical records that are shared across the multi-professional team
- Streamlined access and response for service users/patients
- Earlier intervention and prevention approach.

2.7.14 We expect the integrated models of service delivery to:

- Increased patient satisfaction
- Increased staff satisfaction
- Increased access to services
- Reduce the number of professionals involved in delivery of care
- Utilise neighbourhood capacity
- Enhance trust between services

2.7.15 Vision for integrated Teams

2.7.16 Neighbourhood Teams are being formed based on the following principles:

- Neighbourhoods within Localities will reflect local population profiles and will be inclusive of emerging Clusters of GPs (in some cases, Clusters might span Neighbourhoods)
- A Service Manager will lead each Neighbourhood team to ensure health & social care activity is connected to that of key partners and will work closely with primary care services to support people with complex presentations.
- The team will include directly employed health & social work leads and will establish strong links with Housing and 3rd Sector organisations within a neighbourhood.

- The team will work to a system of cross-discipline referral & information sharing that enables effective MDT input to complex cases.

2.7.17 Teams will:

- Manage access for both Health and Social Care services but build on existing access routes while considering opportunities for more integrated systems
- Better joint working with GPs and other contractors
- Joint assessment focussed on agreed outcomes
- Person centred joint anticipatory care planning
- Joint monitoring and review
- Shift in culture towards home based care including enablement/ re-ablement
- Prevention of unnecessary admissions to hospital and prompt discharge home
- Support structured community management of high risk individuals
- High quality palliative and end of life care delivered in place of choice
- Supporting people to manage their own illness
- Flexible and responsive team approach to care, delivered at home across 24/7
- Ensure best use of resources such as day care and residential/nursing care

2.7.18 We are also developing a new Home is Best Service that will be a key component of the City's HSCP's response to unscheduled care and delayed discharge. The team will assist in:

- Reshaping the design and delivery of care for older people across the City ensuring there is a clear focus on maintaining their independence; health and wellbeing.
- Ensuring that older people have access to the right service at the right time.
- Establishing close working relationships with Acute Hospital Staff and Glasgow HSCP staff.
- Redirecting patients who may have unplanned admission to community based Health and Social Care Services.
- Improving patient flow through the acute system, ensuring that patients can return home, or to a homely setting, at the earliest opportunity.
- Facilitating supported discharge in patients who when assessed may not require admission but could be supported in the community.

2.7.19 The drivers for developing this proposal are:

- Increasing older population
- Reduction in hospital beds
- Glasgow's high use of care home placements
- Shift in culture towards home based care including enablement/ re-ablement
- Financial challenges in Health and Social Care
- National Target - patients who are defined as medically fit for discharge to be discharged home within 72 hours.
- Government aspiration that discharges should be earlier in the day and be the same 7 days per week
- Focus on improving outcomes, not services

2.7.20 At the present time patients can be delayed in an acute bed due to multiple reasons.

- 2.7.21 An important root factor identified is a lack of timely information to connect the person at the earliest possible time in their hospital journey. The opportunity to engage and connect with people is happening too late in the person's assessment/ admission and is impacting on potential discharge outcomes. Information sharing between the acute and community teams is inconsistent and patchy. There is a lack of a co-ordinated response to admission avoidance and community alternatives to prevent admission are often not available.
- 2.7.22 The Home is Best Service will be developed on key principles which will include:
- Avoid preventable admissions from front door where appropriate , 'whole system' approach -or patients/service users following assessment/screening
  - Plan discharge direct from admission involving patients and carers , explore a named person , responsible for all aspects of the patients journey based on most relevant MDT professional
  - Staff will work within a framework of integrated multi-disciplinary and multi- agency team working to manage all aspects of discharge.
  - Person centred approach - everyday problem, move away from focus on census point.
  - Good communication with patient, carers and ward staff to head off future difficult conversations/ decisions
  - Discharge to assess. Long term care assessment / decision should not take place in an acute hospital setting.
  - Robust interface between the hospitals based integrated teams and the emerging neighbourhood teams.
- 2.7.23 District Nursing
- 2.7.24 District nursing services play an important role in helping people to maintain their independence by supporting them to manage long term conditions and treating acute illness. These services are key to policies that aim to provide care closer to home such as the Scottish Governments 2020 vision. They deliver an ideal model of person - centred, preventative, and co-ordinated care which can reduce hospital admissions and help people stay in their own homes.
- 2.7.25 District nurses are leaders in community nursing teams and co-ordinate increasingly complex care for people at home and in the community. They operate within the current, rapidly evolving policy landscape, working within the context of integrated health and social care, and the evolving models of community care.
- 2.7.26 District nurses are instrumental to the delivery of care which is integrated from the point of view of service users by ensuring high quality person centred care, care co-ordination and joint working across health and care agencies. Their skills are essential in helping transform the multi –disciplinary future for primary care.
- 2.7.27 The new GP contract will see a significant shift in work away from general practitioners to the wider health care team. In order to meet the growing demand it is essential that the district nursing workforce is adequately resourced to meet the challenge. Despite the acknowledgement that these services are key to future models there remains a dichotomy between the frequently stated policy ambition to offer care closer to home and the continued focus on acute hospitals in terms of resources.

- 2.7.28 In order to ensure that services are fit for the future NHSGGC carried out a review of district nursing services in 2012 which set out the workforce model going forward. In addition the service uses the national workforce tool to plan the workforce, assess workload and to ensure maximum efficiency and productivity.
- 2.7.29 Occupational Therapy
- 2.7.30 The National Delivery Plan (NDP) for the Allied Health Professions in Scotland (2012)<sup>4</sup> identified AHPs as experts in rehabilitation at the point of registration, bringing a different perspective to the planning and delivery of services, it stated that AHPs are uniquely placed to exploit their expertise in enabling approaches through providing rehabilitation and re-ablement approaches across health and social care as well as driving integrated approaches at the point of care.
- 2.7.31 The national active and Independent Living and Improvement Programme (AILIP), builds on the work of the NDP and will focus on the contribution of AHPs throughout the life curve and emphasise their contribution in early intervention, rehabilitation and enablement.
- 2.7.32 A key message within the AILIP will be the importance of integrated working. Occupational Therapists are traditionally employed across health and social care structures. This means that they function separately with separate management and professional leadership arrangements, and different working practices.
- 2.7.33 The establishment of Health and Social Care Partnerships (HSCPs) provides the opportunity to consider the current systems and how these can be improved to enhance service delivery. A review of Occupational Therapy across health and social care has been undertaken in Glasgow across older peoples services. The recommendations of this review are being implemented and include: ensuring that the service is more connected, duplication is reduced, and that the concept that all OTs are “Glasgow HSCP OTs” regardless of whether they are employed by NHSGG&C or Glasgow City Council, is embedded across the HSCP. This will be supported by a competency framework and will be implemented on a phased basis across all care groups.
- 2.7.34 The integration agenda provides the opportunity to ensure consistent governance across OT, establish one performance management framework and develop one workforce plan which will include support staff/social care assistants. The existing “health” workforce plan can be used as an initial stage of this.
- 2.7.35 The emphasis in the strategic plan around early intervention and prevention could suggest that more Occupational Therapists should work in Primary Care. The majority of the current NHSGGC workforce are deployed in secondary care services. Similarly given their skills within rehabilitation, the focus on “home is best”/organising discharge as early as possible, could recommend that a high proportion of the Occupational Therapy resource should be in the community to facilitate early discharge and provide re-ablement and rehabilitation.
- 2.7.36 The emphasis in the AILIP is also around prevention and early intervention and would support this shift in the workforce.

---

<sup>4</sup> [www.scotland.gov.uk/Publications/2010/06/15133341/0](http://www.scotland.gov.uk/Publications/2010/06/15133341/0)

## 2.8 Children's and Families Services

The **Glasgow Integrated Children and Young People Service Plan 2017-2020** sets out the context, priorities and outcomes for all children's services in the city. The key drivers that inform the plan are:

- The policy framework outlined in **Getting it Right for Every Children** and a range of other policy and legislative changes being implemented by the Scottish Government.
- The impact of **poverty and inequalities** on children and young people in Glasgow.
- 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** facing local authorities, the NHS and third sector organisations are still affecting our capability to provide high quality services.
- Policy changes taking place in a wide range of other areas, such as primary care (for example the Vaccination Transformation Programme), mental health and alcohol and drugs services.

Expected outcomes from our transformation programme are:

### Medium term

- 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

- 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

The transformation programme for children's services is based on a series of inter-related reviews and re-designs projects to substantially shift the balance of care from acute, crisis driven activity towards prevention and early intervention. This is a system-wide programme of work which requires strong partnership working with colleagues in Education Services and the third sector. The key work streams are:

### 2.8.1 Improving the care pathway for care experienced children and young people

- Continuing to improve assessment and care planning for looked after children.
- Reviews and re-designs of our intensive services for children and young people, including the young women's centre, the Intensive Supervision and Monitoring Service (ISMS) and Functional Family Therapy.



- A commissioning strategy for young people with complex care needs who will be in need of support into adulthood
- Specific outcomes are a reduction in children moving into formal care, more appropriate placements made available for young people and reductions in the use of high cost placements/ secure placements/purchased foster care placements, especially those located out-with Glasgow.

#### **2.8.2 The development and implementation of a family support strategy**

- Which will ensure that we have an agreed definition of family support, a consensus amongst the multiple funding agencies on the priorities for investment,
- Development of a commissioning framework
- Improved sustainability for third sector providers.
- Increased investment in prevention and early intervention services that focus on building the capacity of families and communities.
- Increased recruitment drive in family based respite and shared care.

#### **2.8.3 Develop and modernise the continuing care arrangements**

- Capacity within formal care arrangements is currently being overseen by the Continuing Care group. The outcomes of this work will be to improve the outcomes for young people (e.g. education, training, employment and housing) and enhance capacity in responding to the increasing number of young people who will require longer term services as a consequence of them being accommodated by the council for longer periods.

#### **2.8.4 Kinship Care**

- To ensure the correct balance of care is afforded to kinship families, in order to promote stability of placements and to ensure kinship care remains the primary consideration when children are no longer able to remain in the care of birth families
- Extend family network searching through models of “life-long links” services and ensure every opportunity to enhance kinship placements are made available.

#### **2.8.5 Social Work Services Residential Services**

The Residential Review is considering issues around more effective rehabilitation, short stays, long term units, the needs of younger children and the challenges around continuing care. In parallel the service will modernise the placement process and improve the matching of children to the most appropriate resource and providing choices in relation to type and location of placements for children and young people. Furthermore, the service will continue to improve arrangements around its accommodation strategy, initiatives around homelessness, the needs of unaccompanied asylum seeking children and initiatives around more flexible family based support.

#### **2.8.6 Provided Foster Care and Purchased Foster Care**

The service will review and, where appropriate, seek to reform the current provision, ensuring that, as far as is possible, the number of carers within and closer to Glasgow is maximised as well as the recruitment of more respite and supported carers. Particular attention will be made to matching children’s needs to choice and outcomes.

### 2.8.7 **Development of integrated health and social care neighbourhood teams**

To create integrated health and social work team that will be based around local geographic areas and facilitate improved partnership working between children's health and social work services and the wider public and third sector organisations. Our expectation is that the integrated teams will include social work, health visiting, school nursing, CAMHS and community paediatric staff who will work in teams managed by integrated service manager posts.

### 2.8.8 **Health Visiting**

Ring fenced funding has been made available to Health Boards across Scotland to deliver the new Universal Pathway for children under the age of five. The underlying assumption is that health visitors will assess and make plans to meet all under 5s children's health and wellbeing needs utilising both their clinical knowledge and the Getting it Right for every Child national practice model. NHSGGC has undertaken significant work to develop an appropriate workforce model for this service. It is anticipated that by the end of January 2019 Glasgow City HSCP will have an additional 123 health visitors in the workforce.

Following the recent decision at a national level to review the role of Health Visitors within NHS Scotland, work is underway to complete the move of staff who fulfil the requirements of the new job description from an AFC Band 6 to an AFC Band 7. The estimated cost of this for Glasgow City HSCP is currently approximately £2.0 million.

Within this envelope of increased health visiting resource there will be opportunities for the HSCP to re-design services and maximise efficiencies in service delivery models. Following the grade change for the services, this will be a focus of activity to ensure services remain in financial balance and also reflect the enhanced roles within the team and grading structure.

### 2.8.9 **School Nursing**

Glasgow City HSCP is developing a local service plan for school nursing that will outline the tasks and functions that can reasonably be undertaken by the school nursing services within its existing complement of staff and in the context of changes to the wider health services for school age children, such as the on-going reviews of the Youth Health Service and Sandyford Sexual Health Services.

### 2.8.10 **Family Nurse Partnership (FNP)**

Family Nurse Partnership (FNP) is a voluntary programme for first time mothers aged 19 and under. It is an intensive, structured home visiting programme which is delivered by specially trained nurses to pregnant women from under 28 weeks gestation through to their child's second birthday. The Scottish Government is committed to the further expansion of the FNP programme. The funding, however, is non-recurring as it is subject to the annual spending review and is not committed beyond 2020.

### 2.8.11 **Changes to Children and Families' Workforce**

### 2.8.12 **Community Child Health Services**

NHSGGC has prioritised the development of community children and family services, based on the national policy directives such as Health for All Children<sup>5</sup>, the Early Years' Framework<sup>6</sup> and Getting it Right for Every Child and most recently CEL13(2013) Public Health Nursing Service Future Focus our own local policy paper Mind the Gaps<sup>7</sup>. Key deliverables from this work have included:

- Enhancing the capacity and infrastructure of our children and family teams to support delivery particularly to vulnerable children.
- Developing leadership and creating management capacity for the expanded teams.
- Introducing an NHSGG&C - wide GIRFEC framework.

A recruitment drive remains in progress and students are supported through the Specialist Community Public Health Nursing (SCPHN) Health Visiting Programme in order to increase our health visiting capacity by 123 WTE posts in line with the Scottish Government's health visitor investment programme.

In preparation for the implementation of the Named Person and the introduction of the revised 0-5 Universal Pathway Child Health Pathway, health visitors, practice development nurses, practice teachers and team leaders are receiving continuing professional education with a focus on the nationally agreed priority topics.

### 2.8.13 **Social Work Services**

The Children and Families Core Leadership team have agreed critical and substantial areas of activity for Children's Social Work staff. These are:

- Child Protection;
- Looked After Children;
- Looked After and Accommodated Children and focus on planning for permanence.
- Reports to SCRA;
- Kinship Care Placements.

---

<sup>5</sup> Health for all children: <http://www.gov.scot/Resource/Doc/37432/0011167.pdf>

<sup>6</sup> Early years framework: <http://www.gov.scot/resource/doc/257007/0076309.pdf>

<sup>7</sup> Mind the gaps: <http://www.gov.scot/Publications/2003/10/18358/28082>

Scottish Government (2013) Public Health Nursing Service Future Focus. Chief Executive Letter Edinburgh, Scottish Government.

As part of our workforce planning process an exercise to project required need using a time weighting for each task associated with these priorities was conducted (using baseline staffing figures for Qualified Social Workers as at August 2016). Even assuming these figures remain at the same level until April 2019, it is projected that there will be a deficit in the workforce required to deliver these services. However, the capacity of the workforce to deliver has been compounded further by staff leaving the service and posts not being filled because of the Council's budget constraints. Furthermore, despite fewer children being taken into care, the number of children being referred to social work remains at a consistently high level – for example, the number of cases open to the system at approximately 12,000 children – and places considerable strain on staff. In response, therefore, the HSCP has made a commitment to fund the recruitment of an additional 40 qualified social workers in 2018/19 to fill gaps in the workforce.

During 2018/19 we have made a major investment in our residential care services, through the recruitment of a peripatetic team to support the existing staff in our children's homes; this has included a management post, 2 senior practitioners and 34 day and night duty workers. While this represents a significant investment, the intention will be to review the staffing each year in accordance with the recommendations of the transformational programme. When fully operational the team will provide the following benefits:

- Support staff annual leave, short term sickness, learning & development and staff redeployment for various reasons
- Reduce the current level of "Violence to Staff" requests for the removal of a child to purchased providers.
- Ensure the correct numbers on duty to provide specialist support for young people and the risk management of particular individuals/groups.
- Assisting in the return of children currently placed out with the city to provided residential care. Provided residential will become the sole high cost intensive bed and assist in the elimination of external high cost.
- This staffing model will specifically assist in avoiding leakage to high cost.
- Assist in the reduction of placing children in secure services by allowing the majority of children to remain looked after within provided residential care.
- Assist the rehabilitation of children back to the parental home/ kinship placements support parents/carers and encourage the fulfilment of their parental responsibilities to their children as fully as possible.
- Support the current analysis of trends, needs and required resources in line with the current and future modernization programme.
- Support educational placements.
- Facilitate changes to the role and function of smaller units.
- The staffing will also be reviewed in tandem with the review of role and function of provided residential care and with a specific focus on staffing relative to need.
- The staffing and role/ function will also be radically effected by the introduction of the 'intensive outreach team' assisting the sector by reducing admissions, as this team impacts this will require an ongoing review of number of beds and staffing.

## 2.9 Adult Services

2.9.1 Within the HSCP Adult Services includes mental health, learning disabilities, alcohol and drugs, homelessness, sexual health, prison health care, police custody and Criminal Justice Social Work.

2.9.2 The main common drivers which will influence workforce planning for Adult Services include

- Rising demand
- Ageing workforce with forecast increase in retirements
- Impact of poverty, welfare reform and job insecurity on people's mental resilience
- National strategies e.g. mental health, alcohol and drugs, learning disabilities
- National professional workforce models and benchmarking projects
- National inspections and audit reports e.g. MWC, Housing Regulator
- Local transformation programmes.
- HMIP and HIS Prison inspections
- Recently published HIS Standards for Healthcare and Forensic Medical Services for people who have experienced rape, sexual assault or child sexual abuse – Children, Young People and Adults

2.9.3 Mental Health

2.9.4 Glasgow City leads on whole system planning and clinical leadership for mental health services and workforce across all 6 HSCP areas, 2 of which (East Dunbartonshire & East Renfrewshire HSCPs) are non-bed holding.

2.9.5 There are 3 inpatient sites across Glasgow City HSCP which provide 392 beds and 9 Community Adult and Older Peoples Mental Health Service Teams, 3 Primary Care Mental Health Teams and 3 Psychotherapy Teams (15 teams in Glasgow City HSCP)

2.9.6 In the past three decades two major themes have impacted on the configuration of the mental health workforce

- The closure/downsizing of the large psychiatric hospitals (mainly the continuing care beds);
- The development of the community based teams to support the care in the community programmes.

2.9.7 Within NHSGGC mental health services, community developments have also expanded beyond generic Community Mental Health Teams (CMHTs) to create specialist community services.

2.9.8 The mental health workforce also faces specific issues which will impact on the workforce, these are:

- An ageing workforce
- Mental Health Officer Status
- Application of the national workforce and workload planning tool
- Nursing staffing standards.
- 5 year Mental Health Strategy

- 2.9.9 Ageing Workforce
- 2.9.10 The MHS nursing workforce exhibits an older profile
- 2.9.11 Of the **2360** wte staff in post, **896** are aged between 50 and 60 years old with a further **180** aged over 60. This represents an increase of 30% in staff aged over 50 years old in the past 5 years.
- 2.9.12 MHO Status
- 2.9.13 **As at June 2018 360 staff (or 15%)** of the workforce retained Mental Health Officer (MHO) pension status which allows some staff members to retire at age 55 years with full pension benefits
- 2.9.14 Workforce and Workload Planning Tool
- 2.9.15 NHS Boards are mandated by SGHD to use the validated Nursing and Midwifery Workforce and Workload Planning (NMWWP) tools to assist with workforce planning and to ensure safe and effective staffing levels. At the present time a tool exists for in-patient services which is used in conjunction with a formal professional judgement tool and a number of quality measures. It is expected that the use of the NMWWP tools will become a statutory requirement under the proposed legislation on safe staffing levels within the NHS and social care.
- 2.9.16 Nursing Staffing Standards
- 2.9.17 The Royal College of Nursing (RCN) recommends a % skill mix of registered to unregistered nurses at a ratio of 65:35. This is based on a body of evidence that reports safer and improved outcomes for patients where there are more registered staff working on the wards.
- 2.9.18 The 2013 Nurse Director's review paper supported this position however acknowledged that services required additional investment to achieve this and suggested that a safe working model was a ratio of 60:40 for Acute Admission/ICU and 50:50 for Continuing Care wards as an interim position, with the aim being to work towards the RCN recommendation.
- 2.9.19 5 Year Mental Health Strategy
- 2.9.20 NHS GG & C now has a 5 year Mental Health Strategy which will see significant changes in the workforce; a reduction in inpatient staffing numbers, an increase in community resources and a greater use of 3<sup>rd</sup> sector resources to support the delivery of Mental health services in the community.
- 2.9.21 Given that inpatient costs represent the majority of MH expenditure, unless a reduction in beds is achieved, there is limited scope to reinvest in alternative provision, and there would be a correspondingly adverse impact on community services. The aspiration is to provide alternatives to inpatient care, which would aspire to sustain bed occupancy levels of 85-90%, and release significant resources to fund the development of community alternatives to inpatient care.
- 2.9.22 A reduction in inpatient mental health bed numbers is proposed. The rationale for this proposal is that the reduction takes account of:

- 30% of “acute” beds are currently occupied by patients staying for more than 1 month, whose needs would better be met elsewhere
- the average length of stay is about 32 days, it should be possible to reduce this significantly, especially with an emphasis on longer-stay patients

#### 2.9.23 Psychology

2.9.24 NHSGGC and Glasgow City HSCP are embarking on a Board wide review of Psychological Services which will determine the future workforce required to deliver psychological interventions across all areas. This work is being undertaken on a partnership basis with input from Area Partnership Forum representatives

#### 2.9.25 Social Work Services – Mental Health Officers

2.9.26 It is recognised that there is a national shortage of Mental Health Officers operating within Social Work roles, and as such there is on-going activity to review the pressures on local systems, work to review MHP capacity and the current numbers employed.

2.9.27 Glasgow city HSCP’s Mental Health Officer’s range and scope of work covers statutory interventions, emergency detentions, Adults with Incapacity, Guardianship and Adult Support and Protection

2.9.28 The role of Mental health Officers is significant within the broader mental health system. There is continuing pressure on the system and work is on-going to increase the mental Health Officer capacity in the City by looking at different models to meet the demand.

#### 2.9.29 Occupational Therapy – Adult Services

2.9.30 The National Delivery Plan (NDP) for the Allied Health professions in Scotland (2012) identified AHPS as experts in rehabilitation at the point of registration, bringing a different perspective to the planning and delivery of services.

2.9.31 This plan, and the Independent Living and Improvement programme (AILIP) builds on the work of the NDP and will focus on the contribution of AHPS throughout the life curve and emphasise their contribution in early intervention, rehabilitation and enablement.

2.9.32 The emphasis in the strategic plan around early intervention and prevention could suggest that more Occupational Therapists should work in Primary Care. The majority of the current NHSGGC workforce are deployed in secondary care services. Similarly given their skills within rehabilitation, the focus on “home is best”/organising discharge as early as possible, could recommend that a high proportion of the Occupational Therapy resource should be in the community to facilitate early discharge and provide recovery and rehabilitation.

#### 2.9.33 Homelessness Services

2.9.34 Adult Services within the HSCP leads in relation to Homelessness Services provided across the City.

- 2.9.35 Homelessness Services are delivered primarily through the Community Homelessness Teams (CHTs) which perform a central role in a wider network of homelessness service delivery. In addition, there are Homelessness health, residential and Property Teams.
- 2.9.36 Currently 314 staff are directly employed by the HSCP in the delivery of Homelessness Services. 247 are in the CHTs, Residential Teams and related activities and 67 in Health Teams.
- 2.9.37 Sexual Health Services
- 2.9.38 Sandyford Sexual Health Service is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and specific population groups. Many of the specialist services are provided on a regional or national basis.
- 2.9.39 Sandyford is also a significant training centre for new consultants in genito-urinary medicine and gynaecology and receives significant funding from NES (NHS Education for Scotland) to facilitate this.
- 2.9.40 The service is managed through the North West Locality and has planning structures in place for each of the Health & Social Care Partnerships across the Board area. It delivers services across 15 sites.
- 2.9.41 In February 2017, a review of services was initiated with the following aims:
- Improving the use of existing resources and releasing efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways
  - Encouraging those who could be self-managing to be supported differently;
  - Ensuring that Sandyford services are accessible to and targeting the most vulnerable groups
- 2.9.42 Sandyford has a highly skilled clinical workforce with a mix of consultant and specialty grade doctors, training grade doctors, advanced nurse practitioners, specialist sexual health nurses, sexual health advisors, biomedical scientists, healthcare support workers and administrative staff who are all trained to work with clients with specialist sexual health presentations. The new model will need to ensure that the integrated workforce is working in an efficient way that allows a degree of flexibility and builds capacity to manage both scheduled care and urgent/ undifferentiated care services.
- 2.9.43 Increasingly the service has faced problems with the shortage of specialty medical cover (this is a problem nationally for sexual health services). This has presented some skill mix challenges and the services has responded with the development of Advanced Nurse practitioners – there are currently four ANPs with a further two in training. However, the service continues to face pressures in service delivery. The review process has therefore recommended a new service model across three tiers, two of which will be nurse delivered. This will require a full review of the workforce, including a greater skill mix within nursing.



2.9.44 Alcohol and Drugs

2.9.45 Recovery Services

2.9.46 Alcohol & Drug Recovery Services in Glasgow City cover 3 sectors by means of Care and Treatment Teams (CAT's). They deliver integrated health and social care for individuals affected by drug and alcohol misuse.

2.9.47 Core objectives for the service are;

- To ensure individuals in the greatest need are prioritised in terms of access to co-ordinated services.
- To improve efficiency and effectiveness of addiction related intervention by effective multidisciplinary working.
- To ensure that services users and the wider community can benefit from the full range of care and treatment options available.
- To ensure that individual needs are assessed by competent staff with a wide range of specialist skills and knowledge.
- To ensure that service users have a robust recovery plan ensuring that the service and services users have a clear focus on outcomes
- To ensure that there is a joint approach to the planning and development of new services, which meet local unmet need.

2.9.48 Teams are multidisciplinary and include Medical Officers, nurses, social care workers, psychologists, Occupational Therapists and Pharmacists

2.9.49 There are also 2 day and 2 inpatient services at Stobhill and Gartnavel Hospitals with staffing groups consisting of nursing, psychiatry and dietetics.

2.9.50 Medical Staffing

2.9.51 Medical staff work either in the community (Medical Officer/Senior Medical Officers supporting community addiction teams) or in Tier 4 addiction services.

2.9.52 General Practitioners (and practices) are also contracted through the NES Drug Misuse Contract to deliver Opiate Replacement Treatment in partnership with the community services.

2.9.53 Learning Disability

2.9.54 Glasgow City HSCP has Learning Disability Services in both health and social care. A piece of work has commenced to allow the delivery of an integrated service model – 'L D the Way Forward', to address the pressures of an aging workforce and increase in demand. Once completed, a revised workforce profile will be implemented to ensure staffing numbers can deliver services to the right people at the right time in the right place.

- 2.9.55 Across Glasgow City HSCP there are 83.13 wte Social Care staff and 65.01 wte Health Staff.
- 2.9.56 Prison and Police Custody Healthcare Services
- 2.9.57 There are three publically owned prisons in the NHSGGC geographical area all of which are closed prisons. These are:
- HMP Barlinnie;
  - HMP Greenock;
  - HMP Low Moss.
- 2.9.58 The NHSGG & C Prison Healthcare Model is nurse led with healthcare split into three areas: Primary Care (Acute and long term conditions, Addictions (drug alcohol and tobacco) and Mental Health (mild, moderate and severe mental health concerns). Medical input is via Prison healthcare GPs who work core hours and supported by a range of visiting specialities including Psychiatry, Dentistry, Podiatry and Ophthalmology. Out of hours medical cover is provided via Forensic Physicians linked to Police Custody healthcare. Patients receive a comprehensive assessment and open referral service in Prison healthcare. Links are also maintained or established with community resources to ensure continuity of care is maintained for patients.
- 2.9.59 Recruitment and retention of a skilled workforce remains an on-going issue for Prison Healthcare. Delivering healthcare in a challenging environment is added to when considering the following factors.
- Inappropriate accommodation
  - Increasing prisoner numbers
  - Ageing population of prisoners
  - Increased use of NPS
  - Prison regimes
  - Increasing number of complaints
- 2.9.60 Developments in service provision include the use of Telehealth, NMP and ANP, Psychological Therapies, Palliative Care pathways and working towards Smoke free Prisons – effective from November 2018.
- 2.9.61 The NHSGGC Police Custody Healthcare Service model is a nurse led service with nursing staff on duty 24 hours a day, 7 days a week, supported by an on call rota of Forensic Physicians, (FPs).The nursing staff are based at an NHS healthcare hub located in a Police Office (currently at Govan Police Station) and work peripatetically from there. All calls are triaged and cases allocated to the most appropriate clinician on duty. The service provides healthcare required for individuals arrested and held within police cells in the GG&C area. It is a peripatetic service providing assessment and treatment in 5 full-time and 2 part-time stations. The service provides a comprehensive assessment and offer treatment for drug and alcohol withdrawals, chronic disease management and mental health issues. The service will also, where possible, try to link the individual into community services and also liaise with various partners within the Health and Social Care Partnerships. Service provision also includes responding to the Scottish Terrorist Detention Centre, as set out in the Service Specification.

- 2.9.62 The current staffing compliment is 23.5 wte. The Medical input to the service is supplied by a private group of doctors who provide FP and Child Forensic Physicians cover (CFP).
- 2.9.63 The development of a Criminal Justice Hub in Glasgow will allow Police Custody healthcare to form a close partnership with other agencies to ensure that individuals in custody will have access to a range of services at the point of contact. The creation of joint nursing posts between Police Custody healthcare and Archway is another new development for the service.
- 2.9.64 Criminal Justice
- 2.9.65 Glasgow City HSCP is responsible for the provision of statutory Criminal Justice services across the City. These are delivered via three locality based teams along with a number of citywide centre based teams.
- 2.9.66 In the forthcoming year, new legislation (The Management of Offenders Bill) along with an increase in the presumption against short term sentences of under one year are expected to lead to an increase in community based sentences. This is likely to result in an increased demand on Criminal Justice Services within the city both in terms of the level of demand, but also the complexity of need and level of risk being managed in the community.
- 2.9.68 Health Improvement
- 2.9.69 The majority of the Health Improvement workforce in Glasgow city is organised in three locality based teams, with additional capacity from a small number of city wide posts(all led by the Head of Health Improvement ) and significant input from Board wide specialist teams in sexual health, addictions and mental health.
- 2.9.70 Health Improvement forms part of the wider Public Health workforce and liaises closely with Public Health colleagues within the GGC NHS Board.
- 2.9.71 Workforce Planning and development is driven through the Board wide Health Improvement workforce development group, chaired by one of the city health improvement managers.
- 2.9.72 Glasgow City HSCP services were part of the NHSGGC Public Health review which concluded in the spring of 2017. The review advocated a refresh of the functional domains for staff (based on Scottish Review of Public Health published in February 2016). This identifies 12 critical and core functional areas for health improvement staff, the challenge is to develop and maintain levels of competence of the workforce across these domains.
- 2.9.73 Live issues for the health improvement workforce include:
- Responding to the workforce implications emerging from the national Public Health Review and Public Health Strategic Statement from the Scottish Government.
  - Implement the Practitioner registration scheme led by NHS Health Scotland. (NHSGGC currently have a small number of staff working to achieve registration via the pilot scheme).
  - Ensure that the workforce is appropriately trained, supported and developed to fulfil the full range of competencies set out in the refreshed UKPHR Skills and

Competency framework<sup>8</sup>) and the public health functions as set out by GGC in its suite of work on the Public Health Review

- 2.9.74 Overall within Health Improvement there is an on-going collaborative effort to ensure that a workforce development plan is co-ordinated for the city for health improvement, achieving efficiencies and economies of scale in responding to the training and development needs of the staff, with a clear fit and link into the Board wide Workforce Development Plan for health improvement
- 2.9.75 Key priorities for the workforce will be developing transferable skills and key functions in partnership working, influencing and creating partnerships to drive forward the health improvement strategic direction for Glasgow city within the workforce.
- 2.9.76 In practical terms, there is an on-going collaborative effort to ensure that a workforce development plan is co-ordinated for the city for health improvement, achieving efficiencies and economies of scale in responding to the training and development needs of the staff, with a clear fit and link into the Board wide Workforce Development Plan for health improvement
- 2.9.77 Transferable skills and key functions in partnership working, influencing and creating partnerships to drive forward the health improvement strategic direction for Glasgow city within the workforce, via distributed leadership, are some of the key priorities in moving forward

## **2.10 Pharmacy and Prescribing Support**

- 2.10.1 The professional direction of Pharmacy is outlined in Achieving Excellence in Pharmaceutical Care (AEPHC), published in August 2017. This is aligned to strategies such as the Health and Social Care Delivery Plan, the National Clinical Strategy, Realistic Medicine, the Mental Health Strategy, and actions to reduce unscheduled care. It aims to improve 'NHS Pharmaceutical Care' and 'Enable Transformation', and is underpinned by 9 commitments. Key commitments for primary care are 'Pharmacy Teams Integrated into GP Practice'; 'Improved Pharmaceutical Care at home or in a Care Home'; 'Improved and Increased Use of Community Pharmacy'; 'Safer Use of Medicines'; 'Enhanced Workforce Capability and Capacity'; and 'Improved Service Delivery through Digital Information and Technologies'. This supports a further commitment to ensure 'Sustainable Services that Meet Population Needs'.
- 2.10.2 Publication of the new Scottish GMS contract in November 2017, included a proposed Pharmacotherapy service, requiring investment in additional Pharmacy staff. This supports pharmacy staff to take on appropriate medicines related tasks in GP practice, freeing up GP time and improving the safe, effective and efficient use of medicines to benefit patient care. Small amounts of funding have been available since 2016 to allow piloting of new ways of working, which have resulted in 23 wte staff being employed as at March 2018. Planning is currently underway to scale the service in line with available workforce and finance.
- 2.10.3 In addition to the strategic and contractual influences on the service, there remains a core requirement within the HSCP Prescribing Support Team to ensure cost-effective use of medicines. The team works closely with Prescribers and other stakeholders, to deliver prescribing initiatives aimed at attaining financial balance in the Primary Care Prescribing Budget of around £125 million per annum.

---

<sup>8</sup> <http://www.ukphr.org/wp-content/uploads/2014/08/UKPHR-Practitioner-Standards-14.pdf>

- 2.10.4 Additional to the Prescribing Support Service within the HSCP is the Community Pharmacy contractors. 2017 saw extension of the minor ailment service to include management under patient group directive (PGD) of uncomplicated UTI and impetigo. Further extension of this is under discussion with the aim of increasing utilisation of Pharmacy First, and reducing unnecessary demand on other parts of the system. Alongside this the Chronic Medication Service is being relaunched in 2018 as the Medicines Care and Review Service, which supports suitable patients to receive repeat medication direct from their pharmacy for up to 48 weeks. Consideration is currently being given to how patient use of this service can be maximised. These developments, along with testing of automated dispensing are supported by the national strategy.
- 2.10.5 Across the HSCP, PPSU has supported the development of Prescribing Support Teams which are delivering cost efficiencies and improved quality of primary care prescribing practice. Skill mix review is also a feature of this development with increasing responsibility being assigned to community pharmacists and to specialist pharmacy technicians who support the GPs and the Prescribing Support Pharmacists. Investment in this activity can demonstrate both cost and quality improvements.
- 2.10.6 The HSCPs Lead Clinical Pharmacist continues to operate clinics to manage caseloads of patients with long term conditions reducing pressure on GP appointments. This is in line with the PfE vision of “General Practice Clinical Pharmacists” and has the potential to reduce demand on GP’s and offering a part solution to GP workforce shortages.
- 2.10.7 The need for ongoing efficiencies will clearly influence all aspects of service provision, with concerns about cost effectiveness and affordability in prescribing practice, driven by the ageing population, increasing prevalence of long term conditions and the emergence of innovative therapies from the pharmaceutical industry.
- 2.10.8 The Scottish Government (SG) has indicated that NHS Board Pharmaceutical Care Services Plans should be subject to wide ranging review and redesign with the aim of enhancing the role of the pharmacist and encouraging closer working with GPs and other community based services. This will examine the pharmaceutical needs of patients and the arrangements for providing NHS Pharmaceutical Services to ensure safe and effective care to patients in the community
- 2.10.9 The PPSU Community Pharmacy Development Team is facilitating a significant programme of change in professional roles in community pharmacy through the Chronic Medication Service (CMS) which is a partnership between the GP, pharmacist and patient to improve the safe, effective and cost effective use of medicines used in long term conditions.
- 2.10.10 This links directly to the vision in PfE that pharmacists working in community locations are independent prescribers, working in close partnership with the medical profession. The aim is that post diagnosis patient caseloads will be selectively allocated by GPs to the local prescribing pharmacists who will manage the patient’s medicines by conducting regular consultations to review progress, monitor outcomes and prescribe the appropriate medicines.

## 2.11 Business Support

- 2.11.1 The Integration Scheme agreed between the Council and Health Board (The Parties) indicates that:
- 2.11.2 “The Parties agree to make available to the Integration Joint Board such professional, technical or administrative resources as are required to support the development of the Strategic Plan and the carrying out of delegated functions.
- *The existing planning, performance, quality assurance and development support arrangements and resources of the Parties will be used as a model for the future strategic support arrangements to the Integration Joint Board.*
  - *The Parties will reach an agreement on how this will be integrated within the annual budget setting and review processes for the Integration Joint Board.*
  - *Collaboratively, the Health Board, Council and Integration Joint Board will conduct an in-year review within the first year of the Integration Joint Board being established, to ensure the Parties are providing the level of support required.”*
- 2.11.3 Following the establishment of the Glasgow City Integration Joint Board (IJB) and the Glasgow City Health and Social Care Partnership (HSCP), it is considered that there is scope to improve the provision of the Business Support function through an integrated approach, as opposed to the largely separate Council and Health Board systems currently in place.
- 2.11.4 The scale of the Glasgow HSCP, and the significant amount of transformational change and integration of previously separate functions which will take place over the next few years is such that continuing to apply previous models of support to these functions is very unlikely to be the most effective, efficient or appropriate way forward.
- 2.11.5 It is necessary therefore to review our Business Support arrangements in the context of this change, and the expected future needs of the Integration Joint Board and the Partnership.
- 2.11.6 At present, the Business Support function is largely delivered within two separate Council and Health Board systems. A joint review of Administrative functions has commenced. Early work has included full scoping of the staffing and tasks undertaken across both organisations and the review group has been established including representatives from both the NHS Staff Partnership Forum and council trade unions
- 2.11.7 The main objectives of the review are:
- Developing a clear understanding of existing business support arrangements within the Health and Social Care Partnership
  - Consideration of how effectively these arrangements support the aims, objectives and future direction of the Partnership
  - Development of options / proposals for how business support could be delivered in future
- 2.11.8 The nature of the impact on the workforce cannot be quantified until completion of review activity. The impact on the workforce will be analysed and considered in the identification of recommended options.

2.11.9 Glasgow City Council and NHS Scotland is at present committed to a policy of no compulsory redundancies among its staff, and it is further considered that no proposals will be brought forward which involve any element of compulsory redundancy for health board employees.

## 2.12 The Financial Environment

2.12.1 Figure 2.7 shows the 2018/19 budget for Glasgow City HSCP by the various service delivery areas.

2.12.2 Glasgow, in common with all public services in Scotland, has faced significant financial challenges in recent years, with further pressures anticipated in future years.

Figure 2.7

	<b>Annual Budget</b>
	£000's
Children and Families	149,150
Adult Services	269,569
Older People Services	272,786
Resources	50,169
Criminal Justice	-830
Prescribing	125,196
Family Health Services	173,470
Other Services	5,969
<b>Net Expenditure</b>	<b>1,045,479</b>

2.12.3 The Partnership Annual Finance Statement is published in April each year. This statement outlines the total resources available to the Integration Joint Board for delivery of the overall Strategic Plan.

2.12.4 Financial pressures on health and social care services include:

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

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

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

## **2.13 New General Medical Services (GMS) Contract (2018)**

2.13.1 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 2021. The contract for 2018-21 is supported by a Memorandum of Understanding which identifies 6 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 MSK physiotherapy services and community services
- Community Link work services.

2.13.2 The detail of the proposals in relation to the new GMS arrangements are detailed in the Primary Care Improvement Plan for the HSCP, developed in partnership with General Practitioners across the HSCP, and will be delivered in conjunction with them, NHS Greater Glasgow and Clyde and the other HSCPS. Further detail is provided later in this document.

## **2.14 Potential Impact of Brexit**

2.14.1 The United Kingdom's decision to leave the EU will have major implications for many employers, not least National health and Social Care Services. The full implications for migration and the HSCP workforce will only become clear once the Withdrawal Agreement and the UK's future relationship with the European Union is finalised.

2.14.2 Glasgow City Council and NHS Greater Glasgow and Clyde are preparing practical plans to mitigate the potential impacts and some practical steps are already in place, including working groups at both a board and council level taking a risk assessment approach to issues being identified at both a local and national level.



## **2.15 Safe and Effective Staffing in Health and Social Care**

- 2.15.1 Consultation has taken place regarding delivery of legislation within Scotland to establish in the law the principles of safe staffing within both health and social care services. The aim of the legislation is to be an enabler of high quality care and improved outcomes for services users in both the health service and care services by helping to ensure appropriate staffing for high quality care.
- 2.15.2 The use of workload tools across both the health and social care staffing groups, use of professional judgement, local context and quality measures are anticipated in the legislation planned.

# 3 Future Workforce

### 3.1 The future Older Peoples Services Workforce

- 3.1.1 As described in Chapter 2 of this plan work is underway to reshape the design and delivery of care for older people across the city ensuring there is a clear focus on maintaining their independence; health and wellbeing.
- 3.1.2 The workforce implications include a move to a flat management structure across older people and physical disability services and in implementing the new structure it is likely that efficiencies can be achieved across the service reflecting new roles and responsibilities

#### Workforce Actions – Older People’s Services

- Development of a work stream to consider the future role and management arrangements of the community nursing workforce.
- Developing a workforce to support delivery of the Primary Care Improvement Plan
- Complete the review of occupational therapy services and community rehabilitation and enablement services.
- Develop and support advanced nurse practitioner roles
- Support the embedding of integrated working to deliver the neighbourhood team model
- Ensure on-going evaluation and review of the city-wide Respiratory service to align workforce and work patterns to the effective delivery of a 7 day service that meets identified need and reduces the demand on unscheduled care and dependency on General Practice.
- In keeping with Action 22 of the HSCPs 5 year Palliative and End of Life plan, work with partners to maximise resource utilisation and consider the workforce and financial implications of meeting the increasing need for palliative and end of life care in community settings.

#### 3.1.3 District Nursing

3.1.4 The average age of the Band 6 Nursing Workforce is 53 years with 70% of the workforce over the age of 50 years.

3.1.5 Staff over 60 years could opt to leave the service at any time and the number of staff that have the option to leave in the next 24 months is 68.11 wte or 13% of the current workforce

The District Nursing Review Programme Board identified a future workforce model for the service of 1 Band 6 WTE per 9000 registered population supported by a wider skill mix team of staff nurses and health care assistants. This was based on an analysis of workforce and workload including a benchmarking exercise with other health boards / authorities across the UK

3.1.6 District nursing services have moved towards the agreed model as opportunities have arisen to redesign the workforce. The new model saw a reduction in the number of band 6 posts across the system with an increase in band 5 and band 3 support workers.

- 3.1.7 There has been an increase in the past 2 years in the number of experienced district nurses retiring and moving to other areas to work which has resulted in recruitment and retention difficulties within the service. This has resulted in a number of vacancies across the system with services required to develop risk management plans to ensure safe and effective service provision.
- 3.1.8 In a bid to ensure the supply of adequately qualified district nurses Glasgow City HSCP committed to recruit to and train staff for in the Post Graduate Diploma Advanced Practice in District Nursing on a part time and full time training programme at Glasgow Caledonian University

**District Nursing Workforce Student Training Allocation**

HSCP	DN Students
2016 - 2017	14
2017- 2019 (pt prog)	7
2018 – 2019 (ft prog)	13

- 3.1.9 In future there is a need to consider the potential increase in demand for community nursing services as a result of new ways of working for GPs which will place additional pressured on the existing workforce.
- 3.1.10 The district nursing workforce is key to the emerging models of community care and the provision of high quality care at home which will be essential in supporting the increase in demand for complex care. NHSGGC committed to a workforce model in 2012 to ensure that the right number of staff were in place at the right time to deliver this service.
- 3.1.11 There have been challenges in ensuring that sufficient numbers of qualified district nurses are in place due to the demographics of the workforce which is ageing in line with the wider population. A continued commitment to the on-going education has resulted in the HSCP's being in a better position than some other parts of the country. However there is a real risk that the current financial challenges may see a shift from the agreed workforce model. Incorporated within this is the risk that individual HSCP's may have differing priorities therefore a range of models could potentially exist across the health board area.

<b>Workforce Actions – District Nursing</b>
<ul style="list-style-type: none"> <li>• Align graduating DN student to existing HSCP DN team vacancies</li> <li>• Continue to Monitor DN Workforce Trends and assess required student training numbers for induction onto future training cohorts;</li> <li>• Assess the impact of recommendations of the national review of District Nursing</li> <li>• Monitor the results of future applications of the workload tool to the DN workforce</li> <li>• Explore the opportunities available to widen access to the Post Graduate Diploma Advanced Practice in District Nursing through flexible education and training routes</li> </ul>

### 3.1.4 Occupational Therapy

#### Workforce Actions – Occupational Therapy

- Consider creative ways of developing OT posts at an early stage within the care pathway to evidence the impact they can make
- Review the OT support staff role and consider where they are best placed within the care pathway
- Develop a performance management system for OT

### 3.2 Care Services

Services previously delivered by Cordia transferred back into the management of Glasgow City HSCP on 29<sup>th</sup> September 2018.

The services that transferred over comprised of

- Home Care Services
- Supported Living
- Assessment and Review
- Community Alarms
- Equipu
- Transport and Support Services (TASS)
- Stairlifts/ Ceiling Track Hoist Services
- Transport and Fleet Management
- Linguistics
- Associated Support Services

Following the transfer into the service, there has been particular focus on harmonisation of working arrangements, communicating changes to staff and planning for potential changes that may result from the equal pay settlement.

#### Workforce Actions – Care Services

- Ensure harmonisation of working arrangements for all staff and also coherent management and management support arrangements are in place
- Ensure robust recruitment arrangements are in place to maintain staffing levels required across the service on an on-going basis

### 3.3 The Future Children's and Families Services Workforce

#### 3.3.1 Health Visiting

3.3.2 The Scottish Government guidance stipulated that each Board must run the Caseload Weighting Tool during May 2015 to "identify any gap in resources needed to deliver the future vision".

3.3.3 NHSGCC completed The Caseload Weighting Tool exercise, and Scottish Government subsequently confirmed, in June 2015, resource to fund a projected need of 200 WTE Health Visitors required supporting additional activity.

3.3.4 As part of this additional input it was identified that Glasgow City HSCP required an extra 123 wte Health Visitors.

3.3.5 NHSGGC has prioritised the development of community children and family services, based on the national policy directives such as **Health for All Children**<sup>9</sup>, the **Early Years' Framework**<sup>10</sup> and **Getting it Right for Every Child** and most recently CEL13(2013) Public Health Nursing Service Future Focus our own local policy paper **Mind the Gaps**<sup>11</sup>. Key deliverables from this work have included:

- Enhancing the capacity and infrastructure of our children and family teams to support delivery particularly to vulnerable children;
- Developing Leadership and Increasing Management Capacity;
- Introducing an NHSGGC GIRFEC framework.

3.3.6 A recruitment plan has been put in place to support students through the Specialist Community Public Health Nursing (SCPHN) Health Visiting Programme in order to increase our Health Visiting capacity by 200 wte across NHSGGC (123 WTE for Glasgow City HSCP) posts in line with the SG Health Visitor Investment Programme.

3.3.7 The table below splits out into historic and projected future graduates per financial year:

<b>NHS Greater Glasgow and Clyde</b>				
<b>Health Visiting Workforce Allocation 2015/19</b>				
<b>Graduating Year</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Students Graduating</b>	<b>10</b>	<b>54</b>	<b>80</b>	<b>56</b>

3.3.8 By 2019 the HSCP expect to deliver:

- A cap on caseloads to 350 children;
- A reduction in caseloads to 100 children for those health visitors who have the largest proportions of deprived children;
- Capacity to undertake targeted interventions for vulnerable children;
- Leadership/Supervisory ratios maintained at 1:10.

3.3.8 There will also be reflection on the wider workforce going forward following changes to the substantive banding of Health Visiting roles from an Agenda for Change Band 6 to Band 7. The full impact of this has yet to be assessed, both in terms of the impact of the full Band 7 role, but also the financial impact in terms of service provision.

<sup>9</sup> Health for all children: <http://www.gov.scot/Resource/Doc/37432/0011167.pdf>

<sup>10</sup> Early years framework: <http://www.gov.scot/resource/doc/257007/0076309.pdf>

<sup>11</sup> Mind the gaps: <http://www.gov.scot/Publications/2003/10/18358/28082>

Scottish Government (2013) Public Health Nursing Service Future Focus. Chief Executive Letter Edinburgh, Scottish Government.

- 3.3.9 In preparation for the implementation of the Named Person and the introduction of the revised 0-5 Health Visiting Universal Pathway Health Visitors, Practice Development Nurses, Practice Teachers and Team Leaders required continuing professional education with focus on the four nationally agreed priority areas below. These CPDs sessions have now been delivered. The CPD was provided by Glasgow Caledonian University colleagues.
- Named Person;
  - Leadership and Management;
  - Strength/Asset Based approaches;
  - Child Development, Illness and Assessment Tools.
- 3.3.10 In addition to the Continuous Professional Development (CPD) requirement there are other key areas for training as part of the GIRFEC NPM including:
- Outcome Analysis Training;
  - Graded Care Profile/Neglect Tool;
  - New Universal Pathway Training;
- 3.3.11 To support the workforce the GIRFEC group has developed training based around the relevant topics outlined below:
- Named Person; Lead Professional; Single Childs Plan; Request for assistance;
  - Information management, sharing and transfer;
  - Communication Strategy; Complaints process;
  - Links with colleagues in the wider Community Services, Acute Services and Women & Children Service.

<b>Workforce Actions – Children and Families Services</b>
<ul style="list-style-type: none"> <li>• Continue to monitor the level of Health Visitor vacancies to mitigate risk to service provision</li> <li>• Continue to monitor the additional Health visiting posts in line with recent investment from SG</li> <li>• Assess the impact of the review of the role of the qualified Health Visitor, and the move from a band 6 to a band 7 role</li> <li>• Ensure future retiral projection numbers are returned on a regular basis to SGHD in order to inform future recruitment requirements</li> <li>• Continue engagement with staff in the work programmes</li> <li>• Review and audit of expenditure on children's services is in progress</li> <li>• Undertake an evaluation of the Includem activity to measure its effectiveness and ability to reduce expenditure</li> <li>• Re-design the Placement Team.</li> <li>• School Nursing – plan and implementation of new arrangements to be developed.</li> </ul>

### 3.4 The Future Adult Services Workforce

#### 3.4.1 Mental Health Services

3.4.2 The Adult Mental Health workforce is made up predominantly of psychiatrists, psychologists, nursing and occupational therapist staff with 65% of the total made up of nurses. Across all disciplines the workforce has fallen by around 9% since 2010.

3.4.3 In comparison to 2010 staffing levels in 2018 were

- |                          |      |
|--------------------------|------|
| • AHPs                   | 70%  |
| • Admin                  | 79%  |
| • Medical                | 78%  |
| • Consultants            | 105% |
| • Therapeutic Services   | 75%  |
| • Nursing                | 62%  |
| • Personal & Social Care | 82%  |

Though unavailable to new entrants the current workforce of **medical consultants** is able to retire at 55 on account of MHO status. Projected potential retirements over the next two years amongst consultants are around 18.65 wte (24 posts) or approximately 17% of the current workforce.

3.4.4 In addition some specialist services could be disproportionately affected by retirements.

3.4.5 While we have little current difficulty in recruitment within the city it is estimated that if even 50% of the potential total retirements that this will pose a serious challenge with competition from other health boards. This will leave us more dependent on reaching arrangements with returning consultants (those recently retired) or through increased use of locums. However in terms of consultant trainees the medium term looks more promising.

#### Workforce Actions – Mental Health Medical

- Monitor levels of Consultant retirements in specialist service to assess impact on service delivery

3.4.6 Nurses comprise 70% of the total mental health workforce with 2,440 working across Greater Glasgow and Clyde city. 88% are full time with an average age of 47 years but with a significant proportion (45% over the age of 50 years). 15% have MHO status (a drop of 180 staff since the anchor point in 2016) with 190 eligible to retire within the next 2 years. Turnover as predicted is high – with the primary source of causation being age related factors (55% 2017/18). Some services could be particularly affected in the coming years by retirements exceeding 50% of staffing within 24 months. The Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are likely to do so. It would appear that although the critical mass of nursing staff within Mental Health has dropped through closure and or realignment of services – the numbers of staff leaving has not dropped pro rata – conversely it is on an upward gradient



- 3.4.7 There are a number of care group areas with staff profiles which could potentially lead to retirements in excess of 20% of current workforce per annum are:
- Acute adult inpatients (20%);
  - Inpatient Rehabilitation/Continuing Care (31%);
  - MH Inpatient support (25%);
  - Inpatient Allied Health Professional (21%);
  - Inpatient older adult (28%);
  - Inpatient older adult complex/continuing care (28%).
  - Psychotherapy (51%)
- 3.4.8 All inpatient wards are overspent against funded establishment. An analysis of current staffing ratios across the 50 inpatient wards reveals current deficits in terms of the levels of registered staff. A number of wards are working with a Registrant ratio of around a 50:50 or less which is below the recommended skill mix level of 65:35. Recent action was taken within Glasgow City in order to improve the relative % of skill mix of 4 wards in order to meet the Nurse Director, Partnerships' minimum recommended ratio of 60:40 with a view to achieving 65:35 in the longer term in preparation for the requirements of the statutory workforce tools' outcomes.
- 3.4.9 There is an imbalance between those who may leave and those may enter the profession. Currently there are 116 pre-registration mental health students in training with only a small increase planned. Some additional funding of £3M has been provided nationally to recruit advanced nurse practitioners but this is across all nursing groups.
- 3.4.10 In light of these factors it is recommended that a review of current ward establishment budgets is undertaken to reflect this in the context of meeting the recommended registered to unregistered nurse skill mix ratio and ensuring the nursing profile model detailed in the table below is met.

<b>NHSGGC Mental Health Services</b>	
<b>Possible Staffing Profile for 20-24 Bedded Ward*</b>	
<b>Band</b>	<b>WTE</b>
<b>Senior Charge Nurse (Band 7)</b>	<b>1.00</b>
<b>Charge Nurse (Band 6)</b>	<b>2.00</b>
<b>Band 5</b>	<b>13 – 17 WTE (depending on bed numbers)</b>
<b>Unregistered staff</b>	<b>10 – 14 WTE (depending on bed numbers)</b>

- 3.4.11 Currently inpatient wards have an indicative “funded establishment” aligned to budget. The only expected variation to this budget is the additional monies to support pay awards and/or incremental appreciation.

- 3.4.12 At present every ward requires supplementary additional staffing to meet clinical need the main reasons relate to enhanced observation, sickness and vacancy cover. At the anchor point in 2016 the supplementary staffing approximates to over 300 WTE per week (i.e. 20%) of the current inpatient nursing workforce. At the time of writing (August 2018) the average additional WTE per week used to augment the inpost is averaging 330 wte's per week The additional resources are made up from Agency, Bank, Overtime and Extra to Contracted hours. Furthermore several of Community services are now regularly reliant upon augmentation through the Nurse Bank.
- 3.4.13 In total, this supplementary staffing approximates to over 300 WTE per week (i.e. 20%) of the current inpatient nursing workforce. The additional resources are made up from Agency, Bank, Overtime and Extra to Contracted hours. Mental Health has always relied upon additional hours to supplement services.
- 3.4.14 The results of the NMWWT suggest that the current ward funded establishments are not sufficient to meet the increasing complexity and acuity of patient need. The current funded establishment staff figures were established circa thirty years ago in response to the perceived population need at that point.
- 3.4.15 The result of the recent NMWWT tool showed that in excess of 50% of the supplementary staff was used to provide enhanced observations, it is further evidence that the nature of the severity of condition for mental health patients on admission has changed. Amongst other factors, improved access to Community Services and the work of the Crisis teams are enabling patients to be maintained in the community for longer, but experiencing greater severity in their symptoms at the point of admission.
- 3.4.16 It was also noted that out of the 62 participating wards, 10 had skill mixes lower than 50:50. The lowest skill mix was 38% registered WTE to 62% unregistered WTE. Many of these skill mixes are historical in nature and do not meet the recommended RCN 65:35 % skill mix for registered to unregistered nursing staff.
- 3.4.17 The current skill mix for inpatient wards is 56:44% (730 wte to 580 wte). In order to meet a 65:35% skill mix the service would require to recruit an additional 140 wte (note that this does not take into account the replacement requirements generated by retireals and other leavers).
- 3.4.18 The high numbers of potential retirees not only creates gaps in workforce capacity, but also represents a significant diminution in organisational knowledge, skills and experience which cannot be remedied solely by the appointment of newly qualified registrants. It would be prudent to consider how the experience and quality relationships with service users and their families can most effectively be "handed over" to the next generation of nurses.
- 3.4.19 Within NHSGGC Nursing and Midwifery leavers rates are, on average around 8%.The figure for mental health nursing is now averaging around 15% (with retirement accounting for up to 40% of MHS leavers and rising). There are almost 400 staff who will be able to retire under MHO criteria during financial years 2017-21

- 3.4.20 Within NHSGGC, Mental Health Services have not encountered difficulty in recruiting registered staff. This picture varies across HSCP areas and in order to ensure ongoing successful recruitment we require to ensure equitable access to vacancies for this staff group.
- 3.4.21 The Nursing and Midwifery Student Intake Planning Stakeholder Group recommendations to Ministers resulted in confirmation of a 10.8% increase in the intakes to pre-registration nursing and midwifery programmes in the 2018/19 Academic Year, local Higher Education Institutions (HEIs) in the West of Scotland (WoS) will recruit to a total of 197 pre-registration mental health nurse training places (note that this pool of graduate staff will be available for recruitment in 2021 to all WoS NHS Boards). In addition, 36 student places have been allocated to Open University (OU) to enable flexible and widened access to pre-registration education nationally. NHSGGC are actively promoting Healthcare Support Worker access to the OU programme.
- 3.4.22 Return to Practice – during 2017 - 2020 the Scottish Government will provide an additional £450,000 (nationally) for a Return to Practice scheme to encourage former nurses and midwives back into the profession. This will enable around 75 former nurse and midwives to retrain each year and re-enter employment. This is hoped to address short term recruitment challenges, while at the same time helping address a more cost- effective way to meet projected requirements for more qualified staff in the medium term.

#### **Workforce Actions – Mental Health Nursing**

- Complete the review of current ward establishment budgets
- Implement Nurse Director recommended registered to unregistered skill mix of 65:35% for all wards
- Better use of resources
  - Improved Rostering through running more “Master classes”
  - Application of 25% Predicted Absence Allowance when rostering
  - Advance Nurse Practitioners training/recruitment
  - Recruitment Actions to mitigate the impact of ageing workforce and increased MHO retirements

#### **Glasgow City Implementation - Action 15**

Within the National Mental Health Strategy (2017 – 27), local areas are charged with a commitment to increase the workforce to give access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite and prisons. The Government has committed additional investment to enable an additional 800 mental health workers in these areas over the next 5 years.

There are a range of proposals for the City to improve mental Health services and these have been grouped under key improvement areas;

- Prevention and Early intervention
- Productivity
- Recovery

Indicative proposals confirm recruitment of up to an additional 90 wte staff as part of these plans

#### **Workforce Actions – Mental Health Improvement Plan**

- Enhance capacity of Crisis teams across the City to reduce admissions to mental health inpatient services
- Psychiatric Liaison; enhance the liaison service across the city to support emergency departments both in and out of hours
- Development of Safe Haven Cafes to prevent attendance at accident and emergency units.
- Enhance capacity of the older people's liaison services to acute
- Mental health in Police Custody – development of a multidisciplinary team approach
- Borderline Personality Disorder – implementation of an evidence-based framework
- Review of Rehab beds and development of an Integrated Discharge Planning Team
- Development of a recovery orientated system of care
- Development of a low and high intensity psychological service across the three prisons within NHS Greater Glasgow and Clyde

#### **NHS Greater Glasgow and Clyde Mental Health Strategy**

The HSCP continues to work with other HSCP colleagues across NHS Greater Glasgow and Clyde to support implementation of the 5 year Mental Health Strategy, which sits as a work stream within Moving Forward Together.

The Workforce work sub group has been established to ensure any workforce change is identified and taken forward on a coherent basis with input from all relevant managers and Area Partnership for a representatives, who also sit as part of the Programme Board for the work.

##### 3.4.23 Addictions

3.4.24 Following the conclusion of the Community Addiction Team Review, the community based medical workforce and non-medical prescribers will become more aligned to the functions of the recommended sub-teams as they come into effect. It is also anticipated that more capacity will be required in GP shared care services. With the increasing complexity and psychiatric co-morbidity of the community caseload and to ease patient pathways to access mental health supports, recent progress has seen some addiction psychiatry services being delivered within the community addiction team. Work is on-going to release psychiatry capacity for community work and to reduce the number of consultant teams working into the in-patient units.

3.4.25 Non-medical prescribers have been employed to take on prescribing roles previously held by medical officers and an advanced nurse pilot is being tested in an addiction in-patient unit.

3.4.26 Following the conclusions of the Alcohol and Drugs CSR, day services are being re-designed, and the Glasgow ARBD services are undergoing review. Both will have implications for medical roles in these settings.

3.4.27 It is anticipated that medical staffing changes can be made to meet the priorities identified above through utilisation of opportunities anticipated through retirements and the regular turnover of community based medical staff.

**Workforce Actions – Alcohol and Drugs**

- Review the results of the advanced nurse pilot
- Monitor workforce alignment with continuing implementation of CAT review
- Review implications for medical role with day service redesign and ARSD review
- Monitor Staff turnover and workforce balance

3.4.28 Learning Disability

**Workforce Actions – Learning Disability Nursing**

- Develop a 5 Year plan to ensure stability of services within projected financial parameters and produce a workforce plan to support planned changes.
- Implementation of a NHSGGC-wide resource allocation model (RAM) and associated workforce changes
- Continue to review the registered nursing skill mix within Learning Disabilities

3.4.29 Homelessness Services

3.4.30 The HSCP is currently active in a number of areas with a view to improving responsiveness and outcomes for this vulnerable group.

- The ADP has funded an assertive outreach service which has been focused on public injectors. This has informed a contemporary health needs assessment and the current business case on safe consumption room and heroin assisted treatment – which will be reported to the IJB in October.
- Homelessness Services is under a voluntary intervention from the Scottish Housing Regulator on its occasional statutory failure to accommodate individuals at the point of need. There is a high correlation between adults with multiple and complex needs and failure to accommodate – often linked to actual and perceptions of challenging behaviour.
- Homelessness Services has undertaken a strategic review and has set a policy direction which is focused on a housing first model, a reshaping of responses to individuals seeking emergency accommodation and a collaborative partnership with the voluntary sector in response to the target group. The CAN initiative is currently being up-scaled to continue its intervention with this vulnerable group.
- Criminal Justice Services has range of initiatives developed with partners to improve service responsiveness and reduce reoffending. Important in this context are ‘Tomorrows Women’ working directly with vulnerable women known to the criminal justice system and the ‘Persistent Offenders Project’ a multi-agency outreach approach focused on individuals who are engaged in acquisitive crimes within city centre – often linked to drug misuse.

3.4.31 As noted adults with multiple and complex needs are a highly vulnerable group whose health and social care needs transcend individual care group boundaries. Consequently responses can be fragmented with clients/patients falling through the ‘net’. This can be compounded by a range of additional factors including the reluctance of individuals to engage with statutory services.

3.4.32 Recent analysis on public injectors coupled with findings from homelessness and criminal justice work reinforce the importance for the HSCP in reviewing and recommending service delivery arrangements. This has the potential for transformational change and for financial efficiencies assuming both a more rational redeployment of directly provided/purchased resources and a more defined role for the voluntary sector.

<b>Workforce Actions – Homelessness</b>
<ul style="list-style-type: none"> <li>• Using existing core group of clinicians and managers supported by the HSCP OD Lead working across the care groups, establish project team to develop a project plan and to formalise recommendations for more effective cross care service delivery</li> </ul>



3.4.33 Sexual Health Services

3.4.34 In the newly established operating environment that is the integration of health and social care, and a review of services has been undertaken which will:

- Improve the use of existing resources and release efficiencies through service redesign which will consider team structures, skill mix, localities and patient pathways;
- Encourage those who could be self-managing to be supported differently;

- Ensure that Sandyford services are accessible and targeting the most vulnerable groups.
- 3.4.35 It is imperative that this review and reform involves key stakeholders from HSCP services, acute services, education and the third sector utilizing joint commissioning approaches recently approved by the IJB.
- 3.4.36 As part of the review it was recognised that there was a need to look at how the core Sandyford service was structured particularly in relation to:
- team structure;
  - skill mix;
  - localities;
  - opening hours;
  - Accessibility.
- 3.4.37 Reduced numbers of young people attending clinics requires the service to re-think its model in relation to opening times, locations and what outreach services could be developed and delivered.
- 3.4.38 In an attempt to target resources to the most vulnerable, there is a need to look at more innovative ways of enabling those who can self-manage their sexual health to do so, thus freeing up more clinic time for the most needy.
- 3.4.39 There is a clear need to engage with GP and pharmacy services regarding the relationships and pathways between services and if it would be beneficial to direct some of Sandyford's routine activity towards them, consideration is required regarding the nature of that activity and how it should be resourced.
- 3.4.40 Improved partnership working perhaps with innovative and very different future arrangements with addiction services, homelessness, criminal justice and the third sector will also deliver better sexual health outcomes through staff training and the development of outreach and will be considered as part of the review.
- 3.4.41 With the improvements in HIV management and care which means that for most people it is now a long term manageable condition, there is a requirement to look at how outpatient care for this patient group is provided and whether this should continue to be delivered from the acute outpatient based Brownlee Centre in Gartnavel. There is a need therefore to engage with colleagues in acute services on this review and reform programme.
- 3.4.42 The review of Sandyford has been presented to the IJB and work continues to complete implementation of the recommendations reached.

<b>Workforce Actions – Sexual Health Services</b>
<ul style="list-style-type: none"> <li>• Following conclusion of the review of Sexual Health Services, the subsequent planned transformation of services is to be completed.</li> <li>• Ensure programme of change delivers sustainability to the service during 2018/19 and beyond</li> </ul>

3.4.43 Prison Healthcare

3.4.44 Historically retention of staff in Prison Healthcare is poor – the 15 – 18% turnover levels are considered indicative of an underlying retention problem, using standard workforce planning methodology. Additionally information gathered indicate that over 60% of Prison Healthcare staff who left did so within the first two years of service.

3.4.45 The Prison Healthcare Management Team is working closely with Workforce Planning Lead, HR, Staff Side and OH to ensure that staff retention is a key operational issue.

3.4.46 Promotion of Prison Healthcare in a variety of clinical environments and Higher Education Institutions is also hoped to assist in the recruitment of staff to the service.

3.4.47 Due to some changes in processes the way patients are admitted into prisons has altered. This has allowed a review of the role of nurses in this activity and the provision of healthcare within a prison environment.

3.4.48 By developing staff in key areas such as Non-Medical Prescribing, Advanced Assessment and Advance Nurse Practice, the workforce model for nursing can move to a Nurse Led Clinic format, providing professional advantages for both nursing and medical staff in Prison Healthcare.

3.4.49 Following a review of the Prison Healthcare Drug, Alcohol & Tobacco Strategy the integration of addiction workers with addiction nurses and other professionals will allow greater emphasis on the holistic care of patients with complex addiction needs.

3.4.50 As a result of the Mental Health Innovation fund Prison Healthcare has developed better ways of delivering services, particularly psychological therapies. Greater focus will be made on distress and trauma work with improved quality of work through training and development of the existing staff group.

<b>Workforce Actions – Prison Health Care</b>
<ul style="list-style-type: none"><li>• Retention of existing workforce and recruitment to vacant posts</li><li>• Review of Nursing Workforce Model in relation to Nurse Led clinics and Admissions</li><li>• Development of Nursing staff in key areas : Non-Medical Prescribing, Advanced Nurse Practitioners, Advanced Assessment</li><li>• Redesign of Addiction Strategy and provision</li><li>• Enhance of psychological and mental health input</li><li>• Development of TeleHealth</li></ul>



3.4.51 Police Custody

3.4.52 The service will continue to invest in retention, and development of existing staff group, including training in unscheduled care assessment and non-medical Prescribing. This will enhance staffs skill profile and add value to service, through reduced need for forensic medical input.



- 3.4.53 Service Managers are currently drafting a proposal for consideration by Head of Service around a review of staffing profile. This proposal will include moving from flat line structure to address areas such as succession planning, flexibility and cost effectiveness of service.
- 3.4.54 It is proposed that this could be achieved by creating band 5 and band 3 roles, to support the band 6 practitioners in their practice and let them focus on the value aspects of role discussed above. The broadening of pool of staff this would provide would also benefit contingency planning and sustainability of service provision at times of challenge.
- 3.4.55 In the shorter term we are looking at the extension and development of nurse bank capability for this service. This is challenging in relation to police Scotland vetting requirements for staff to work on their premises and In relation to level of induction required to fulfil the specialised nature of the role.

#### **Workforce Actions – Police Custody**

- Review current service model in line with developments such as criminal justice hubs.
- Improve retention of existing workforce.
- Additional training/ development of existing workforce, Sexual Assault training, Unscheduled care, NMP qualifications, Role of Forensic Nurses.
- Development of the joint SA / PC nursing role.
- Review of nursing workforce model in relation to development of MH provision in line with commitment 15 monies.
- Continued commitment to staff development in Key areas – Non Medical Prescribing, Advanced Assessment and Unscheduled Care provision

#### **Primary Care Improvement Plan**

The Primary Care Improvement Plan details actions identified to deliver the commitments associated with the introduction of the new National G P contract to add in additional staffing resources to divert appropriate workload away from General Practitioners. Additional funding for this activity across Glasgow City HSCP will amount to £18.7 million for the city by 2021-22. Recruitment activity to date is detailed below.

#### **Workforce Actions – Primary Care Improvement Plan**

- Vaccination Transformation Programme – Additional Band 7, Band 5 (4.4wte) and Band 3 (12.8 wte) staffing
- Pharmacotherapy – 23 Band 7 wte Pharmacists
- Phlebotomy – 11 wte Band 2 Phlebomotists and 1 wte Band 7 team Lead
- Urgent Care – 3 wte Band 7 – Care Home Liaison, OO H Project Capacity
- Advanced Practice Physiotherapists – 2wte Band 8 A, 11 wte Band 7
- Community Link Workers – 9 wte Community Link Worker Posts

3.4.56 Business Support

3.4.57 As noted in Chapter 2 the development of the new HSCP structure introduces scope to improve the provision of the Business Support function through an integrated approach.

3.4.58 This has the potential to improve efficiency to the largely separate Council and Health Board systems currently in place.

3.4.59 The full workforce implications of this will emerge following a review our Business Support arrangements, and the expected future needs of the Integration Joint Board and the Partnership.

3.4.60 In recognition of the challenges ahead in terms of completion of this review, it has confirmed that project resource will be established to allow the work to be undertaken given the potential scope and complexity across the organisation.

<b>Workforce Actions – Business Support</b>
<ul style="list-style-type: none"><li>• Confirm mapping of current business support arrangements across the HSCP</li><li>• Establish dedicated H R and project support to ensure delivery of the service change required</li></ul>



- **Digital Capability within the Workforce**

Workforce development in digital skills and capabilities across the whole health and social care workforce underpins the successful update and use of technology. There is a need for leadership to support digital transformation, as well as ensuring that training for staff in digital skills is available at all levels.

# **4 The Glasgow City HSCP Workforce**

## 4.1 Staffing Resource

- 4.1.1 Figure 4.1 shows the WTE workforce for the HSCP since 2014. These figures have been sourced using data from the payroll systems of both NHS Greater Glasgow and Clyde and Glasgow City Council. The figures represent the in-post workforces as at 31<sup>st</sup> March each year (end of the financial year) and do not include any vacant posts.

Figure 4.1

<b>Glasgow City HSCP</b>			
<b>WTE Staff Inposts by Financial Year and Employer*</b>			
<b>Financial Year</b>	<b>Council WTE</b>	<b>NHS WTE</b>	<b>Combined HSCP WTE</b>
2014	3889.00	4030.00	7919.00
2015	3343.81	3929.00	7272.81
2016	3215.78	3884.96	7100.75
2017	3189	3617.60	6806.6
2018	3435	3659.84	7094.84

\*Corrected to Exclude NHS Hosted Services, Learning Disability Services and Specialist Children's Services

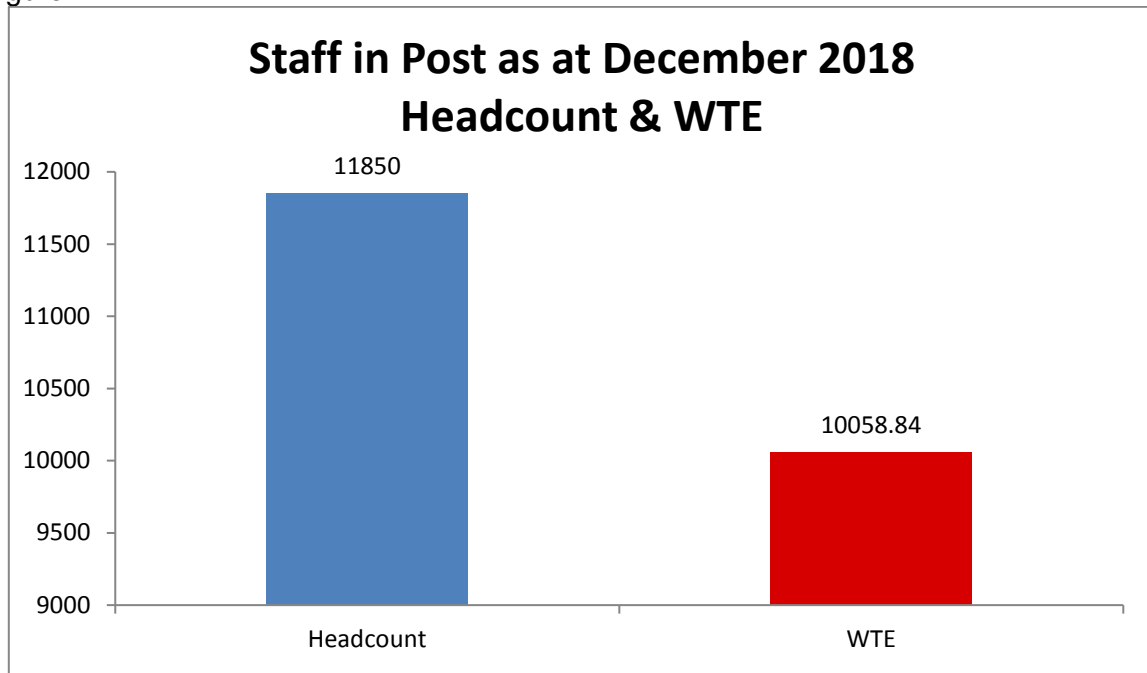
- 4.1.2 Note that the NHS WTE in Figure 4.1 have been corrected to exclude staff who have moved into other NHSGGC divisions since 2014. i.e. Forensic and Learning Disability Services and Specialist Children's Services.
- 4.1.3 Council Staffing in-post has been changed by the transfer in of Business Support staff back into Social Work from CBS and the Cordia Transfer
- 4.1.4 The specific staffing detail for Care Services at the point of transfer at **October 2018** (previously Cordia Services) has been abstracted is provided in the detail below

Figure 4.2

<b>Care Services Overview</b>	<b>Head Count</b>	<b>wte</b>
Care Services - Home Care	2805	2014
Care Services - Assessment Services	52	48
Care Services - Direct Response (Alarms)	65	59
Technical Care Services	345	155
Support Services	44	43
<b>Grand Total</b>	<b>3311</b>	<b>2319</b>

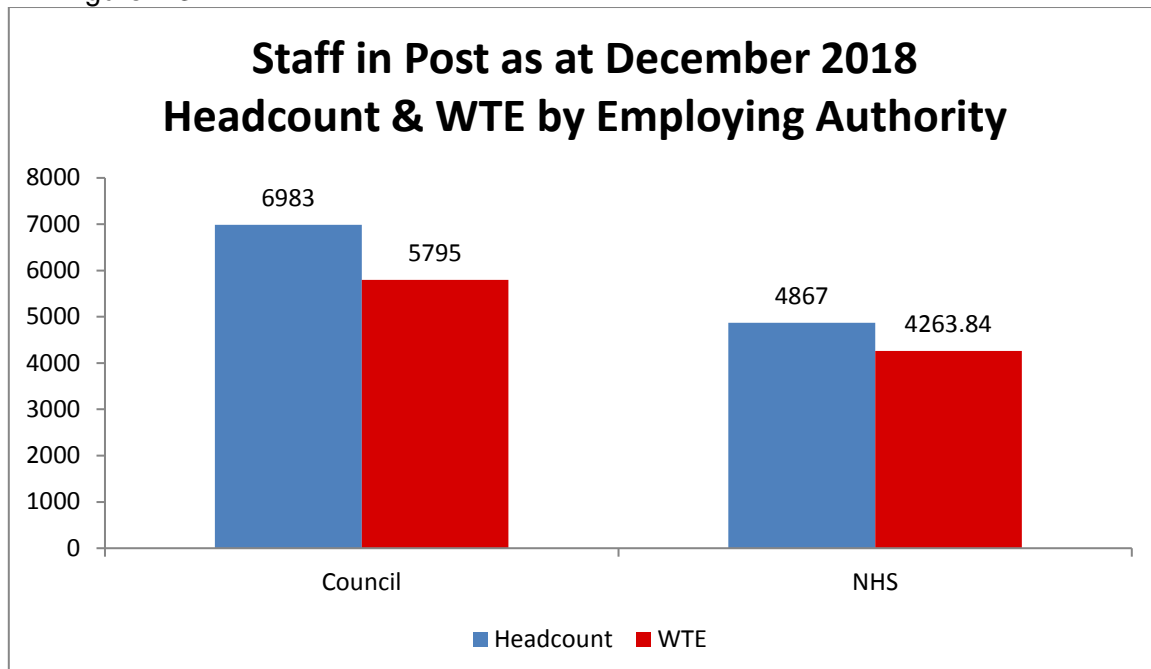
- 4.1.5 As at 31<sup>st</sup> December 2018 Glasgow City HSCP employed 4263.84 (wte) and **5795** (Council) staff inputting circa **10058.84** whole time equivalents into the workforce.

Figure 4.2



4.1.6 The HSCP workforce is employed by two separate employing authorities, NHS Greater Glasgow and Clyde and Glasgow City Council. As shown in figure 4.3 Social care is the larger employer by headcount and wte. This is a significant change and reflects the increase in the workforce following the transfer of Cordia Homecare staff into the HSCP.

Figure 4.3



4.1.7 In terms of overall percentage, this represents an HSCP workforce comprising of **41% NHS** employees and **59% Social Care** employees.

## 4.2 By Service Area/Leadership Group

4.2.1 Figure 4.4 shows the HSCP workforce broken down into the three core leadership groupings and care services as well as a central business support category.

Figure 4.4

Glasgow City HSCP		
Staff in Post at December 2018		
Headcount and WTE by Core Leadership Group		
Core Leadership Group	Headcount	WTE
Adult Services	4141	3678.14
Children & Families Services	1576	1433.02
Older Peoples Services	2036	1791.49
Care Services	3114	2276
Business Support	983	880.19
Grand Total	11850	10058.84

4.2.2 Figure 4.5 shows the whole time equivalent workforce in core leadership groupings split by Council and NHS employing authorities

Figure 4.5

Glasgow City HSCP			
Staff in Post at December 2019			
WTE by Employer and Core Leadership Group			
Core Leadership Group	Council	NHS	Grand Total
Adult Services	864	2814.14	3678.14
Children & Families Services	964	469.02	1433.02
Older Peoples Services	1024	767.49	1791.49
Care Services	2276	-	2276
Business Support	667	213.19	880.19
Grand Total	5795	4263.84	10058.84

## 4.3 Leavers Trends

4.3.1 Figure 4.6 shows the total WTE leavers recorded by each of the HSCP employing authorities across the 2013/14 to 2017/18 time frame.

Figure 4.6

Glasgow City HSCP			
WTE Staff Leavers by Financial Year and Employer*			
Financial Year	Council	NHS	Grand Total
2013/14	138.64	298.86	437.5
2014/15	149.41	330.10	479.51
2015/16	154.07	352.60	506.67
2016/17	161	368.22	529.22
2017/18	180	369.40	549.4
5 Year Average	156.62	343.84	500.46

\*Corrected to Exclude NHS Hosted Services, Learning Disability Services and Specialist

children's Services

4.3.2 Figures 4.7 and 4.8 show the adjusted leavers figure for the HSCP.

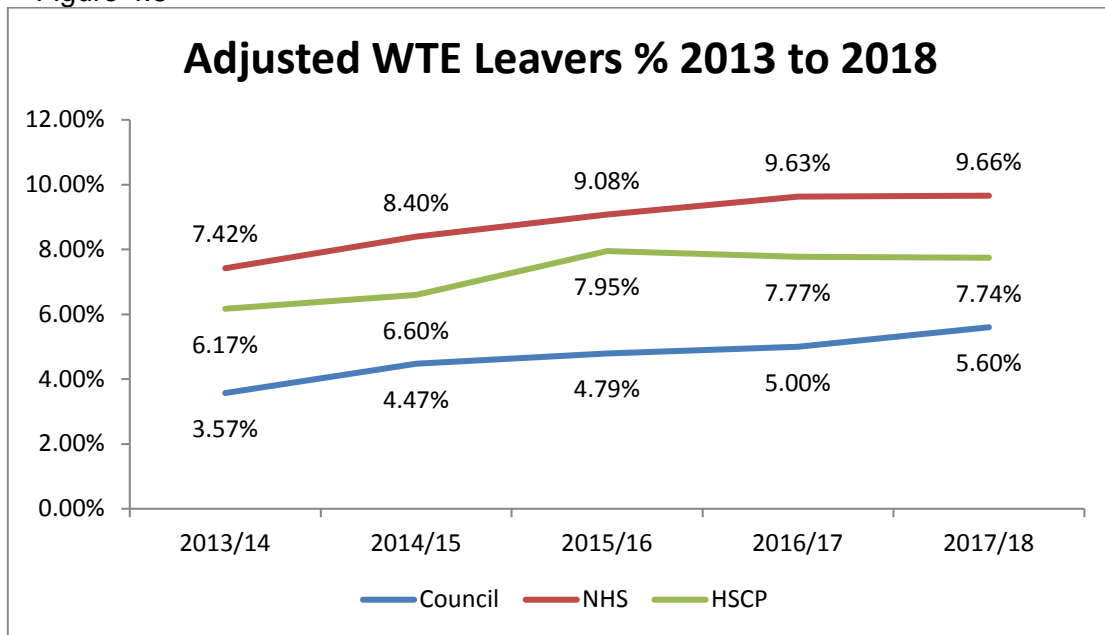
Figure 4.7

Glasgow City HSCP			
Staff Leavers by Financial Year and Employer* as a % of average WTE in post			
Financial Year	Council	NHS	Grand Total
2013/14	3.57%	7.42%	6.17%
2014/15	4.47%	8.40%	6.60%
2015/16	4.79%	9.08%	7.95%
2016/17	5%	9.63%	7.77%
2017/18	5.6%	9.66%	7.74%
5 Year Average	4.68%	8.84%	7.24%

\*Corrected to Exclude NHS Hosted Services, Learning Disability Services and Specialist Children's Services

4.3.3 Using the adjusted figures suggests a steadily increasing level of "natural" level turnover across both organisations particularly over the previous five financial years.

Figure 4.8



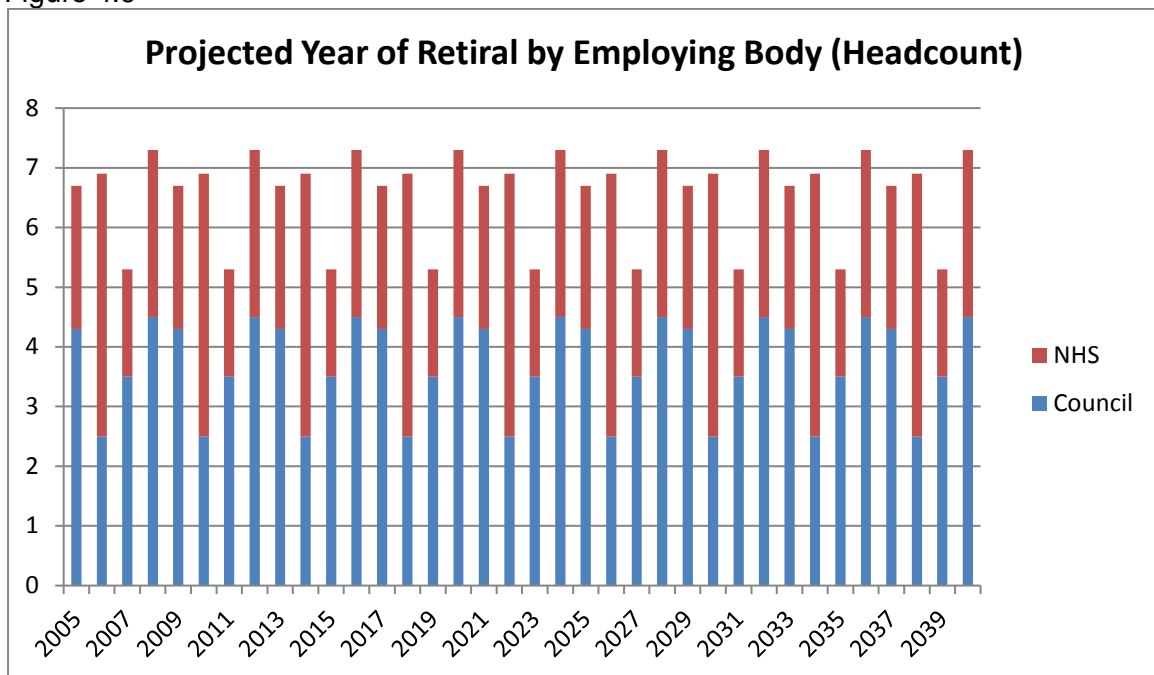
#### 4.4 Risk of Retirals

4.4.1 The pattern of age retirals have been analysed to identify any factors which may provide additional details on the average ages where staff may choose to retire. The following factors were found to be indicative of retiral.

- Pay Band
- Job Role (Clinical vs. Non Clinical Staff)
- Pension Scheme Membership
- Enhanced Pension Status (NHS staff only)

4.4.2 Figure 4.9 shows a timeline of the estimated staff retiral years split by employing body. Note that small numbers of staff have chosen to work beyond their estimated retiral year and, as such, show as years already reached.

Figure 4.9



#### 4.5 HSCP Turnover Levels

4.5.1 Both health and social care have seen increasing levels of turnover across the workforce over the last 5 years, reflecting the aging workforce. The increase has been particularly stark in the NHS figures, rising by just under 2.5 % in that timescale. Along with the aging workforce, this sharp increase reflects individuals with mental health officer status retiring from the organisation.



## 4.6 Equalities Profile

- 4.6.1 As noted previously in this document Glasgow City HSCP aim to remove discrimination in accessing all of our services; ensure that our services are provided in an equalities sensitive way; contribute to reducing the health gap generated by discrimination; and, work in partnership, to make Glasgow a fairer city.
- 4.6.2 Both the NHS Board and Council routinely publish Equalities progress reports which highlight the significant progress that is already being made.
- 4.6.3 For the purposes of this report this data has been amalgamated to present an overall picture of the diversity of the HSCP workforce.
- 4.6.4 Given that the data has been sourced from both organisations there have been some methodological issues experienced in relation to the presentation of the equalities data. Some of the diversity data definitions were not consistent between NHS and Council sources and as such have had to be amalgamated. While this is not ideal, it represents the current position in the newly integrated structure and equalities data is available for the HSCP.

## 4.7 Ethnicity

- 4.7.1 Staff in both employing organisations identified themselves a white with only a small percentage (circa 3% of NHS and Council staff) identifying themselves as Black or Minority Ethnic.

Figure 4.10

Glasgow City HSCP		
Ethnicity as a % of Headcount by Employer		
Description	NHS	Council
Black or Minority Ethnic	3.55%	3.8%
White	87.84%	79.0%
Not Known / Declined to comment	8.61%	17.2%

## 4.8 Religious Beliefs

- 4.8.1 The quality of data provided on religious beliefs is affected by the response rates with high levels of staff choosing not to disclose this information. At almost 81% the non-disclosure figure for Council staff is more than double that of the NHS workforce.

Figure 4.11

Glasgow City HSCP		
Religious Beliefs as a % of Headcount by Employer		
Description	NHS	Council
Christian Based Religions	39.44%	10.28%
Other Religious Beliefs	3.07%	1.02%
No Religious Beliefs	24.42%	8.1%
Not Known / Declined to comment	33.07%	80.6%

## 4.9 Disability

- 4.9.1 The NHS workforce described a low level of staff with disabilities when compared to council figure (although both are below the estimated prevalence of disability within Scotland).

Figure 4.12

Glasgow City HSCP		
Disability as a % of Headcount by Employer		
Description	NHS	Council
Staff who declared a Disability	0.41%	3.8%
Not Disabled	41.86%	20.2%
Not Known / Declined to comment	57.73%	75.9%

## 4.10 Sexual Orientation

- 4.10.1 Figure 4.19 shows a breakdown of the know data in relation disclosed sexual orientation.

Figure 4.19

Glasgow City HSCP		
Sexuality as a % of staff who disclosed data by Employer		
Description	NHS	Council
Lesbian / Gay	1.93%	4.33%
Heterosexual	97.10%	95.29%
Bisexual	0.57%	0.38%
Other	0.39%	-

## 4.11 Supplementary Staffing

- 4.11.1 In addition to the core staffing identified above, the HSCP is able to utilise supplementary staffing resources, drawn from overtime and excess hours worked by staff along with input provided by various Staff Banks within NHS Greater Glasgow and Clyde.

In particular, the inpatient services within Mental Health have historically used a significant level of bank nursing to supplement core workforce levels within wards, in particular to address the requirements of patient observation levels and also to supplement areas of absence.

## 4.12 Characteristics of the Current Workforce

- 4.12.1 Within Glasgow City HSCP, the main challenges in respect of our workforce will be
- Managing the impact of the age profile within our current workforce where many staff are aged over 55 years and may choose to retire in the coming years
  - Our ability to successfully recruit to key specialties and job roles
  - Reducing the levels of spend on supplementary staffing

#### **4.13 Activity within the HSCP**

- 4.131.1 As detailed above, Care groups have identified a range of service based actions that are underway to address new service developments within their areas of responsibility. However, there are also a number of corporate activities in place that the HSCP must continue to access to respond to the challenges presented above.

The HSCP currently holds the Gold Healthy Working lives award, which allows access to a range of support, information and activity for staff to manage individual health and wellbeing issues and also to mitigate issues of absence where this is possible.

#### **4.14 The local labour market**

- 4.14.1 Glasgow has one of the highest unemployment rates of all local authorities within Glasgow. Although recruitment generally is not difficult for most job families, the HSCP does experience challenges when seeking to fill some vacancies. The level of experience, specialist skills required and the nature of some working patterns all impact on the ability to fill a vacancy. Where areas of difficulty are identified by services, Human Resources work in partnership to identify medium and long-term solutions and approaches which will alleviate recruitment difficulties.

Both NHS Greater Glasgow and Clyde and Glasgow City Council recognise the importance of employment in helping to tackle poverty and income inequality and the HSCP is working with both parent organisations along with Community Planning partners to support enabling individuals to progress towards and remain in employment.

#### **4.15 Widening Access to employment**

- 4.15.1 In seeking to ensure the supply and sustainability of a skilled and appropriately training workforce within the HSCP, the HSCP will continue to work with both NHS Greater Glasgow and Clyde and Glasgow City Council to support the provision of employment opportunities to all sections of the working age population, along with provision of work experience and training opportunities. This will be supported through the continued raising of awareness of careers and jobs within the HSCP and how these can be accessed, and the support to a range of modern apprenticeship opportunities.

Both NHS Greater Glasgow and Clyde and Glasgow City Council work in partnership with a number of agencies to deliver work experience, employment and training opportunities, pooling expertise and working to achieve positive outcomes. The HSCP is engaged in supporting this activity going forward and also has begun outreach to local further education providers to scope out provision of appropriate training to support continued future access to an appropriately skilled workforce.

#### **4.16 Learning and Education**

- 4.16.1 Glasgow City HSCP is committed to ensuring that all staff have access to training, learning, and educational opportunities which will enable them to do their jobs and keep up to date with changing skill requirements.

Training and Education staff are aligned to all services within the HSCP and can offer access to both specialist advice and also deliver training, education and development as part of their role.

#### **4.17 Detail of the Third and Voluntary Sector Workforce**

- 4.17.1 Glasgow City HSCP recognises the importance of service provision to our patient and client group within our care groups and localities within the HSCP involving Third and Voluntary sector colleagues. To date there has not been the opportunity to formally assess and record the detail of these workforce(s) as part of the workforce planning processes in place for the HSCP.

It is recognised that, given the many different service providers within this sector, provision of standardised detail could be challenging. However, going forward for future iterations of the workforce plan, there is a commitment to dialogue with our partners to seek to represent this detail on an ongoing basis to ensure that as complete a picture as possible is provided regarding the range of services, individuals and skills provided.

# **5 Section Five**

## **Implementation, Monitoring & Review**

## **5.1 Workforce Plan Governance & Monitoring**

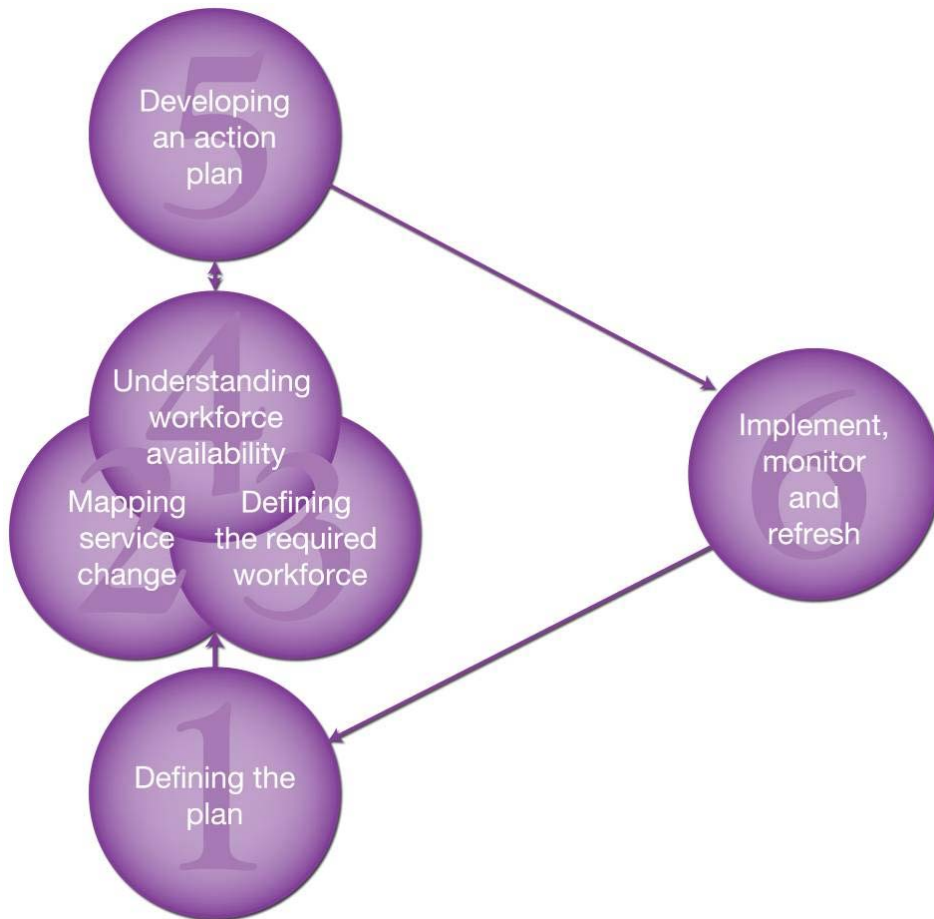
- 5.1.1 Monitoring of progress with the actions and intentions set out in the 2019/20 Workforce Plan will be carried out within the governance framework described in this document.
- 5.1.2 The Workforce Plan will be published on the HSCP webpage after it has been approved by the Integration Joint Board (IJB).
- 5.1.3 The initiation and implementation of service plans and redesigns and the consequent workforce implications are also closely monitored and progress will be reported to local management and partnership groups as appropriate.
- 5.1.4 It should be recognised by all stakeholders that the redesign and service change plans set out in this Workforce Plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with Staff Side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.
- 5.1.5 The achievement and implementation of specific actions within the 2019 - 2022 Workforce Plan will be reviewed by the Senior Management Team (SMT), Staff Partnership Forum (SPF), Trade Union liaison arrangements and, ultimately, the Glasgow City HSCP Workforce Board.

# 6 Appendices

## 6.1 The 6 Steps Methodology

The 6 Steps Methodology sets out a consistent, practical framework that outlines the elements that should be contained in workforce plans whether they are at departmental, service or Board level.

The format of the guidance reflects the 6 Step Methodology to Integrated Workforce Planning and contains workforce planning checklists at each step of the process and sign-posts to other data and information sources that will be of particular help in ensuring that workforce plans are evidence based.



### Step 1 - Defining the Plan

Is the first step in any planning process and outlines why a workforce plan is necessary and how it will support the achievement of wider corporate goals and objectives. The purpose, scope and ownership of the workforce plan are made explicitly clear within this section.

## **Step 2 - Service Change**

The second step of the plan indicates the goals and benefits of change, the future context for how services will be delivered. At this point it is important to identify the options for future service delivery, the drivers for and/or constraints against future changes and what any preferred option(s) might look like.

This step is an excellent way of ensuring appropriate engagement with a range of stakeholders in the planning process.

From here it is possible to determine the specific benefits, goals and objectives of any future service delivery. It is also possible to begin to create a range of service scenarios for the future and how this may specifically impact on the workforce.

Care must be taken not to unduly replicate information that is available in other plans such as the Local Delivery Plan (LDP), finance plan, service plans etc. The intention is not to duplicate information but to ensure that underpinning information and context is taken into consideration.

## **Step 3 – Defining the Required Workforce**

This step should outline the workforce required to meet the predicted service needs and requires all of the key issues local and national which will impact on workforce design and deployment to be taken into account.

## **Step 4 – Workforce Capability**

Describes the characteristics of the current workforce (i.e. baseline data), how any supply data can inform workforce forecasting and identify what options can be implemented in managing future supply.

## **Step 5 – Action Plan**

Developing an action plan is a high priority in the process because it identifies the actions and sets out how these will be progressed and managed.

## **Step 6 – Implementation and Monitoring.**

Step 6 is the monitoring process for plans, it also allows for reflection on actions and taking account of any new drivers and any unintended consequences of developments.



## **6.2 Appendix 2 - Glasgow City HSCP Workforce Plan Board Membership**

**Susanne Miller, Chief Officer, Strategy and Operations and CSWO**

**Sharon Wearing, Chief Officer, Finance and Resources**

**Christina Heuston, Head of Corporate Services**

**Sybil Canavan, Head of People and Change**

**Isla Hyslop, Head of Organisational Development**

**Anne McDaid, RCN, Staff Partnership Representative**

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

**Jackie Kerr, Assistant Chief Officer, Adult Services and North West**

**Anne-Marie Rafferty, Assistant Chief Officer, Public Protection and Complex Needs**

**Stephen Fitzpatrick, Assistant Chief Officer, Older Peoples Services and South**

**Mike Burns, Assistant Chief Officer, Children's Services and North East**

**Margaret Hogg, Assistant Chief Officer, Finance**

**Hamish Battye, Head of Planning, Older Peoples Services**

**Gary Dover, Head of Planning, Children's Services**

**Janet Hayes, Head of Planning, Adults Services**

**Michael Smith, Associate Medical Director, Mental Health**

**Allison Eccles, Head of Business Development**

# Item No: 14

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Pat Coltart, Commissioning Manager

**Tel:** 0141 276 4833

**PROOF OF CONCEPT: TURNING POINT SCOTLAND  
 TRANSFORMATIONAL CHANGE PROPOSAL**

<b>Purpose of Report:</b>	<p>To provide an update following the Glasgow City Integration Joint Board Meeting on 21st June 2017 which approved the “Proof of Concept Outcome: Review and Reform of Social Care Contracts and Delivery of National Minimum Wage 2020” (item 11).</p> <p>This report will also provide an update on the ongoing planning discussions with Turning Point Scotland in relation to integrating the Glasgow Drugs Crisis Centre and the Link Up service and seek agreement to proceed to support the delivery of the Proof of Concept Outcome.</p>
<b>Background/Engagement:</b>	<p>Discussions have been ongoing with Turning Point Scotland since August 2016 to consider ways in which the provider could deliver more effective, efficient and “lean” services that would meet the joint aspirations of the Proof of Concept.</p>
<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>a) agree the proposed integrated service model;</li> <li>b) direct the Council to conclude negotiations with Turning Point Scotland in relation to service modification to deliver the integrated Crisis Service Model as a test of concept approach pending future formal procurement process; and</li> <li>c) direct the Health Board to commence formal recruitment of Medical Officer.</li> </ul>

## Relevance to Integration Joint Board Strategic Plan:

The Purchased Integrated Crisis Addiction Service provision will be a key factor in enabling the partnership to deliver support at the right time, in the right place and from the right person, and to provide health and social care services in local communities where possible. It supports the Partnership's key priorities of shifting the balance of care and enabling independent living for longer.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<p>Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>Outcome 3: People who use health and social care services have positive experiences of those services, and have dignity respected.</p> <p>Outcome 5: Health and Social Care services contribute to reducing health inequalities.</p> <p>Outcome 7: People using health and social care services are safe from harm.</p> <p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p>
<b>Personnel:</b>	There will be no impact to HSCP Personnel.
<b>Carers:</b>	None
<b>Provider Organisations:</b>	The implication for Turning Point Scotland will be the integration of the current Glasgow Drugs Crisis Centre and the Link Up service.
<b>Equalities:</b>	Full EQIA will be completed if the proposal to Integrate the Crisis Service Provision is approved.
<b>Fairer Scotland Compliance:</b>	Complies with Fairer Scotland Guidance by ensuring access to services is fair and equitable regardless of socio-economic factors.
<b>Financial:</b>	If approved the Integration of the Glasgow Drug Crisis Services and the Link-Up Service will result in an indicative saving to the IJB of £1,900,000 phased over the 3 year period which will be achieved on a phased implementation basis.
<b>Legal:</b>	If approved direct legal service to conclude contractual arrangements on the basis of service modification.
<b>Economic Impact:</b>	Will strengthen sustainability of services for service providers by delivering the National Minimum wage enabling better recruitment and job retention.

<b>Sustainability:</b>	The integration of the Crisis Service provision is designed to strengthen sustainability of services for service providers by delivering the National Minimum wage.	
<b>Sustainable Procurement and Article 19:</b>	Article 19 is not considered to apply to these services.	
<b>Risk Implications:</b>	Risk is permanent site is not identified within the 3 year test of concept period.	
<b>Implications for Glasgow City Council:</b>	If approved Turning Point Scotland will vacate a site which sits with the City Deal Area.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Will require recruitment of Medical Officer.	
<b>Direction Required to Council, Health Board or Both</b>	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 provide an update following the Glasgow City Integration Joint Board Meeting on 21st June 2017 which approved the “Proof of Concept Outcome: Review and Reform of Social Care Contracts and Delivery of National Minimum Wage 2020” (item 11) - <https://glasgowcity.hscp.scot/publication/item-no11-proof-concept-outcome>
- 1.2 This report will also provide an update on the ongoing planning discussions with Turning Point Scotland in relation to integrating the Glasgow Drugs Crisis Centre and the Link Up service and seek agreement to proceed to support the delivery of the Proof of Concept Outcome.

## 2. Background

- 2.1. Discussions have been ongoing with Turning Point Scotland since August 2016 to consider ways in which the provider could deliver more effective, efficient and “lean” services that would meet the joint aspirations of the Proof of Concept. Namely improving service user outcomes and identifying more cost-effective service delivery options that will assist organisations to address future salary implications of achieving the National Living Wage (NLW) target by 2020.

- 2.2 Discussions have also focused on the impact of the transformational change agendas currently being developed / delivered in HSCP Homelessness and Addiction services, the impact of legislative and policy changes, including those affecting National Insurance, pensions, waking night and sleepover payment rate and the implementation of the Scottish Living Wage (SLW).
- 2.3 Turning Point Scotland and SW Commissioners independently brought suggestions to the table for discussion. Both parties had identified the integration of the Glasgow Drug Crisis (GDCC) – Addiction funded and Link-up (alcohol crisis intervention) - Homelessness funded services as a priority for achieving the Proof of Concept target outcomes.
- 2.4 The HSCP has agreed an approach going forward that will remove “silo” approaches to addressing needs and will instead focus on vulnerabilities. We are increasingly seeing crossover between service users presenting in Homelessness, Addiction and Criminal Justice services. Developing an integrated approach to crisis services that will form part of a care pathway approach in addressing complex needs and risks across service areas will provide a significant contribution in achieving this strategic objective.
- 2.5 At its meeting on Wednesday 21st June 2017, the Glasgow City Integration Joint Board approved the “Proof of Concept Outcome: Review and Reform of Social Care Contracts and Delivery of National Minimum Wage 2020” report.
- 2.6 The report recommended that Turning Point and the Glasgow City HSCP, “Progress a service redesign agenda that would provide a seamless integrated approach and flexible care pathway to better meet the needs of vulnerable individuals affected by drug use, alcohol dependency and homelessness.”

### 3. Proposal and Current Position

- 3.1 It is proposed that Turning Point Scotland and the HSCP develop an integrated alcohol and drug crisis service on the site of Link Up, Commerce Street. Planning meetings have been taking place on a regular basis with Turning Point Scotland, commissioners, finance colleagues, clinical staff and operational leads from Glasgow Alcohol and Drug Recovery Services (GADRS).
- 3.2 Commissioning have been in dialogue with Legal and Audit and have agreement to carry out the exercise under a Regulation 72 modification. This would involve Turning Point Scotland managing the integrated site on Commerce Street for a **period of 3 years** as a test of change initiative, while discussions continue to secure a long term alternative site for the single service, either through a new build or by refurbishing an existing building.
- 3.3 After this period, commissioning staff will test the marketplace through an open tender process to identify the provider who will deliver the service from a new site moving forward. This will allow Turning Point Scotland to vacate from the current GDCC site which no longer meets the needs of the service. This site currently sits within the Glasgow City Deal Area.

- 3.4 In order to assist the consideration of integrating both services on one site, Turning Point Scotland have commissioned an architect who has developed plans for the Commerce Street site which would result in Turning Point Scotland being able to support between 20 – 22 individuals at any one time. (Current capacity between Link Up and Crisis Centre is 24). The capital cost quoted is £133,500, which would include all internal works, an extended car park and an external modular unit for group work and one to one sessions where required. All elements of the current service provision can be delivered from the Commerce Street site including, crisis residential service, needle exchange, One Stop (24 hour support and advice). A 3D walkthrough was presented to commissioning, clinical leads and operational managers. No significant changes were requested.
- 3.5 The Drug Crisis Service and the Link-Up Alcohol Crisis Service are currently delivered from separate buildings with the Drug Crisis Service having multi-disciplinary staff model which includes clinical and health input integrated within the service however the Link-Up Alcohol Crisis Service is delivered by a social care only staff model. The Integrated Crisis Addiction Service will continue to offer short-term residential stays for stabilisation and detoxification from drugs and alcohol however the new service will deliver support to both drugs and alcohol within an integrated service model. This fits more closely with the strategy for the delivery of drug and alcohol services in Glasgow, in addition the new service model will now offer health and clinical support to those individuals with problematic alcohol use as current Link-Up service does not have any health input.
- 3.6 Turning Point Scotland and the HSCP have developed an Eligibility Criteria for the integrated service. The integrated crisis service will provide a person-centred and flexible response to some of Glasgow's most vulnerable individuals, most of whom will present with multiple and complex needs. The service will be direct access, low threshold and be able to respond to individuals who experience multiple barriers to inclusion.
- 3.7 The service will have the ability to adapt to the changing needs of individuals as well as changing trends in relation to alcohol use, drug use, homelessness and other vulnerabilities.

The service will respond to individuals in crisis who are:

- Alcohol dependent
- Drug users (primarily injecting and poly drug use)
- Homeless/Roofless

- 3.8 Individuals will fall into the "Critical Need" category of the Glasgow Alcohol and Drug Recovery Services (GADRS) Eligibility Criteria but whose needs can't be met by a same-day or next-day response from Care and Treatment services in the community.
- 3.9 It is proposed that medical input to the service shall be delivered by 1 WTE Medical Officer. This development, coupled with a comprehensive training and development plan for Turning Point Scotland nursing staff will better meet the multiple and complex needs of service users.

- 3.10 The development of an integrated crisis service will support the ongoing transformational change agenda in addictions, including the Residential Service Redesign, as well as developments in relation to Heroin Assisted Treatment (HAT) and a Safer Drug Consumption facility. At the same time, the service will support some of the most hard to reach individuals with multiple and complex needs, known to homelessness, mental health, criminal justice and physical disabilities care teams.
- 3.11 It is proposed that a robust evaluation of the integrated service is carried out, utilising both the principals of the Contract Management Framework and a Care Governance Approach.
- 3.12 The Care Inspectorate and Health Improvement Scotland (HIS), have given agreement in principal to jointly register the service as *“Housing support with independent clinic”*. This will be the first occasion a service has been jointly registered and it will be inspected by both regulatory bodies.
- 3.13 Given the registration, Turning Point Scotland will be able to attract housing benefit for eligible individuals. The service will be accessible to individuals experiencing homelessness, as well as those with their own tenancies. It is anticipated however, that due to the crisis nature of the service, the majority of individuals accessing the service are likely to be homeless at point of access. Homelessness service users are exempt from the non-residential charging policy. If the new service is no longer classified as residential and the majority of service users are expected to be homeless then it is proposed that the whole project be exempt.
- 3.14 Currently, GDCC is registered as a care home which means that an assessed client contribution is requested from each service user. Currently only 13% client contribution is retrieved, with the remainder being paid retrospectively to Turning Point Scotland using shortfall process. This is a resource intensive process for both Turning Point Scotland and the HSCP, as well as being a strain on frontline staff who are required to carry out financial assessments with individuals in crisis situations. It is proposed that the integrated model is paid as a block contract and no client contribution is sought
- 3.15 Turning Point Scotland have submitted an integrated staffing model which shows projected expenditure and savings.
- 3.16 HSCP finance and commissioning officers have agreed a draft integrated care proposal budget (ICPB) for the service with Turning Point Scotland. The below tables shows the current cost of both services and the approximate proposed budget for the integrated service:

**Current Model**

GDCC block	£867,886
GDCC cost and volume	£766,200
Link Up block	£926,327.69
<b>TOTAL</b>	<b>£2,560,413.69</b>

## **Integrated Service**

Integrated block	<b>£2,026,139</b>

This would result in an indicative saving to the IJB of £1,469,322 phased over the 3 year period which will be achieved on a phased implementation basis.

The savings are based on a year 1 saving of £400,774 with a year 2 and 3 saving of £534,274 per annum. This is delivered primarily through service redesign to the integrated model however the new model also attracts an additional £51,000 in housing benefit per annum.

## **4. Recommendations**

4.1 The Integration Joint Board is asked to:

- a) agree the proposed integrated service model;
- b) direct the Council to conclude negotiations with Turning Point Scotland in relation to service modification to deliver the integrated Crisis Service Model as a test of concept approach pending future formal procurement process; and
- c) direct the Health Board to commence formal recruitment of Medical Officer.



## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-14-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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	Addiction and Homeless Crisis Drug and Alcohol Provision
7	Full text of direction	Glasgow City Council is directed to conclude negotiations with Turning Point Scotland in relation to modification of the existing Glasgow Drug Crisis Centre (GDCC) and Link-up (alcohol crisis intervention) services to deliver an integrated service from one location as a test of concept approach pending future formal procurement process  Direct the Health Board to commence formal recruitment of Medical Officer.
8	Budget allocated by Integration Joint Board to carry out direction	GDCC - £1,634,986 (£842,464 Health Board resource transfer) Link Up - £926,327.69
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	27 March 2020



**Item No: 15**

**Meeting Date: Wednesday 27<sup>th</sup> March 2019**

**Glasgow City  
Integration Joint Board**

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

**Contact:** Kirsty Orr, Project Manager – Review of Health and Social Care OOHs

**Tel:** 0141 287 0391

**GREATER GLASGOW AND CLYDE REVIEW OF HEALTH AND SOCIAL CARE OUT OF HOURS (OOHS) SERVICES – URGENT CARE RESOURCE HUB PROPOSAL**

<b>Purpose of Report:</b>	The purpose of this report is to brief Glasgow City IJB on the progress to date of the Review of the Health and Social Care OOHs Services and to seek IJB approval on the proposals outlined.
---------------------------	---

<b>Background/Engagement:</b>	<p>A Review of Primary Care Out of Hours Services was commissioned by the Cabinet Secretary for Health, Sport and Wellbeing and led by Professor Sir Lewis Ritchie in January 2015, in light of the challenges being faced in delivering services during the out of hours period.</p> <p>Professor Sir Lewis Ritchie's Report advised that a whole system approach to enable a safe, sustainable, patient-centered service model to be developed was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.</p> <p>The review recommended a model for out of hours and urgent care in the community that is clinician led but delivered by a multi-disciplinary team where patients will be seen by the most appropriate professional to meet their individual needs – that might not always be a GP but could be a nurse, or a physiotherapist or social services worker.</p>
-------------------------------	---

	<p>The review also states that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for more complex cases.</p> <p>Following the publication of that report a local review of Health and Social Care Out of Hours provision has been commissioned across the 6 Health and Social Care Partnerships, led by Glasgow HSCP.</p>
--	--

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>a) note progress to date; and</li> <li>b) approve the agreed outcome and phased actions identified by the Review of Health and Social Care Programme Board and Chief Officers.</li> </ul>
-------------------------	--

**Relevance to Integration Joint Board Strategic Plan:**

<p>The Review of Health and Social Care OOHs Services is a key element of the HSCP's Strategic Plan.</p>
--

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<p>Relates to a number of outcomes, including: delivery of high quality public services; people, including those with disabilities or long term conditions or who are frail are able to live as far as reasonably practically independently; resources are used effectively; provision of strong resilient communities where people take responsibility for their health, and best value.</p>
--	---

<b>Personnel:</b>	<p>To be determined. Staff Partnership colleagues are engaged in the process.</p>
-------------------	---

<b>Carers:</b>	<p>Specific details to be determined but linked to supporting the HSCP's draft carers' strategy.</p>
----------------	--

<b>Provider Organisations:</b>	<p>To be determined</p>
--------------------------------	-------------------------

<b>Equalities:</b>	<p>A baseline EQIA has been undertaken for all services in project scope. This will be repeated prior to change or implementation of the proposed model.</p>
--------------------	--

<b>Fairer Scotland Compliance:</b>	<p>The EQIA will be repeated to determine the impact of the new model if implementation is supported to ensure Fairer Scotland Compliance.</p>
------------------------------------	--

<b>Financial:</b>	The financial implications of the proposed model will need to be assessed, including the resources required to support the draft model	
<b>Legal:</b>	None	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	None	
<b>Sustainable Procurement and Article 19:</b>	None	
<b>Risk Implications:</b>	A risk assessment framework has been developed to support the review to date and will be updated the planning phase	
<b>Implications for Glasgow City Council:</b>	None at this time	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None at this time.	
<b>Direction Required to Council, Health Board or Both</b>	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 brief Glasgow City IJB on the progress to date of the Review of the Health and Social Care OOHs Services and to seek IJB approval on the proposals outlined.

## 2. Background

- 2.1 A Review of Primary Care Out of Hours Services was commissioned by the Cabinet Secretary for Health, Sport and Wellbeing and led by Professor Sir Lewis Ritchie in January 2015, in light of the challenges being faced in delivering services during the out of hours period.

- 2.2 Professor Sir Lewis Ritchie's Report advised that a whole system approach to enable a safe, sustainable, patient-centered service model to be developed was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.
- 2.3 The review recommended a model for out of hours and urgent care in the community that is clinician led but delivered by a multi-disciplinary team where patients will be seen by the most appropriate professional to meet their individual needs – that might not always be a GP but could be a nurse, or a physiotherapist or social services worker.
- 2.4 The review also states that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for more complex cases.
- 2.5 Following the publication of that report a local review of Health and Social Care Out of Hours provision has been commissioned across the 6 GG&C Health and Social Care Partnerships, led by Glasgow City HSCP. A project governance structure was agreed to oversee this work and a Project Manager was appointed in September 2017 to manage and co-ordinate all aspects of the review.
- 2.6 The OOHs services within that programme scope are:
- GP
  - District Nursing
  - Community Rehabilitation
  - Children's Social Work Residential Services
  - Emergency Social Work Services
  - Emergency Dental Services
  - Homelessness
  - Home Care
  - Mental Health
  - Community Pharmacy
  - Optometry

### **3. Current Issues to Resolve in delivering Health and Social Care OOHs Services**

- 3.1 The present situation for the ongoing provision of Health and Social Care OOHs Services across Greater Glasgow and Clyde is that the current configuration lacks resilience and is probably not sustainable. The reasons for this are multi-factorial and include:
- Lack of work force capacity across parts of the health and social care system as it is challenging to attract and retain staff to work in the OOHs period
  - Aging workforce; resulting in the loss of experienced and skilled staff

- Growing numbers of people living with multiple and complex conditions; resulting in an increasing demand on services in an age of austerity which requires us to achieve more through better use of resources
- Expectations of the population in terms of increasing demands for care when convenient rather than a focus on need
- Services needing to work more effectively together in the out of hours period - the current fragmented nature of the health and social care service provision makes communication, day-to-day management and co-ordination of services extremely challenging and resource intensive. The current configuration of provision can result in a number of services working in isolation to provide support to one patient / service user during the OOHs period.

3.2 Within Professor Sir Lewis Ritchie's review, 28 recommendations had been made which have provided us with a clear framework in which to review our current situation and for the provision of consistent urgent OOHs care that is sustainable over time throughout Greater Glasgow and Clyde.

3.3 This report sets out the proposed model in relation to the wider Health and Social Care OOH. The specific recommendations on the GP OOH will be the subject of a separate report.

#### **4. Process Undertaken to develop an Integrated Health and Social Care OOHs Service Model**

4.1 Four half day events were held across May to September 2018 to enable a broad range of staff the opportunity to work through and agree actions and next steps for the proposed new system wide OOHs service model. These events involved members of the Health and Social Care Out of Hours Programme Board, and a range of clinical and managerial colleagues and staff side representatives.

4.2 The central aim of the first three sessions was to develop a finalised position on changes and improvements to the Health and Social Care OOHs models, including changes to the GP OOH model and wider improvements to how other services work together.

4.3 A key output of the sessions was that an Urgent Care Resource Hub (UCRH) approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social OOHs services across the GG&C area.

4.4 During these sessions 6 principle elements emerged (for each of the services within the project scope) which required clarity and agreement. These were:

- Service Purpose – defining what the service should do in the OOHs period and defining what patients/carers should expect and what staff can provide;
- Service Access – describing how the service is accessed by a user / patient or other professional service;

- Service Location – confirming the location of service delivery and the numbers of services, sites and staff required;
- Workforce Mix – agreeing the right mix of workers supported with the right training and development to meet the OOH need;
- Service Interfaces – describing and agreeing how services engage and co-ordinate across the health and social care system in hours and out of hours;
- Technology – developing and using technology to enable interfaces and to support care delivery and information sharing across the OOHs Health and Social Care System.

4.5 The fourth session provided the opportunity to robustly test the high level concept of an Urgent Care Resource Hub (UCRH) and the potential to enhance integration, co-ordination and access to Health and Social Care OOHs services by applying patient, service user and professional focused scenarios.

4.6 This paper describes the high level service model with the detail of the service specifications and description of the operational arrangements that now will be subject to further refinement and clarification.

## **5. Outcomes and Enablers of the Urgent Care Resource Hub**

5.1 As the work has progressed, it is clear that we already have a number of services working through the out of hours period that are delivering planned care to a number of patients and services users.

5.2 These services include the OOH District Nursing service who work to provide care to a known and defined list of named patients, often patients who are at or near end of life requiring palliative care. Services also delivering planned care include Care at Home services which will provide care and support throughout the OOH period to a number of known service users within a defined assessed care package.

5.3 The creation of an UCRH would primarily have its focus to deliver care coordination and a fast response where care needs change in the OOH period for known patients/service users and provide a response where a patient/service user contacts NHS24 but does not require to see a GP and where their needs can be met through, say a DN intervention and/or by a care at home service or some other intervention from a OOH service delivered through HSCPs. The Hub would also have a role to improve and coordinate the connection of patients/service users back into day time services.

5.4 The UCRH would therefore enable a whole system approach to the provision of scheduled (where planned care needs change and require something beyond what the service can provide) and unscheduled (where a patient/service user contacts NHS24) Health and Social Care. OOHs Care provides a vehicle to enhance and develop integration and co-ordination across a wide range of services.

- 5.5 This is core to the change required as it has emerged through the review process that the co-ordination of a crisis response, or complex or multi-sectoral urgent planned or unplanned OOHs care for new or known patients from an UCRH is considered to be core to the development of well-led, appropriately supported multidisciplinary health and social care team working.
- 5.6 The delivery of sustainable OOHs care must also involve close working with Third and Voluntary Sector Providers to continue to meet the population's needs.
- 5.7 It is essential that the UCRH role would not therefore be to duplicate NHS 24's role and remit; the key outcome for services coordinated within or via the Urgent Care Resource Hub(s) for GG&C would be to provide patients, carers, service users and professionals with a:
- Single point of access for community settings to co-ordinated support from multiple services, based on need
  - Triage / Signposting / Referrals to statutory / non-statutory services, based on need
  - Provision of focus on continuity of care and co-ordination of care for individuals with multiple conditions
  - Co-ordinated care at crisis / transition points and for those most at risk/with most complex care needs
  - Access to specialist advice by phone or in community settings if face to face assessments are required
  - Rapid escalation of support / clinical care.
- 5.8 The development of an UCRH model would also support the development of additional value adding functionality of how services work and add to what is already provided by NHS24 and by existing services working in the OOH period and these should include:
- Electronic Records and Anticipatory Care Plans – secure, appropriate and confidential access to electronic records, including ACPs to support Health and Social Care professionals in their decision making during the OOHs period
  - Asset Optimisation – managing demand and capacity across OOHs services by having up to date information about activity and available resources
  - Civil Contingencies – supporting coordination of resources during major incidents
  - Training and Development – providing a supportive and safe environment to provide training opportunities through rotational posts and Advanced or Extended roles, which will help to develop a flexible and skilled workforce across in-hours and OOHs services.



## 5.9 People with Specific Needs

It is essential that people with specific / complex needs should receive appropriate care and support that supports access to resources which will aid in the prevention of escalation in their health problems. There are programmes of work underway across the NHS Board area which are developing and enhancing condition specific local care pathways and care provision. The implementation of an OOHs UCRH can support the co-ordination of resources and care, across statutory and non-statutory services, for specific areas of need which could include:

- Palliative Care – people with palliative care or end of life needs their carers should be able to access care and assistance efficiently and without organisational or system delays. The UCRH could manage and co-ordinate a local palliative helpline which would free up clinical time by reducing calls
- Mental Health – prioritising psychiatric urgent care is important. We need to increase the availability of community based places of safety to support our population with episodes of acute distress, under the influence of drink / drugs. This needs collaboration between partner agencies, statutory services, third and independent sectors
- Frail and Older People - OOH services should be configured and responsive to the growing numbers of frail and older people in the GG&C area, many with complex needs which includes older people with a mental health condition. The UCRH could support Care Homes to access a wider set of community supports to reduce hospital admissions. The response to and care of frail and older people who fall and are uninjured is variable and through the implementation of a robust system-wide agreement, a UCRH could support the co-ordination of an appropriate integrated response
- Children – children are a high volume group that access OOHs services. The UCRH could help to ensure that through local urgent care pathways, in accordance with the principles of *Getting it Right for Every Child* (GIRFEC), are efficiently actioned. For example, if a child is attending a PCEC and the GP / ANP determines Child Protection concerns, the UCRH could co-ordinate the Emergency Social Work response to ensure the child is safe and protected.

## 5.10 Location and configuration of UCRH(s)

The UCRH will be aligned and connected with the NHS24 service and will operate with a detailed knowledge of the locality service operating in the OOH period within each HSCP area and to ensure a detailed understanding of who is working each day in the GP OOH service.

- 5.11 Further work however is required to finalise the detail for and capacity of the service but based on the modeling work undertaken to date, the service would be staffed by call handlers, supported by a Team Leader who have the knowledge and contact details of all services that are operating – both locality by locality and

GG&C wide – to ensure the coordination of care is prioritised and managed effectively.

## **6. An Integrated, Coordinated, Patient Centred, Sustainable Health and Social Care OOHs Model for Greater Glasgow and Clyde: The Model**

- 6.1 We used patient, service users, carer and professionals scenarios, to develop the operating principles of the Urgent Care Resource Hub for Greater Glasgow and Clyde. The use of the scenarios enabled us to explore the impact of an URCH on other parts of the system and services, for example NHS 24 and daytime services.
- 6.2 The value adding function of the UCRH would be to mobilise and co-ordinate the most appropriate OOHs Health and Social Care response during times of crisis or escalation. The UCRH would support the increase of the number of multi-agency and multi-disciplinary responses which would match patient, service user and carer's needs, through a wide range of health and social care community based resources.
- 6.3 In addition the UCRH would provide OOHs practitioners with the facility for professional to professional advice to support management decisions for patients and service users with increasing complexities, thereby reducing the current experiences of communication, day-to-day management and co-ordination of services across the system which are currently extremely challenging and resource intensive.
- 6.4 Various formats and configurations of the UCRH model were examined and tested prior to the development of preferred model. This model has been endorsed by the Programme Board, Chief Officers and LMC.
- 6.5 Proposed Model

The preferred model shows a clear patient, service user and carer pathways which would be actioned as required by NHS 24, District Nursing Services and Mental Health Services.

In this option the service / UCRH interface has been developed to support onward referral for co-ordination of multiple services and complex needs of cases.

For this model to work effectively a number of critical service enablers for the UCRH have been agreed which include:

- Access to daytime contacts and services to support appropriate information sharing
- Access to ACPs
- Facility to directly transfer to other services

The use of the following patient and carer scenario assists in illustrating how this model would work.

### Health and Social Care Services and UCRH Interface: a possible scenario

A 75 year old male and lives with his 76 year old wife. His wife was diagnosed with Dementia 2 years ago and she is frail, confused and requires her husband's assistance with all aspects of her personal care. He is his wife's only carer and although it is tiring he feels that they are both coping well and don't need any assistance at this time. Their children live abroad and they are not in contact with other members of the extended family. He has been feeling increasingly breathless, cold, clammy and generally unwell over the past 5 days. He attended his daytime GP 3 days ago and was commenced on a 7 day course of antibiotics and advised to take Paracetamol / Brufen as recommended for his temperature and any pain. It now 22:00 and he has been taking his medication as prescribed but is feeling terrible and decides to contact NHS 24 for further help and advice.

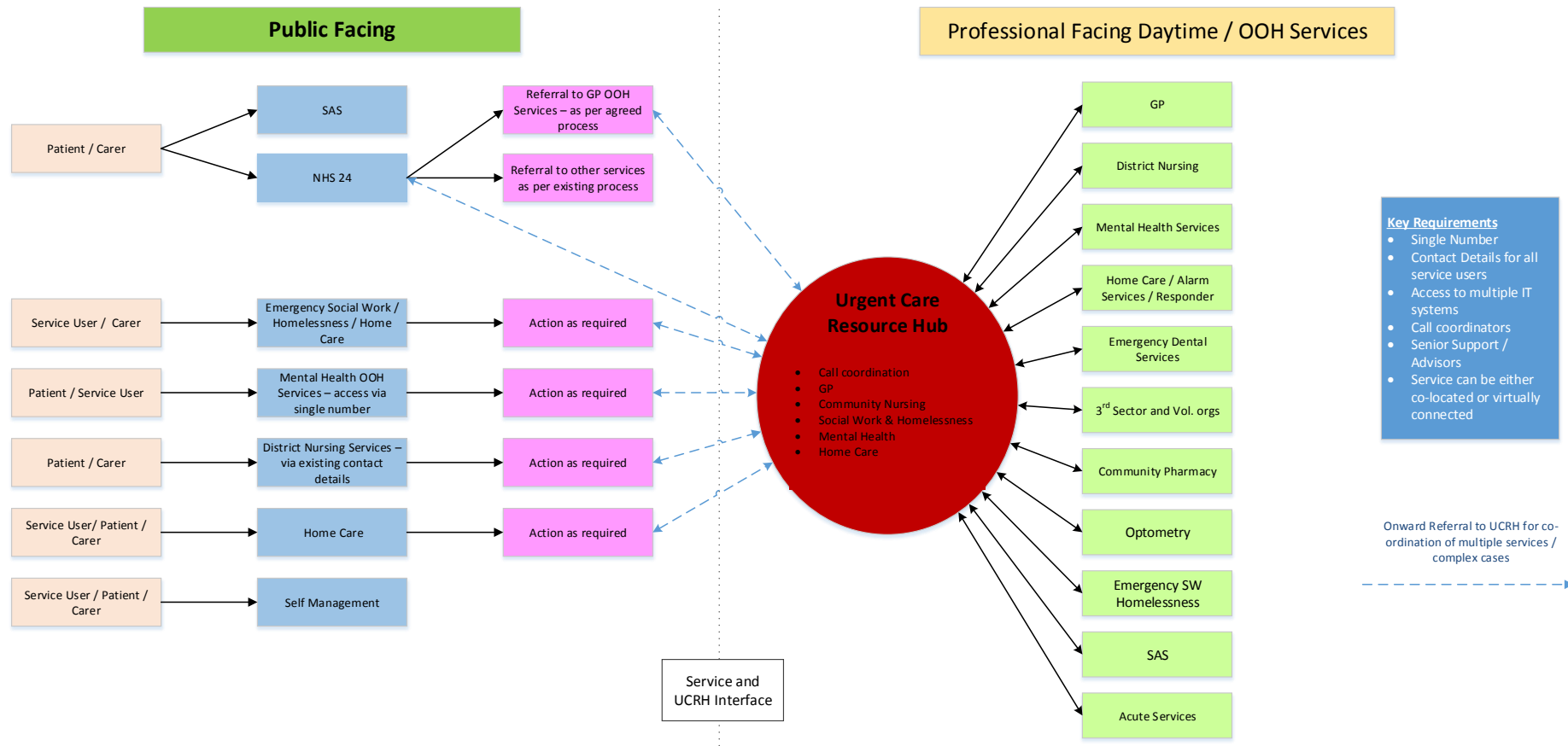
The Nurse Advisor requests a Home Visit for further assessment. The GP attends, along with a trainee ANP approximately 3 hours later. The GP is concerned about his worsening condition and advises that he needs to go to hospital for further investigation. The patient explains to the GP and ANP that he knows that he isn't well and needs to go to hospital but doesn't want to leave his wife and would need to know that she would be looked after well before he could consider going to hospital.

The GP contacts the co-coordinator at the UCRH who records all the relevant information and confirms that this will be passed to Emergency Social Work colleagues who will undertake an urgent assessment and liaise directly with Home Care services to implement a Crisis Care package to keep his wife safe and at home whilst he receives hospital care. The co-coordinator also confirms that the UCRH will provide update on progress to the patient and also to the GP when this has been completed. The GP and ANP are able to leave the patient, with advice should his symptoms worsen, and proceed to their next visit.

The outcome and enabler of the UCRH in this scenario is:

- The patient will receive the care that is needed, when care package is in place, which will prevent further deterioration of his condition
- Increased effectiveness of our workforce resource
- An unnecessary social care admission for the patient's wife is prevented, even if the husband ends up having to be admitted to hospital
- The complexities of existing cross system access routes and arrangements is eradicated through the coordination of services via the UCRH

## The Proposed Model – Health and Social Care Services and Urgent Care Resource Hub Interface



Proposed Model - Outcomes of Implementation and Enablers to support implementation

Outcomes	Enablers to support implementation
<ul style="list-style-type: none"> <li>• Supports Direct Access for professionals to other parts of the system as required, bypassing NHS 24</li> <li>• Maintains existing contact arrangements and process for known patients, service users and carers</li> <li>• Describes NHS 24's relationship with the UCRH and wider Health and Social Care OOHs Services</li> <li>• Clarifies the added value benefits of the UCRH</li> <li>• Highlights the self management aspect of Health and Social Care OOHs Services</li> <li>• Supports integrated and cross system working during the OOHs period and co-ordination between in- hours and OOHs.</li> </ul>	<ul style="list-style-type: none"> <li>• Operational processes, systems and procedures not yet confirmed – this includes determining if services should be virtually or co-located</li> <li>• An UCRH options appraisal requires to be undertaken to determine the number and location(s) of the UCRH(s)</li> </ul>

**7. Confirming the Next Steps to finalise Greater Glasgow and Clyde's Review of Health and Social Care OOHs**

7.1 The proposed key changes which will support the implementation of an Urgent Care Resource Hub across Greater Glasgow and Clyde have been agreed by members of the Review of Health and Social Care OOHs Programme Board who oversee this work on behalf of the 6 HSCP Chief Officers. It is acknowledged that further work is required prior to implementation which is described in 4 key phases.

7.2 The phased actions have been identified as:

Phase 1 – Immediate Actions (November 2018 – December 2018) – Now complete

- Chief Officers endorsed this model and approved next steps to support finalising the review phase of Health and Social Care OOHs
- The programme governance structures for the OOHs review have been updated and revised to support the planning and implementation phases. This has taken account of other relevant programmes of work e.g. Development work being undertaken by NHS 24 colleagues, Moving Forward Together,

Primary Care Implementation Plans and considered areas of work that could be progressed collaboratively e.g. Workforce planning and E-Health /Technology requirements.

### Phase 2 – Current Actions (January – March 2019)

- Undertake UCRH Options Appraisal across the Health and Social Care OOHs System. This will develop options which will consider the: number of UCRH(s) required and where they will be located; confirm service and agency access and pathways to the UCRH; determine if services should be co-located within the UCRH or virtual links established and how hosted services will be configured within the model. Further understanding to quantifying the volume of complex cases / people with specific needs will be required to inform the modelling. This will be linked into the work plans being progressed by the workstreams underpinning the Review of Health and Social Care OOHs programme of work.
- Revise and update the Communication and Engagement Strategy which supports the recommendations of the UCRH Options Appraisal. It is important that this links with all other relevant programmes of work across the NHS Board, for example, Moving Forward Together, Primary Care Improvement Plans, Mental Health Re-design, UCC to ensure consistent key messages are being delivered regarding access and use of services. It is essential that we also consider how we engage and communicate with our more vulnerable and diverse communities as part of this work;
- Present all proposed models to the Expert Reference Group. Members of the Review of Health and Social Care OOHs Expert Reference Group have had an opportunity to review and comment on all options developed. Sharing the proposals with a more appropriate representative of the population is needed, e.g. younger adults and this is a crucial aspect of our public engagement work;
- Develop a risk management framework, which considers all possible consequences of the configuration of an UCRH and work in partnerships with services across the system to describe and establish appropriate mitigation actions;
- Recognising the potential impact of the proposed change of the change for members of the Board's population undertake a strategic EQIA to ensure that consequences and risks of the proposals are identified and control measures identified;
- Develop a Frontline Staff Engagement Plan, supported by members of our staff partnership members, which will develop an understanding of the operational detail of the systems, processes and procedures required for an UCRH;
- Scope and map the pathway requirements of People with Specific Needs work for the UCRH and determine other work underway across the Board area and how it relates to this. .

### Phase 3 – Next Steps to June 2019

The impact of this work will result in a revision of configuration of Health and Social Care OOHs Services and therefore further development work is needed to:

- Develop an Integrated Workforce Plan. By maximising the contribution of our Health and Social Care workforce and challenging the existing boundaries is essential to develop and transform roles to meet the current and future needs of GG&C's health and social care OOHs system. Recognising the intrinsic links between daytime and OOHs a workforce plan which supports the system will help to create and secure a sustainable MDT workforce to meet the immediate and future needs. The workforce planning, recruitment and retention is a high priority to ensure safety and sustainability. We should consider an approach that will help us to develop an enhanced understanding of the specific roles or tasks across the professions or sectors or services to determine where there is an opportunity or a need to do things differently. It will be essential that the future provision of OOHs services is not stilted by existing professional and service boundaries. Developing an integrated workforce planning approach will allow us to better meet and respond to the needs of local areas and communities;
- Revise and update the Communication Strategy which supports the recommendations of the UCRH Options Appraisal.

#### Phase 4 – Developing the Implementation Plan (July - September 2019)

- Members of the Review of Health and Social Care OOHs Programme Board agree the Implementation Plan which outlines the required steps for UCRH implementation;
- Develop a proposal for evaluating impact of the UCRH across the Health and Social Care system.

## **8. Recommendations:**

### 8.1 The Integration Joint Board is asked to:

- a) note progress to date; and
- b) approve the agreed outcome and phased actions identified by the Review of Health and Social Care Programme Board, Chief Officers and Health Board Corporate Management Team.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-15-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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: 091216-9-a)
6	Functions covered by direction	The following out of hours functions are covered by this direction; GP; District Nursing; Community Rehabilitation; Children’s Social Work Residential Services; Emergency Social Work Services; Emergency Dental Services; Homelessness; Home Care; Mental Health; Community Pharmacy; Optometry
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to progress the options appraisal and further refinement of the proposed model for out of hours and urgent care in the community and to complete the development of proposals for approval by the IJB that comply with the recommendations of the Ritchie report.
8	Budget allocated by Integration Joint Board to carry out direction	Within existing 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	27 March 2020





# Item No: 16

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Jacqueline Kerr, Assistant Chief Officer, Adult Services and North West Locality

**Tel:** 0141 314 6240

### ADULT SERVICES TRANSFORMATIONAL CHANGE PROGRAMME 2018-21 PROGRESS REPORT: INTEGRATION OF LEARNING DISABILITY SERVICES

<b>Purpose of Report:</b>	<p>To update IJB members on the progress being made to introduce a more integrated service delivery model within GCHSP's Learning Disability (LD) services and the contribution this will make towards delivering the priorities and relevant actions set out in the IJB's draft strategic plan 2019-22.</p> <p>While moving to a more integrated service delivery model will have benefits across the spectrum of LD services and the various pathways to other services, the focus of this progress report is primarily on community learning disability teams (CLDTs) and LD day care services.</p>
<b>Background/Engagement:</b>	<p>Development sessions took place with GCHSCP LD staff and system-wide professional leads in 2018 to consider the opportunities and challenges associated with the introduction of a more integrated delivery model. Further staff development sessions are planned to take place over the coming months to ensure that there continues to be a widespread understanding and ownership of the process.</p>
<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"><li>a) note the content of the report;</li><li>b) agree the 'test for change' approach within North East Glasgow's LD services to inform the roll-out of integrated practices, including an effective mechanism for gathering service user and carer views on their experience of integrated services; and</li></ul>

	c) agree that an option appraisal during 2019 to inform the viability of replacing GCHSCP's 2 LD day centres with new build accommodation should be undertaken and reported back to the IJB on completion with a recommended course of action.
--	--

**Relevance to Integration Joint Board Strategic Plan:**

The introduction of a more integrated service delivery model within GCHSCP's LD services will contribute to the delivery of all strategic priorities and actions relevant to people with a learning disability set out in the IJB's strategic plan 2019-22. In particular, the priorities of 'early intervention, prevention and harm reduction', 'enabling independent living for longer' and 'providing greater self-determination and choice'.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<p>This work will support the delivery of all 9 national outcomes, with a particular impact on:</p> <p>Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>Outcome 2: People, including those with disabilities...are able to live, as far as is reasonably practical, independently and at home or in a homely setting in their community.</p> <p>Outcome 3: People who use health and social care services have positive experiences of those services and have their dignity respected.</p> <p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p>
--	---

<b>Personnel:</b>	<p>There will be minimal change to the core functions associated with each professional role within the teams however Integrated service management arrangements will be further progressed over the course of the implementation phase.</p> <p>This will involve the operational management for both health and social work Learning Disability staff within each locality to be delivered within a single management structure.</p> <p>There will also be consideration of an integrated approach to team leader operational management, which while not affecting the ratio of professional team lead to staff group will enable cross cover to provide experienced staff to support frontline and fieldwork staff across all disciplines.</p>
-------------------	---

<b>Carers:</b>	<p>The vital role played by carers is recognised and LD staff will continue to do all they can to ensure carers have access to assessments, advice, information and support offered by the HSCP. The role that LD day centre services, in particular, play in supporting carers is also fully recognised and the modernisation of services as part of the integration agenda will aim to further strengthen this.</p>
----------------	---

<b>Provider Organisations:</b>	No direct implications for provider organisations.
<b>Equalities:</b>	<p>Across NHS and Social Care, as well as wider society, it is recognised that people with a learning disability can experience inequality, can have barriers to accessing services and can have a poor experience of service delivery where services have not been tailored to meet their needs. LD services will continue to do all it can to provide inequalities sensitive practice through the dedication of its staff. An EqIA has been completed to inform the work to move to a more integrated service model and can be accessed at:</p> <p><a href="https://glasgowcity.hscp.scot/equalities-impact-assessments">https://glasgowcity.hscp.scot/equalities-impact-assessments</a></p>
<b>Fairer Scotland Compliance:</b>	Covered within EQIA
<b>Financial:</b>	<p>It is anticipated that a move to a more integrated service delivery model will result in more efficient and effective working practices. This will improve the service user and patient pathways and clinical and care outcomes.</p> <p>It remains to be determined whether this translates into further financial savings, beyond those identified previously to the IJB as part of the Adult Services Transformational Change Programme 2018-21.</p>
<b>Legal:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	<p>There is an aspiration to co-locate CLDT staff within each locality. While this has been achieved within NE, accommodation solutions for NW and South staff have still to be determined. There is therefore a risk at this stage that an integrated service delivery model may not be fully realised in those localities should accommodation solutions remain outstanding.</p> <p>A risk framework will be developed as part of the option appraisal process to consider the viability of replacing GCHSCP LD day centres with new build accommodation.</p>

<b>Implications for Glasgow City Council:</b>	None
---	------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
--	------

<b>Direction Required to Council, Health Board or Both</b>	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 IJB members on the progress being made to introduce a more integrated service delivery model within GCHSCP's Learning Disability Services and the contribution this will make towards delivering the priorities and relevant actions set out in the IJB's strategic plan 2019-22.
- 1.2. While moving to a more integrated service delivery model will have benefits across the spectrum of LD services and the various pathways to other services, the focus of this progress report is primarily on community learning disability teams (CLDTs) and LD day care services.

## 2. Background

- 2.1. In January 2018, IJB members noted the content of the Adult Services Transformational Change Programme 2018-21 (<https://glasgowcity.hscp.scot/publication/item-no-6-adult-services-transformational-change-programme-2018-2021>) which set out the service reform programme for LD services, including the following actions associated with promoting more integrated services:
  - A review process to consider how Health and Social Care teams can improve joint working and the ability to plan and deliver services within an integrated service model
  - A phased approach to full integration of Community Learning Disability Services to take place over a 3 year period with the first step being the development of an integrated management team at operational and professional/clinical lead level
  - A phased approach to co-location of locality teams where possible to improve communication and engagement with and between front line staff
  - A review of service user pathways to ensure effective and efficient use of staffing resources. In doing so we will improve accessibility to specialist services such as psychology, speech and language and occupational therapy services
  - A reinvestment programme for both LD day service centres in order to upgrade the fabric and facilities of the buildings. In addition, an options appraisal to consider the replacement of the centres.

2.2. A summary of those actions is also reflected in the IJB's strategic plan 2019- 22, as follows:

- the review and redesign of health and social care learning disability services
- the development of an integrated support framework for people with complex needs
- the development of a reform programme for day care provision.

### **3. Progress to Date**

#### **3.1. Staff Engagement**

Two comprehensive engagement and development sessions have been held with health and social care LD staff across the city, including NHSGGC Board-wide professional clinical leads and representation from NHSGGC Specialist Learning Disability and Inpatient services. These sessions have enabled staff to contribute to a full discussion around the challenges and opportunities for returning to an integrated service delivery model. (Joint LD teams having previously been in place during the lifetime of Community Health Care Partnerships within Glasgow.) Further staff engagement events will take place over the next 6 months to ensure staff continue to have the opportunity to contribute to the development of the processes and systems that require to be in place to underpin integrated working. A learning and development plan for GCHSCP LD staff will also be developed to support staff through the changes, as well as to continue to meet professional requirements and standards of good practice.

#### **3.2. Integrated Management Arrangements**

The aim is to provide an integrated management arrangement across all 3 localities. There are currently different management arrangements across all three localities.

- Within North West locality, a single integrated service manager manages both health and social work staff
- Within North East there is single integrated service manager for learning disability services who also has responsibility for social work mental health services
- Within South Locality there is Social Work Service Manager with responsibility for MH and LD social work services and a health service manager with responsibility for the Health CLDT.

In addition, there is a requirement to strengthen the team lead role within each of the CLDTs. This will require the release of clinical time from a member of each team (at band 7 level) to enable them provide a more direct leadership role and to consider cross cover across all disciplines within an integrated service. It is anticipated that these new arrangements will be introduced over the course of 2019/20.

### 3.3. Integrated Processes and Systems

Health and social work LD team staff within North East locality have been successfully co-located within Petershill Park. This co-location provides an ideal opportunity to introduce a 'test for change' approach within North East that can inform the roll-out of integrated working practices in all localities. It is planned to report the findings of this work by October 2019, which will consider:

- The potential to move to a 'single point of access' to simplify the referral process
- How to improve the efficiency and effectiveness of referrals, case allocations and clinical and service reviews
- Ensuring eligibility criteria remains fit for purpose and is applied consistently
- The introduction of joint integrated protocols, operating procedures and governance arrangements
- Ways in which access can be improved for service users, both in terms of the ability to access specialist support and in terms of the ability to then have quicker access to other levels of support out with LD services as necessary
- The status of existing joint protocols and care pathways with non-LD services, particularly for those conditions where people with a learning disability experience a higher prevalence or risk, with a view to recommending improvements as necessary
- Information Technology requirements, including those necessary to support agile working and flexible working practices.

The above work will take into account the roles and responsibilities for health staff as set out in the NHSGGC's 'A Strategy for the Future' (2014). This includes the expectation that specialist LD services, as well as providing direct specialist interventions, support and enable mainstream services to adapt their approaches to better meet the needs of people with learning disabilities.

While co-locating CLDT staff has been achieved within North East locality, accommodation solutions to co-locating staff within North West and South localities have yet to be identified. In the interim, it is still anticipated that teams in North West and South localities will be able to adopt the necessary working practices that will enable them to move to a more integrated way of working.

### 3.4. Modernising Day Services

Day care services have already undergone significant change in the City over the last 6 years through the implementation of personalisation and giving people greater flexibility over how they wish to access services and supports. GCHSCP aims to ensure that all adults with learning disabilities are as integrated as possible into the everyday life of their local communities. This has meant, for some, a focus on employability and volunteering opportunities, as well as wider access to local leisure and recreational resources. For others, it has been the development of new local support services and networks of mutual support, friendship and respite.

In 2018/19, GCHSCP's 2 LD day centres at Riddrie and Carlton both benefited from significant investment to upgrade the accommodation. This included new flooring, furnishings and finishes, as well as investment in new equipment.

However, going forward, it is recognised that both buildings have a limited life-span and are compromised by a lack of physical space to fully meet the needs of people attending. Accordingly, an options appraisal will be undertaken to consider the replacement of the 2 learning disability day care centres within the City.

The option appraisal will consider the viability and location of new build accommodation. In doing so, it will consider the feasibility of an option of 2 new build facilities serving the North and South of the City, as well as the feasibility of an alternative option of a single new build facility serving the City. In the case of both options, it is important to stress that there is no planned reduction in the capacity of day places and that GCHSCP remains committed to being a direct provider of this service. It is also important to highlight that this option appraisal will inform the affordability of the new build and that at this point, no funding has been identified to progress any new build option.

The option appraisal will be carried out over the 2019 period and reported back to the IJB for consideration on completion. Service user and carer representation will be an important part of this process, with service users and carers kept informed and supported to contribute.

Modernising day care services goes beyond the fabric of the building. In the months ahead, GCHSCP will look at ways in which CLDTs and wider services can be developed into a fully integrated day care service. This will include:

- looking to extend the range of health clinics offered at day centres
- improving access to health checks
- considering alternative and more timeous responses to service users or carers in times of 'social or care crisis'
- supporting consideration of an alternative to hospital care by providing a coordinated approach between learning disability and specialist learning disability services to provide "respite" or increased support for short periods within a structured environment.

Overall this will see day centres become more of a specialist hub that better support prevention and early intervention, with more structured links to other services.

Wherever possible, day care services also play a role in helping to prevent admission to specialist LD assessment / treatment inpatient wards or to support discharge from inpatient care. It is anticipated that this role will increase in the future as the overall NHS specialist inpatient bed capacity reduces.

A new specification will be developed over the coming months that sets out the evolving role for day care services in greater detail.

### 3.5 Service User and Carer Experience

A crucial measure of successful integration is whether there has been a positive experience for service users and carers. This is likely to include whether there has been improved access and response times, quality of care, lack of duplicated processes and overall, whether there was perceived to have been a positive experience.

Accordingly, in taking forward the integration agenda, GCHSCP's LD services will seek to develop, in collaboration with service users, carers and representative community organisations, a framework to gather and assess service user and carer feedback of their care experience. This should include people's experiences of inequalities sensitive practice, as part of the HSCP's commitment to meeting the requirements of Equality legislation and addressing health inequalities.

This will provide a more tailored feedback mechanism for learning disability service users and carers than is currently available through the national survey of service user and carers' experiences. The development of an effective way to gather service user and carer views will be considered as part of the 'test for change' approach in North East locality, referred to in section 3.3 of this paper.

### 3.6 Team Capacity

In order to take forward these service proposals we have to consider capacity within the teams to deliver on existing business while being able to take forward the tests of change to support a more streamlined service and better outcomes for our service users and patients.

It is clear that the current construct and resources within the locality services will be unable to deliver the level of activity required to achieve the required number of service user reviews, as well as the statutory and legislative requirements required to maintain the safety, health and wellbeing of our service users and patients. This will inevitably impact on the ability to provide a fully integrated learning disability service able to meet the current demand for service input.

There has been some investment in a "Central Review Team" which is supporting the ongoing service users review process for support within the community for all care groups. This review team is made up of 12 social care workers, 2 Team leads and 1 service manager.

The work of this review team will be required to be continued within a redesigned learning disability service to support the delivery of key outcomes and direct support to our service users and patients. It is noted that the continuation of the Central Review Team is essential in providing capacity to ensure robust and timeous reviews of service users' care packages both to deliver on the transfer of providers from the 2015 to the 2019 Providers Framework and to ensure ongoing capacity to the review process beyond 2020. This activity would also ensure the locality-based LD integrated teams could focus on the complex care management responsibilities within their teams. The entirety of this service will be managed within the singularly managed adult services construct to ensure coherence across the Central Review Team and localities.

## 4. **Recommendations**

### 4.1 The Integration Joint Board is asked to:

- a) note the content of the report;
- b) agree the 'test for change' approach within North East Glasgow's LD services to inform the roll-out of integrated practices, including an effective mechanism for



- gathering service user and carer views on their experience of integrated services;
- c) agree that an option appraisal during 2019 to inform the viability of replacing GCHSCP's 2 LD day centres with new build accommodation should be undertaken and reported back to the IJB on completion with a recommended course of action.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-16-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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	Community learning disability teams (CLDTs) and Learning Disability day care services
7	Full text of direction	<p>Glasgow City Council and NHS Greater Glasgow and Clyde are jointly directed to carry out a ‘test for change’ within North East Glasgow’s LD services to inform the future roll-out of integrated community learning disability teams across the city, including an effective mechanism for gathering service user and carer views on their experience of integrated services.</p> <p>Glasgow City Council and NHS Greater Glasgow and Clyde are further directed to carry out an option appraisal during 2019 to inform the viability of replacing GCHSCP’s LD day centres at Riddrie and Carlton with new build accommodation and, on completion, present recommendations back to the IJB.</p>
8	Budget allocated by Integration Joint Board to carry out direction	Within existing 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	27 March 2020

# Item No: 17

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Frances McMeeking, Head of Care Services

**Tel:** 0141 353 9021

### CARE SERVICES CONTINGENCY PLANNING – EQUAL PAY

**Purpose of Report:**

The purpose of this report is to provide an overview of the evolving plan that HSCP Care Services have developed to mitigate as far as possible the risks associated with the potential loss of capacity in home care as a result of the settlement of the equal pay dispute.

**Background/Engagement:**

In February 2019 Glasgow City Council agreed to settle the long running equal pay dispute which involves significant numbers of care services staff. A Contingency planning group was established in January 2019 involving both Glasgow City Council HR staff and the senior management team of Care Services. This group are developing a detailed Equal Pay Contingency Plan, outlining potential areas of risk including the recruitment of new home care staff.

**Recommendations:**

The Integration Joint Board is asked to:

- a) note the content of the paper;
- b) agree the initial actions to be taken immediately particularly around recruitment; and
- c) instruct officers to report back as necessary on the Equal Pay Contingency Plan.

**Relevance to Integration Joint Board Strategic Plan:**

The home care service forms a critical element of community services in the city, with over 10,000 service users accessing the service each year. It also plays a pivotal role in its partnership with the NHS Acute Sector, with 60% of service uses being referred direct from a hospital, starting service on the day they are referred, with no bed days lost linked to home care. Currently home care delivers 87,000 visits a week to 5,500 service users 24/7.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP Care Services operates to all the national health and wellbeing outcomes, with 6 Care Inspectorate registered services.
<b>Personnel:</b>	Currently in scope to receive an equal pay settlement are <u>78%</u> of the home care services workforce of <u>2,677</u> . The potential implications for staffing levels in Home Care Services are outlined within this paper.
<b>Carers:</b>	The impact on carers could be significant, however the plan is intended to mitigate this risk.
<b>Provider Organisations:</b>	Care Services currently utilise a range of providers and all have been briefed on the anticipated impact of equal pay on home care services.
<b>Equalities:</b>	This will be progressed as the HSCP plans are fully implemented.
<b>Fairer Scotland Compliance:</b>	The equal pay settlement contributes to duty on public authorities to do more to tackle the inequalities of outcome caused by socio-economic disadvantage.
<b>Financial:</b>	The full cost of the plan and its implementation is as yet unknown. The costs agreed as at February 2019 are £30K to implement a recruitment plan through the use of a range of media channels. Further costs such as planning for a transitional workforce are yet to be forecasted.
<b>Legal:</b>	Home Care Services are provided under the Social Work Act 1968, a mandatory delegated function and regulated by the Care Inspectorate.
<b>Economic Impact:</b>	It is intended to target local communities in the campaign to recruit a new workforce.
<b>Sustainability:</b>	The contingency planning referred to in this paper will contribute to the overall sustainability of home care service provision in the city.
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	Risks are set out in this report and included in the HSCP Risk Register.

<b>Implications for Glasgow City Council:</b>	Reputational damage for not meeting statutory responsibilities for service users whose care needs meet the eligibility criteria.
---	--

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	A reduction in home care capacity could affect home care's ability to meet the service demands from Acute NHS for hospital discharge.
--	---

<b>Direction Required to Council, Health Board or Both</b>	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 This report sets out the high level implications associated with the equal pay settlements, with the implications to Care Services staff, predominantly focussing on home care services. This report also outlines the potential impact on the city wide social care model and the HSCP contingency plans to mitigate those risks.

## 2. Background

- 2.1 HSCP Home Care Services is the largest in Scotland, with 6 registered care at home services regulated by the Care Inspectorate. The service operates 24/7 and the following data illustrates the size and complexity of the care at home service across the city:

There are:

- 2,677 home care staff
  - An average of 40 service users discharged each day from hospital, 65% discharged on short notice referrals.
  - 101 frail elderly people in receipt of supported living services with an average age 83, and 74% diagnosed with dementia.
  - 100 service users supported overnight.
  - 87,000 home care visits a week
  - The average age of service users is 81 years, in receipt of 9.5 hours of home care.
- 2.2 In December 2018 a range of detailed data relating to equal pay claimants currently employed in home care was made available to care services management team. This enabled a detailed analysis to take place on what the impact of a settlement would potentially mean for the current service model.
- 2.3 Having considered in detail the data available, and the experience of managing a front line workforce during a period of rapid change, the following key points outline the staffing impact and the potential consequences of the equal pay settlement on the operational model of Care at Home Services **without corrective actions being taken.**

- It is anticipated that between 18 – 40% of our home care staff may choose to leave. Furthermore it is predicted that 50-80% of staff in supervisory roles who are key to the day to day planning of work, assessment and supervision of front line staff may choose to leave.
- This potential loss of staff, when considering the shift patterns and hours worked of those who may leave translates to a 38-40% loss of capacity in service.
- Further consideration needs to be given to our experience that in periods of change and uncertainty, absence levels may increase.
- Currently 121 wards across the Acute NHS refer 7 days a week to home care, with an average of 40 referrals per day. There have been no delays in 11 years linked to home care. The model depending on flexibility, early assessment and intervention, ensuring service users flow through the care model. 38% of service users leave the service within 6 weeks after a period of re-ablement. It is important that the HSCP endeavours to sustain this level of performance.
- Within the community, our home care services, could not sustain the service to our 5,500 service users with this loss of capacity.

### **3. Response**

- 3.1 In response to this analysis the Contingency Planning Group with wide representation of managers identified the key risks and mitigating action.
- 3.2 A critical task for the group is to continue to develop our analysis on the potential impact of the settlement based on refreshed data on the scale and timing of the settlement and we are gathering data per service, per role, to identify at locality level the potential impact on services.
- 3.3 This ongoing, dynamic analysis is informing our recruitment plans, firstly we intend communicating with our existing workforce to gather preferences for staff who want to stay on reduced hours or increased hours, or consider other roles. A range of options will be available to maximise the retention of skilled individual home carers. Secondly we are planning a detailed recruitment campaign involving TV, Radio, Social media with a target of 1,000 applications to recruit to c. 400 jobs.
- 3.4 A detailed plan has been agreed to train potentially a minimum number of 400 new home carers over a 2 – 3 month period. Currently it takes 8 full days plus 2 shadowing days to complete induction training. All candidates must have valid references (2) and a PVG before they can start employment. This cannot be compromised, and is a Care Inspectorate auditable process to ensure we comply with current legislation. All new home carers must also register with the Scottish Social Services Council (SSSC).
- 3.5 It is recognised that communication will be critical to the success of this contingency plan, with a range of internal and external stakeholders particularly our staff, service users and their families.
- 3.6 Home care is challenged by the use of a range of IT systems, with all of care at home services operating in a paperless environment. The role of co-ordinators and assistant area managers is key, as they schedule and plan work (87,000 visits a week). The contingency plan recognises that further work is required with the

Council's IT provider to improve home care's current system "CareSafe" and work is ongoing in this area.

3.7 A range of options considering service reform are being evaluated and our thinking is being developed to redesign services including:

- Optimising of hospital discharge pathways to ensure proportionate care packages to need and access to services.
- Eligibility criteria
- The numbers and profile of the very high in hours care packages.
- The maximisation of digital technology, including the use of Telecare.

3.8 The Care Inspectorate has been kept apprised of the developing picture in relation to the equal pay settlement and the potential impact on service delivery and we have shared our analysis to date and planned mitigating actions.

3.9 The plan identifies a number of high level risks to the home care service, if no mitigating action is taken.

<b>Risk Title</b>	<b>Risk Description</b>
<b>Risk to Service Users</b>	If the HSCP have to reduce either the number of visits or remove services then this may leave vulnerable service users without the necessary care provision.
<b>Hospital Discharge Pathway Compromised</b>	NHS acute refer 40 service users per day. It is highly unlikely that the HSCP could sustain this level of discharge if there is a reduction of 38-40% in the capacity of home care.
<b>Absence Levels</b>	Absence levels may be impacted during a period of rapid change resulting in a further loss of capacity.
<b>Home Care Recruitment</b>	If the recruitment campaign does not attract sufficient interest or the HSCP fails to implement the recruitment strategy within the timescales (April – June).
<b>Reputational Damage</b>	The public and media perception that GCC and HSCP have not planned or taken the necessary steps to address, in advance, the significant loss of capacity in the home care service.

#### 4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the content of the paper;
- b) agree the initial actions to be taken immediately particularly around recruitment; and
- c) instruct officers to report back on progress and performance related to the Equal Pay Contingency Plan.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-17-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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	Home Care Services
7	Full text of direction	Glasgow City Council are directed to urgently progress the recruitment of c400 care at home staff as set out in 3.3 above, and to ensure that Council employees and resources are appropriately supported within the HSCP to further develop the Equal Pay Contingency Plan of the HSCP.
8	Budget allocated by Integration Joint Board to carry out direction	Within existing 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	27 March 2020





# Item No: 18

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## 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 10 AND PERIOD 11 2018/19**

<b>Purpose of Report:</b>	This report outlines the financial position of the Glasgow City Integration Joint Board as at 31 January 2019 (Health) and 18 January 2019 (Council), and highlights any areas of budget pressure and actions to mitigate these pressures.
---------------------------	--

<b>Background/Engagement:</b>	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.
-------------------------------	--

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>a) note the contents of this report;</li> <li>b) approve the budget changes noted in section 3; and</li> <li>c) note the summary of current Directions (Appendix 2).</li> </ul>
-------------------------	--

**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:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Not applicable at this time.
--	------------------------------

<b>Personnel:</b>	Not applicable at this time.
-------------------	------------------------------

<b>Carers:</b>	Expenditure in relation to Carers' services is included within this report.	
<b>Provider Organisations:</b>	Expenditure on services delivered to clients by provider organisations is included within this report.	
<b>Equalities:</b>	Not applicable at this time.	
<b>Fairer Scotland Compliance:</b>	The expenditure on services supports the delivery of a Fairer Scotland.	
<b>Financial:</b>	Actions required to ensure expenditure is contained within budget.	
<b>Legal:</b>	Not applicable at this time.	
<b>Economic Impact:</b>	Not applicable at this time.	
<b>Sustainability:</b>	Not applicable at this time.	
<b>Sustainable Procurement and Article 19:</b>	Not applicable at this time.	
<b>Risk Implications:</b>	None at this time.	
<b>Implications for Glasgow City Council:</b>	None at this time.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None at this time.	
<b>Direction Required to Council, Health Board or Both</b>	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 This monitoring statement provides a summary of the financial performance of the Glasgow City Integration Joint Board for the period 1 April 2018 to 31 January 2019 (Health), and to 18 January 2019 (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 £0.172m lower than budget to date. Gross expenditure is £1.798m (0.19%) overspent, and income is over-recovered by £1.890m (2.57%). This position reflects the IJB's share of the costs of services which have transferred from Cordia LLP, following approval at November's IJB to fund split these 50/50 with the Council.

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 10/Period 11 the net expenditure budget has increased by £0.931m. 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
Transfer of Property Budgets to/from PALS	-£86,000	£0	-£86,000
Creation of New Finance and Income Assessment Team	£245,079	-£245,079	£0
Acute Liaison Alcohol Brief Interventions (ABI)	£203,849	£0	£203,849
NCL General Dental Services Increase 18.19	£619,100	£162,700	£781,800
Other Minor Adjustments	£182,789	-£150,812	£31,977
<b>Total</b>	<b>£1,164,817</b>	<b>-£233,191</b>	<b>£931,626</b>

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 £13.895m representing 82% 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 (£2.232m) which have been challenging to deliver due to the demand experienced in both services. Further scrutiny of the financial position, including authorisations, reviews and transitions from Children and Family, Adults and Older People is ongoing. A part year delivery of the Property Rationalisation saving is also resulting in an in-year under delivery of £0.249m.

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 £4.550m.
- 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 18 since 1st April. At period 11 the underspend is £1.257m. The full year projected underspend is £1.486m. Purchased placements is also underspending by £1.486m with a full year projected underspend of £1.756m. The majority of placements are in purchased fostering, where numbers have reduced by 19 since 1st April.
- 5.1.3 Employee costs is underspent by £0.870m mainly due to vacancies in Social Worker posts, which is partially offset by overtime in the residential units and provision for the Health Visitors regrading.
- 5.1.4 In other areas of the service there are underspends in provided foster care due to reducing placement numbers (£0.865m), personalisation (£0.569m) and shared care and community respite (£0.218m).
- 5.1.5 These underspends are partially offset by an overspend of £0.854m in Direct Assistance mainly in respect of Section 29 payments to Care Leavers linked to increasing numbers in the community eligible for funding and accommodation costs for young people with no recourse to public funds.
- 5.1.6 There is an overspend in rents of £0.272m related to the part year delivery of the saving in terminating the lease for Stanley Street and tenancies for UASCs and Care leavers, and £0.181m for City Building repairs mainly in respect of the provided residential units. Transport costs are also overspend by £0.072m mainly in respect of young people in care being taken for contact visits with family or to school. Successful management action has been taken to reduce the expenditure in this area and the focus on cost reduction will continue.
- 5.1.7 Income is over-recovered by £0.828m due to higher than budgeted income from the Home Office in respect of UASC cases as a result of additional income for 17/18 and more eligible cases approved for 18/19, income from staff secondments and inter-agency adoptions, and recovery of direct payments and overpayments to carers.

### **5.2 Adult Services**

- 5.2.1 Net expenditure is overspent by £0.963m.
- 5.2.2 Purchased Services (including SDS) within Learning Disability are overspent by £2.259. This overspend is attributable to unachieved savings and the impact of transitional drift from Children and Families, and onwards to Older People. The Chief Finance and Resources Officer has met with budget holders to consider a range of remedial actions.
- 5.2.3 Expenditure in relation to Housing First (£0.818m) has been incurred and is reflected in the overspend above. Scottish Government funding is being pursued.
- 5.2.4 Mental Health is overspent by (£0.675m). There are overspends across the city in respect of Medical staffing (£0.224m), due to vacancy cover, maternity leave and

unfunded sessions which are currently under review. In addition, Junior Doctor rotations (£0.306m) continue to overspend. 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 cumulative overspend of (£0.620m) due to increasing pressures in Inpatient Care Unit, increasing acute admissions and the need for enhanced observations. Long Term Sick is also being reported as a rising pressure. Action plans to improve absence management are being developed.

5.2.5 This is offset by underspends in a number of services largely due to periods of vacancies and turnover (£2.570m). Recruitment is ongoing.

### **5.3 Older People and Physical Disability**

5.3.1 Net expenditure is overspent by £4.232m.

5.3.2 Purchased Care Homes is £2.668m overspent due to increased placements, linked to demand, resulting in the non-delivery of a planned saving for 2018/19.

5.3.3 Employee costs within Older People is overspent by £3.497m. The re-integration of Cordia LLP to GCC has resulted in an employee costs pressure of £2.523m within homecare. In addition overspends are continuing within Area Services Fieldwork £0.636m due to lower expected levels of staff turnover and agency and overtime in Residential and Day Care £0.756m. This relates to the use of agency and overtime due to staff absence and additional supports to individual residents requiring end of life care. Also Mental Health services are overspent by £0.277m with respect to inpatient ward nursing pressures. This has been partially off-set with underspends in a number of services largely due to periods of vacancies and turnover (£0.655m).

5.3.4 The demand for beds in Darnley, Quayside and offsite purchases, accommodating adults with incapacity ('AWI') continues in 2018/19 with an overspend of £0.480m reported year to date. The 2018/19 budget approved in March recognized that the pressure in this area was higher than the funding identified. This pressure is currently mitigated in part by an underspend of £0.424m via a review currently underway of older people mental health and continuing care beds.

5.3.5 Personalisation is overspent £0.376m, this is offset with an underspend in traditional Supported Living (£1.269m) and Older People Purchased Day Care (£0.423m). These underspends being a consequence of the introduction of personalisation 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 (£0.916m) and relates mainly to the recovery of overpayments of Physical Disability Direct Payments and an increase in incapax and interim funders within Older People.

## **5.4 Resources**

- 5.4.1 Net expenditure is underspent by £0.763m.
- 5.4.2 Staffing is underspent by £0.481m as a result of turnover throughout the year in areas including Admin/Business Support, Senior Management, Planning and Finance Services.
- 5.4.3 Supplies and Services is underspent by £0.229m due to slippage across a number of areas including Accommodation, Planning, Senior Management and Primary Care Clinical Directors, together with provision to reflect additional income expected from NHS Lanarkshire which reflects activity in this area. This is partly offset by additional investment in infrastructure to support service delivery.
- 5.4.4 Income over-recovered by £0.106m in respect of prior year accrual.

## **5.5 Prescribing**

- 5.5.1 Prescribing is showing a breakeven position at Month 10.
- 5.5.2 The removal of the risk share arrangements in 2018/19 requires the IJB to deal with over and underspends. Monitoring arrangements have been put in place, and shows that Glasgow City is showing a small overspend of £0.899m. The prescribing budget includes an element for contingency to assist with the management of risk such as global prices and this contingency can accommodate this overspend. The requirement for this contingency will continue to be monitored, with earmarking to reserves being considered, where this is appropriate.
- 5.5.3 This will continue to be closely monitored and will be the subject of future updates to the IJB.

## **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 £0.172m lower than budget to date. A probable outturn has been completed and is projecting a year end underspend of £2.046m, subject to the use of reserves to fund the overspend in Homecare Services and the receipt of Scottish Government funding for Housing First. The overall position has been kept under review and it is anticipated that the projected year end underspend will improve further at the year end. In addition to this it is anticipated that some of the Scottish Government funding received in areas including ADP, Action 15 and Primary Care will require to be carried forward and earmarked to enable the IJB to deliver on these commitments moving forward. 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 IJB'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. General reserves will be required to fund the IJB's share of the cost pressures for 2018/19 as a result of services which have transferred from Cordia LLP.
- 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.

## **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	270319-18-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
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: 060219-10-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.
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	8 May 2019



Glasgow City Integration Joint Board

Budget Monitoring Statement to end January/Period 11 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
151,247	2,303	148,944	Children and Families	115,779	120,329	-4,550
323,282	47,475	275,807	Adult Services	218,271	217,308	963
297,801	19,806	277,995	Older People Services	215,972	211,740	4,232
49,846	2,743	47,103	Resources	31,149	31,912	-763
17,797	18,637	-840	Criminal Justice	-1,522	-1,456	-66
128,701	0	128,701	Prescribing	104,965	104,965	0
195,380	9,114	186,266	Family Health Services	154,373	154,350	23
7,040	108	6,932	Other Services	5,302	5,313	-11
<b>1,171,094</b>	<b>100,186</b>	<b>1,070,908</b>	<b>Total</b>	<b>844,289</b>	<b>844,461</b>	<b>-172</b>

	Funded By :-
394,394	Glasgow City Council
674,681	NHS Greater Glasgow & Clyde
1,833	Drawdown of Earmarked Reserves
<b>1,070,908</b>	

Add Transfer to Reserves			<b>172</b>
Net Balance			<b>0</b>

Budget Variance by Subjective Analysis

Annual Budget		Actual to Date	Budget to Date	Variance to Date
£000	Expenditure	£000	£000	£000
379,889	Employee costs	300,991	301,322	-331
25,077	Premises Costs	11,120	10,399	721
5,851	Transport Costs	4,782	4,405	377
78,711	Supplies and Services	51,613	52,157	-544
326,758	Third party Costs	263,397	262,475	922
29,897	Transfer Payments	21,041	20,490	551
830	Capital Financing Costs	0	0	0
128,701	Prescribing	104,965	104,965	0
195,380	Family Health Services	161,919	161,897	22
<b>1,171,094</b>	<b>Total Expenditure</b>	<b>919,828</b>	<b>918,110</b>	<b>1,718</b>
<b>100,186</b>	<b>Income</b>	<b>75,556</b>	<b>73,666</b>	<b>1,890</b>
<b>1,070,908</b>	<b>Net Expenditure</b>	<b>844,272</b>	<b>844,444</b>	<b>-172</b>

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. <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35267&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35267&amp;p=0</a>	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: <ul style="list-style-type: none"> <li>Implement the 2016-17 Commissioning and Procurement Strategy for the Glasgow City Health and Social Care Partnership as outlined at <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33437&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33437&amp;p=0</a></li> <li>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</li> </ul>	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 <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33440&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33440&amp;p=0</a>	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 <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33909&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33909&amp;p=0</a>	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 ( <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35270&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35270&amp;p=0</a> ), 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 ( <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35273&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35273&amp;p=0</a> )	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 ( <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35278&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35278&amp;p=0</a> )	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 ( <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35279&amp;p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35279&amp;p=0</a> ), 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/accommodation to re-provision the services currently provided at Clyde Place, and ensure the new accommodation 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, NHSG&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	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
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	
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	Previous	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	



Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
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	
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 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	Previous	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	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
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 Transformational 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	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
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	
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. <i>(Note: Letters subsequently received and tabled at meeting - available via web-link).</i>	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

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
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	Previous	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	Previous	Yes	240118-11-a
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)

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
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	Previous	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	Previous	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
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 Redesign 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	
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	Current	No	
190918-9-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	Current	Yes	200618-6-a
190918-10-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	Current	No	
190918-11-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	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
190918-12-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	Current	No	
190918-13-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	Current	No	
190918-14-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	Current	No	
190918-15-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	Previous	Yes	210318-13-a
071118-6-a	07-Nov-18	Cordia Transfer Update	Council only	Glasgow City Council is directed to deliver Homecare and associated services, noting a 50% contribution to the 2018/19 forecasted overspend will be provided by the IJB, on the basis that Glasgow City Council provides the remaining 50% contribution.  Glasgow City Council is directed to consider future funding requirements as part of the 2019/20 revenue budget exercise.	The IJB delegates an additional £3.3m from reserves to support Homecare service delivery in 2018-19.	Apr-19	Current	No	
071118-7-a	07-Nov-18	Mental Health Strategy and Implementation	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the plans outlined in this report.	As outlined in this report and appendix.	Oct-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
071118-8-a	07-Nov-18	Tender for Specialist Care Home Service to Support People with Learning Disability requiring Complex Care	Council only	Direct the Council to advertise the requirement for a 15 bed specialist care home to support people with learning disabilities requiring complex care, and provide an options paper back to the IJB once the procurement exercise is complete	The estimated annual recurring cost of this service is circa £2.7 million. This will be funded from Health Board Resource Transfer available for Long Stay Tier 4 patients, current budget provision for existing service users which will transfer with them, and new demand assumptions.  This financial framework will require service users identified for the service to match these funding assumptions.  Non recurring startup costs will require to be identified.	Oct-19	Current		
071118-9-a	07-Nov-18	Changes to Frail Elderly Continuing Care	Health Board only	Work in partnership with Glasgow City HSCP to deliver the proposed changes to the provision of continuing care and AWI as outlined in the paper.	£4.1m has been identified for Glasgow City within the financial framework.	Oct-19	Current	No	
071118-10-a	07-Nov-18	Acquired Brain Injury Unit - Greenfield Park	Council only	Direct Glasgow City Council to progress appropriate contractual arrangements for a further 3 years.	This financial commitment will be managed within existing budget resources for purchased care home provision.	Oct-19	Current	No	
071118-11-a	07-Nov-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 and 2.	As outlined in Appendix 1 and 2 of the report.	Dec-18	Previous	Yes	190918-15-a
121218-6-a	12-Dec-18	Resource Allocation for Adults Eligible for Social Care Support: Updated Policy Framework	Council only	In the context of the eligibility criteria previously agreed by GCC for access to social care, the Council are directed to implement GCHSCP's revised 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	Sep-19	Current	Yes	200618-8-a
121218-7-a	12-Dec-18	Primary Care Improvement Fund: Planned Expenditure 2018-19	Health Board only	To recruit the required staff and commission the required services.	Subject to the form of the Primary Care Improvement Fund allocated by Scottish Government to IJBs.	Jun-19	Current	No	
121218-8-a	12-Dec-18	Alcohol and Drug Partnership: Priorities for Additional Investment	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the plans outlined in this report.	As outlined in the report	Oct-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
121218-9-a	12-Dec-18	Glasgow City HSCP Workforce Plan	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to align future iterations of the Workforce Plan to the timescales of the HSCP Strategic Planning cycle and to progress the actions outlined in the Action Plan at Section 5 of the Workforce Plan.	Existing care group budget allocations	Dec-19	Current	Yes	210617-13-a
121218-10-a	12-Dec-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.	Feb-19	Previous	Yes	071118-11-a
060219-6-a	06-Feb-19	Update on the Award of the 2019 Social Work Framework Agreement for Selected Purchased Social Care Supports	Council only	Glasgow City Council is directed to implement the 2019 Framework and the prioritisation for the Central Review Team as prescribed in section 5 of this report. Glasgow City Council are further directed to allocate the funding outlined in section 4.1 of this report (£0.6m) to meet the identified costs of increasing the rates paid for care and support under the 2015 Framework rates to the minimum threshold rate set for the 2019 Framework.	£0.6m	Feb-20	Current	Yes	210318-11-a
060219-7-a	06-Feb-19	Glasgow Rapid Rehousing Transition Plan 2019/20 - 2023/24	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the Rapid Rehousing Transition Plan that has been submitted to the Scottish Government following confirmation of approval of the Plan by the Scottish Government.	Within existing resources	Feb-20	Current	No	
060219-8-a	06-Feb-19	Health and Social Care Integration 2018 - Audit Scotland	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to take forward the completion of the draft action plan, including any amendments made to it, as it relates to activity within the remit of the IJB/HSCP.	Within existing resources	Feb-20	Current	No	
060219-9-a	06-Feb-19	Assisted Home Garden Maintenance	Council only	Glasgow City Council (through Land and Environmental Services) are directed to utilize non-recurring funding allocated by the IJB to continue to deliver the Assisted Home Garden Maintenance Service for the first 6 months of the 2019/2020.  Glasgow City Council (through Land and Environmental Services) are further directed to engage with the current recipients of the Assisted Home Garden Maintenance Service in order to assess impact and develop alternative options, by 1 October 2019, to mitigate any negative impact from the withdrawal of this service.	£520,000 non-recurring funding has been allocated by the IJB to carry out the direction in relation to continuation of the Assisted Home Garden Maintenance Service for the first 6 months of the 2019/2020.	Oct-19	Current	Yes	200917-14-a
060219-10-a	06-Feb-19	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	Mar-19	Current	Yes	121218-10-a

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
270319-7-a	27-Mar-19	Consultation on Strategic Plan 2019-2022	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to publish and implement the Strategic Plan 2019-22 subject to the approval of the budget allocation outlined in the Medium Term Financial Outlook to be published in March 2019.	Within existing resources subject to approval of the Medium Term Financial Outlook to be published in March 2019.	Mar-20	Pending	No	
270319-8-a	27-Mar-19	Medium Term Financial Outlook 2019-22	Both Council and Health Board	The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes.  Both Partners are requested to consider this Medium Term Financial Outlook as part of their annual budget process for 2020 – 21 and 2021 – 22.	Not relevant at this stage.	Mar-20	Pending	No	
270319-9-a	27-Mar-19	IJB Financial Allocations and Budgets 2019-2020	Both Council and Health Board	Glasgow City Council is directed to spend the delegated net budget of £433,074,600 in line with the Strategic Plan and the budget outlined within this report. Glasgow City Council is also directed to jointly develop a financially sustainable solution for both Homecare and Housing First by September 2019 with update reports to the IJB on 27 June 2019 and 18 September 2019.  NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £805,007,000 in line with the Strategic Plan and the budget outlined within this report.	The budget delegated to NHS Greater Glasgow and Clyde is £805,007,000 and Glasgow City Council is £433,074,600 as per this report.	Apr-20	Pending	No	
270319-10-a	27-Mar-19	The Introduction of Free Personal Care for Under 65s	Council only	Glasgow City Council is directed to utilise the £3.696 million allocated by the Scottish Government to support the implementation of Free Personal Care to Under 65's	The introduction of Free Personal Care has been allocated £3.696 million from Scottish Government.	Apr-20	Pending	No	
270319-12-a	27-Mar-19	Scottish Living Wage Settlement	Council only	Council is directed to vary Glasgow Purchased Service contracts by an additional 2.3% for those Providers who have agreed to pay the living wage, and for Direct Payment recipients. Excluded from this award will be those services governed by national contracts, such as the National Care Home Contract (details are included in a separate report to the IJB) and Scotland Excel. Also excluded from this award will be services provided by the Purchased Services Framework 2019.	The proposal to increase rates by 2.3% will cost an additional £3,700,000. Funds have been made available within the Scottish Government settlement for 2019/20.	Oct-19	Pending	No	
270319-13-a	27-Mar-19	Glasgow City HSCP Workforce Plan	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to align future iterations of the Workforce Plan to the timescales of the HSCP Strategic Planning cycle and to progress the actions outlined at Section 3 of the Workforce Plan.	Within existing resources (taking into account additional investment committed by the Government to develop the mental health workforce over the next 5 years).	Mar-20	Pending	Yes	121218-9-a

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
270319-14-a	27-Mar-19	Proof of Concept: Turning Point Scotland Transformational Change Proposal	Both Council and Health Board	Glasgow City Council is directed to conclude negotiations with Turning Point Scotland in relation to modification of the existing Glasgow Drug Crisis Centre (GDCC) and Link-up (alcohol crisis intervention) services to deliver an integrated service from one location as a test of concept approach pending future formal procurement process  Direct the Health Board to commence formal recruitment of Medical Officer.	GDCC - £1,634,986 (£842,464 Health Board resource transfer) Link Up - £926,327.69	Mar-20	Pending	No	
270319-15-a	27-Mar-19	GGC Review of Health and Social Care Out of Hours - Urgent Care Resource Hub Proposal	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to progress the options appraisal and further refinement of the proposed model for out of hours and urgent care in the community and to complete the development of proposals for approval by the IJB that comply with the recommendations of the Ritchie report.	Within existing resources	Mar-20	Pending	Yes	091216-9-a
270319-16-a	27-Mar-19	Adult Services Transformational Change Programme: Integration of Learning Disability Services	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are jointly directed to carry out a 'test for change' within North East Glasgow's LD services to inform the future roll-out of integrated community learning disability teams across the city, including an effective mechanism for gathering service user and carer views on their experience of integrated services.  Glasgow City Council and NHS Greater Glasgow and Clyde are further directed to carry out an option appraisal during 2019 to inform the viability of replacing GCHSCP's LD day centres at Riddrie and Carlton with new build accommodation and, on completion, present recommendations back to the IJB.	Within existing resources	Mar-20	Pending	No	
270319-17-a	27-Mar-19	Care Services Contingency Planning - Equal Pay	Council only	Glasgow City Council are directed to urgently progress the recruitment of c400 care at home staff as set out in 3.3 above, and to ensure that Council employees and resources are appropriately supported within the HSCP to further develop the Equal Pay Contingency Plan of the HSCP.	Within existing resources	Mar-20	Pending	No	
270319-18-a	27-Mar-19	Budget Monitoring Report	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.	May-19	Pending	Yes	060219-10-a



# Item No: 19

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## 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 3 PERFORMANCE REPORT 2018/19

<b>Purpose of Report:</b>	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2018/19.
<b>Background/Engagement:</b>	The IJB have previously agreed that a Performance report would be produced and presented to them on a quarterly basis.
<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the attached performance report for Quarter 3 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:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
<b>Personnel:</b>	None

<b>Carers:</b>	Operational performance in respect to carers is outlined within the carers section of the attached report.	
<b>Provider Organisations:</b>	None	
<b>Equalities:</b>	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.	
<b>Fairer Scotland Compliance:</b>	N/A	
<b>Financial:</b>	None	
<b>Legal:</b>	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.	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	None	
<b>Sustainable Procurement and Article 19:</b>	None	
<b>Risk Implications:</b>	None	
<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.	
<b>Direction Required to Council, Health Board or Both</b>	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 3 2018/19.

## **2. Background**

- 2.1 The Integration Joint Board noted an initial draft performance report on 21<sup>st</sup> 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 3 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, Audit and Scrutiny 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 3 of 2018/19.



# **CORPORATE PERFORMANCE REPORT**

**(Integration Joint Board)**

**QUARTER 3  
2018/19**





# CONTENTS

<b>SECTION</b>	<b>PAGE NUMBER</b>
<b>Performance Summary</b>	<b>8</b>
<b>Older People</b>	<b>17</b>
<b>Unscheduled Care</b>	<b>19</b>
<b>Carers Services</b>	<b>59</b>
<b>Children's Services</b>	<b>24</b>
<b>Adult Mental Health</b>	<b>26</b>
<b>Criminal Justice</b>	<b>28</b>
<b>Human Resources</b>	<b>30</b>
<b>Business Processes</b>	<b>33</b>

## 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	
	<b>RED</b>	Performance misses target by 5% or more	▲	Improving
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	<b>GREEN</b>	Performance is within 2.49% of target	▼	Worsening
	<b>GREY</b>	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 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q3
										
Older People (No. and %)	<b>3</b> 50%		<b>2</b> 33.3%	<b>1</b> 16.7%	<b>2</b> 33.3%	<b>1</b> 16.7%	<b>2</b> 33.3%	<b>1</b> 16.7%	<u>Red ⇌ Green</u> 2. Number of people in supported living services 3. % service users who receive a reablement service following referral for a home care service (Community). <u>Green ⇌ Red</u> 4. % service users who receive a reablement service following referral for a home care service (Hospital). <u>Green ⇌ Amber</u> 13. Percentage of intermediate care users transferred home	
Primary Care (No. and %)			<b>1</b> 100%				<b>1</b> 100%		No changes in status.	
Unscheduled Care (No. and %)	<b>4</b> 80%		<b>1</b> 20%		<b>4</b> 80%		<b>1</b> 20%		No changes in status.	

Carers (No. and %)			<b>1</b> 100%				<b>1</b> 100%		No changes in status for existing indicators.
Children's Services (No. and %)	<b>1</b> 16.6%		<b>5</b> 83.4%		<b>1</b> 16.6%		<b>5</b> 83.4%		No changes in status for existing indicators.
Adult Mental Health (No. and %)	<b>3</b> 75%		<b>1</b> 25%		<b>3</b> 75%		<b>1</b> 25%		No changes in status for existing indicators.
Alcohol & Drugs (No. and %)			<b>1</b> 100%				<b>1</b> 100%		No changes in status for existing indicators.
Homelessness (No. and %)			<b>1</b> 50%	<b>1</b> 50%			<b>1</b> 50%	<b>1</b> 50%	No changes in status for existing indicators.
Criminal Justice (No. and %)	<b>1</b> 50%		<b>1</b> 50%		<b>2</b> 100%				<b>Green ⇨ Red</b> 2. % Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
Health Improvement (No. and %)	<b>1</b> 16.7%		<b>3</b> 50%	<b>2</b> 33.3%			<b>4</b> 66.7%	<b>2</b> 33.3%	<b>Red ⇨ Green</b> 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
Human Resources (No. and %)	<b>2</b> 100%				<b>2</b> 100%				No changes in status for existing indicators.
Business Processes (No. and %)	<b>2</b> 40%	<b>1</b> 20%	<b>2</b> 40%		<b>2</b> 40%	<b>2</b> 40%	<b>1</b> 20%		<b>Red ⇨ Amber</b> 2. % NHS Stage 2 Complaints responded to within timescale. <b>Green ⇨ Amber</b> 3. % Social Work Stage 1 Complaints responded to within timescale <b>Amber ⇨ Red</b> 5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
<b>TOTAL</b> (No. and %)	<b>17</b> 41.5%	<b>1</b> 2.4%	<b>19</b> 46.3%	<b>4</b> 9.8%	<b>16</b> 39%	<b>3</b> 7.3%	<b>18</b> 43.9%	<b>4</b> 9.8%	<b>9 Changes in Status</b>










## 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
<b>Older People</b>				
1. Number of community service led Anticipatory Care Plans in Place.	900 for 2018/19	Q3		▶
2. Number of people in supported living services.	830 by the end of 2018/19	Q3	845 	▲
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 10	71.2% (Hosp)  78% (Comm) 	▼ Hospital ▲ Community
4. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Nov 18	16 	▼
5. Intermediate Care: Percentage of users transferred home.	>30%	Dec 18	28% 	▼






Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q2	 78.12%	▼
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19 (16,461/month)	To Oct	17,848 monthly average 	▲
2. Number of emergency admissions (All ages)	75,750 for 18/19 (6312/month)	Q2	5880 monthly average 	▲
3. Total number of Acute Delays	20	Nov 18	42 (exc AWI) 22 (AWI) 	▼
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19 (833 per month)	Dec 18	1364 monthly average 	▲
5. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 18/19 (159 per month)	Dec 18	346 monthly average 	▼



Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Carers</b>				
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	Q3	448 	▼
<b>Children's Services</b>				
1. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	Oct 18	NE - 97%  NW - 94%  S - 97% 	NE ▼ NW ▼ S ▼
2. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 18	87.8% 	▼
3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q3	74% 	▶
4. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q3	52 	▶
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q2	92.6% 	▼
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q2	96.0% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 18	NE 75.4%  NW 87.3%  South 96.8% 	NE  NW  South 
2. Total number of Adult Mental Health delays	0	Nov 18	12 (exc AWI) 6 (AWI) 	
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q2	98% 	
<b>Homelessness</b>				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q2	85 	
2. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q4 (2017/18)	65.5% 	
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q3	73% 	
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q3	70% 	

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	2532 (to Q2)	Q3	3776 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Q2	623 	▲
3. Women smoking in pregnancy (general population)	13%	Q3 18/19	10.3% 	▲
4. Women smoking in pregnancy (most deprived quintile).	19%	Q3 18/19	18.6% 	▼
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% 	▶
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Sep 18	6.99% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q3	4 ADL 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Business Processes</b>				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q3	95.6% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q3	67% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q2	68% 	▼
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q2	58% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q2	72% 	▼

## 1. OLDER PEOPLE

<b>Indicator</b>	3. Percentage of service users who receive a reablement service following referral for a home care service.
<b>Purpose</b>	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. It should be noted, however, that this function now lies with Cordia. Information is reported for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Referral Source	Target	16/17	17/18	18/19	18/19	18/19		
		Q4	Q4	Q1	Q2	Q3		
		Per 13b	Per 13b	Per 4	Per 7	Per 8	Per 9	Per 10
Hospital Discharges	75%	73.4% (G)	72.8% (A)	77.9% (G)	74.7% (G)	74.4% (G)	73.6% (G)	71.2% (R)
Community Referrals	75%	76.5% (G)	78.2% (G)	77.6% (G)	70.2% (R)	68.7% (R)	73.2% (G)	78.0% (G)

### Performance Trend

Performance is reported for both hospital discharges and community referrals. Performance moved from GREEN to RED for hospital discharges and RED to GREEN for community referrals between the end of Q3 and Period 10.

### Actions to Improve Performance

The demographic is changing and with more consideration for additional resources and complex care with some reablement potential, this may be a sign of the changing picture within homecare. However this continues to be featured in our continuous improvement plan and scrutiny of decision making occurs within team meetings and at individual supervision sessions. Reviewing the training provided and ensuring a programme of refresher training should ensure tighter decision making and consideration of different goals and outcomes that can be achieved via reablement which should influence screening and assessment decision making.

### Timeline for Improvement

Action is contained within the continuous action plan for improvement and will be monitored every period. Training review is ongoing with industrial action and winter pressures having an impact on the timescales Improvements should be delivered throughout quarter 4.

<b>Indicator</b>	4. Total number of Older People Mental Health patients delayed (Excluding AWI)
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18
0	City	11 (R)	11 (R)	16 (R)	10 (R)	19 (R)	15 (R)	16 (R)
	NE	0 (G)	0 (G)	5 (R)	4 (R)	7 (R)	8 (R)	2 (R)
	NW	7 (R)	1 (R)	4 (R)	3 (R)	7 (R)	6 (R)	6 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	5 (R)	1 (R)	8 (R)
<b>Performance Trend</b>								
Numbers vary across localities and over time and have remained RED. South has had the highest number of delays over the period shown though reduced in August 2018.								
<b>Actions to Improve Performance</b>								
Our performance in this area remains a concern and improvement plans are in place. There continues to be 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. There is an ongoing challenge in sourcing suitable placements for patients in the local care home market. Work will continue to ensure reductions going forward.								
<b>Timeline for Improvement</b>								
Improvements towards meeting the target are anticipated by the end of Q4 in 2018/19								

## UNSCHEDULED CARE

<b>Indicator</b>	1. New Accident and Emergency (A&E) attendances (All ages)
<b>Purpose</b>	To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs). Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 3.
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Glasgow	18/19 Target	15/16		16/17		17/18		18/19 Actual	
		Number	Monthly average	Number	Monthly average	Number	Monthly average	Number	Monthly average
	197,542 (16,461/month)	201,573	16,798	201,768	16,814	205,642	17,136	124,939 (To Oct)	17,848 (R)
<b>Performance Trend</b>									
<p>The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance is monitored against this.</p> <p>The number of attendances have risen over the last three years and to October 2018, this increase has continued with the monthly average in excess of the target. This increase is consistent across GG&amp;C as a whole.</p>									
<b>Actions to Improve Performance</b>									
<p>There is a Board wide unscheduled care improvement programme in place which includes a number of actions to manage more care on a planned basis. A&amp;E attendances have been increasing both nationally and in GG&amp;C. Work is underway to understand why this is case, and to differentiate between emergency and urgent care so patients get the right treatment at the right time. The HSCP continues to work closely with acute colleagues to try and reduce attendances, and with primary care is looking at different approaches.</p>									
<b>Timeline for Improvement</b>									
<p>Trends will be monitored and reported regularly. An updated MSG trajectory for 2019/20 is in preparation with other HSCPs.</p>									

<b>Indicator</b>	3. Total number of Acute Delays.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Target	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18
North East		10	23	14	11	26	14
North West		6	15	8	10	25	11
South		14	12	22	20	32	17
<b>Sub-Total (Included Codes)</b>		<b>30</b>	<b>50</b>	<b>44</b>	<b>41</b>	<b>83</b>	<b>42</b>
North East		2	2	2	2	3	4
North West		5	4	3	3	2	4
South		4	4	9	7	10	14
<b>Sub-Total (Complex Codes)</b>		<b>11</b>	<b>10</b>	<b>14</b>	<b>12</b>	<b>15</b>	<b>22</b>
<b>All Delays</b>	<b>20</b>	<b>41</b> <b>(R)</b>	<b>60</b> <b>(R)</b>	<b>58</b> <b>(R)</b>	<b>53</b> <b>(R)</b>	<b>98</b> <b>(R)</b>	<b>64</b> <b>(R)</b>

#### Performance Trend

Numbers vary across localities and over time and have fallen in November having risen in October.

#### 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. The increase in May can be attributed to an associated spike in referrals to the HSCP. Some of these delays extended to a few days only with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans.

#### 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. The Home is Best Team has now been established which has resulted in a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues.



<b>Indicator</b>	4. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Oct 18	Nov 18	Dec 18	Year to Date	Monthly average
<b>HSCP</b>	<b>21,288</b>	<b>15,557</b>	<b>10,982</b>	<b>10,000 (833/ month)</b>	<b>1479</b>	<b>1138</b>	<b>1196</b>	<b>12,273 (R)</b>	<b>1,364 (R)</b>
<b>NE</b>	5777	4058	3002	N/A	470	381	349	3791	421
<b>NW</b>	8034	6406	3372	N/A	409	217	335	3393	377
<b>S</b>	7477	5093	4608	N/A	600	540	512	5089	565

#### Performance Trend

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).

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 7 below). During 2018/19, they have increased, with a monthly average of 1364 (compared with an average of 915 for 17/18). The monthly average has, however, fallen since the last report (was 1384).

#### 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 and this is expected to reduce over the coming months.

The increase in beds days lost this financial year is primarily attributed to higher complex discharge referral numbers with the majority of delays being 5 days or less. The HSCP actions include the recent introduction of Home is Best Team - a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues to expedite discharge arrangements. Delays performance and improvements actions continues to be closely monitored via a weekly Operational delays meeting.

### **Timescale for Improvement**

Improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above

The whole system pressure continues to have an impact on delays performance however key actions to reduce delays include:

- Review pathway for Intermediate Care (IC) and Complex care beds via IC Improvement Plan to optimise discharge pathways (conclude April 19).
- Continue to review delays at operational team level and at weekly Delays Operational meeting to resolve complex discharge issues.
- Continue to communicate home discharge options with Acute colleagues e.g. Access to Homecare

<b>Indicator</b>	5. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
<b>Purpose</b>	To monitor the extent to which acute beds are occupied unnecessarily by 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.
<b>Type of Indicator</b>	Local HSCP indicator/ Ministerial Strategic Group (MSG) Indicator 4
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Oct 18	Nov 18	Dec 18	Year to Date	Monthly average
<b>HSCP</b>	<b>10,715</b>	<b>6050</b>	<b>2098</b>	<b>1910 (159/month)</b>	<b>277</b>	<b>324</b>	<b>350</b>	<b>3116 (R)</b>	<b>346</b>
NE	3590	1647	336	N/A	16	39	56	520	58
NW	3558	2995	816	N/A	73	37	89	930	103
S	3910	1408	946	N/A	188	248	205	1666	185

#### Performance Trend

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).

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. During 2018/19, however, they have increased so far, with a monthly average of 346.

#### Actions to Improve Performance

The importance of considering 13za v's AWI decision making continues to be a focus of practice discussions. A working group has been established to ensure best practice and process associated with the ongoing review of AWI service users and effective/ongoing review of care management and legal actions required to support appropriate discharge.

#### Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above.

The AWI working group has agreed a plan to improve the flow through the AWI beds including a focus on prevention and preparation to attempt to reduce the numbers of people categorised as AWI.

There are a few themes around which action has been agreed including rigorous use of the tracker tool for monitoring individual cases as well as identifying areas where performance and timescales can be improved.

## CHILDREN'S SERVICES

<b>Indicator</b>	2. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Apr-18	Jun-18	Jul-18	Aug-18	Sep-18
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	92.6% (R)	90.3% (R)	90.6% (R)	87.8% (R)
North Glasgow	100%	100% (G)	100% (G)	99.6% (G)	99.6% (G)	98.3% (G)	98.2% (G)	97.4% (A)
South Glasgow	100%	100% (G)	100% (G)	99.4% (G)	99.5% (G)	99.4% (G)	100% (G)	99% (G)
East Glasgow	100%	100% (G)	100% (G)	91.2% (R)	90% (R)	85.8% (R)	89.3% (R)	88.1% (R)
West Glasgow	100%	100% (G)	100% (G)	84.2% (R)	81% (R)	81% (R)	79.4% (R)	71.6% (R)

### Performance Trend

Variations exist across localities and over time. Performance has remained RED for East and West Glasgow and the city since August. South Glasgow remained GREEN while North moved from GREEN to AMBER.

### 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.

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 Referral To Treatment (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**

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.

## ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral							
	HSCP Target	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
NE	90%	87.1% (A)	87% (A)	85.2% (R)	82.5% (R)	76.3% (R)	64.1% (R)	75.4% (R)
NW	90%	81.7% (R)	83.1% (R)	84% (R)	79.7% (R)	77.9% (R)	85.5% (R)	87.3% (R)
S	90%	96.5% (G)	94.7% (G)	92.7% (G)	94.7% (G)	94.7% (G)	95.4% (G)	96.8% (G)
<b>Performance Trend</b>								
Performance information now available again after the transfer over from PIMS to EMISWeb. At December, performance remains GREEN in the South; performance is now AMBER in the North West, whilst performance remains RED in the North East.								
<b>Actions to Improve Performance</b>								
<p>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/or admin vacancies, long term leave or retirements produce a significant impact on the performance of the team. 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.</p> <p>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 aware of the issues and work to provide a short term response, flexing the limited remaining resource capacity, to provide a service within the target timeframes.</p>								
<b>Timeline for Improvement</b>								
Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place performance is improving, with short term variation as issues are addressed.								

<b>Indicator</b>	2. Total number of Adult Mental Health Delays
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	Aug18	Sep18	Oct 18	Nov 18
North East		2	3	3	3	3	7
North West		1	8	4	2	2	1
South		1	7	5	3	2	1
<b>Sub-Total (Included Codes)</b>		<b>4</b> <b>(R)</b>	<b>18</b> <b>(R)</b>	<b>12</b> <b>(R)</b>	<b>8</b> <b>(R)</b>	<b>7</b> <b>(R)</b>	<b>9</b> <b>(R)</b>
North East		0	3	3	2	1	1
North West		3	4	3	2	2	0
South		0	0	0	0	0	0
<b>Sub-Total (Complex Codes)</b>		<b>3</b> <b>(R)</b>	<b>7</b> <b>(R)</b>	<b>6</b> <b>(R)</b>	<b>4</b> <b>(R)</b>	<b>3</b> <b>(R)</b>	<b>1</b> <b>(R)</b>
<b>All Delays</b>	<b>0</b>	<b>7</b> <b>(R)</b>	<b>25</b> <b>(R)</b>	<b>18</b> <b>(R)</b>	<b>12</b> <b>(R)</b>	<b>10</b> <b>(R)</b>	<b>10</b> <b>(R)</b>

<b>Performance Trend</b>
Numbers vary across localities and over time. There has been a reduction over the course of 2018.
<b>Actions to Improve Performance</b>
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 remains in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care. This activity is again interlinked with average length of stay, % bed occupancy and people being delayed in hospital.
<b>Timeline for Improvement</b>
The initial target to put in place the Strategy identified changes and effect the change remains into 2019. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes.

## CRIMINAL JUSTICE

<b>Indicator</b>	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	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 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
80%	<b>Glasgow</b>	<b>65% (R)</b>	<b>67% (R)</b>	<b>67% (R)</b>	<b>72% (R)</b>	<b>72% (R)</b>	<b>73% (R)</b>
80%	North East	<b>63% (R)</b>	<b>68% (R)</b>	<b>58% (R)</b>	<b>82% (G)</b>	<b>81% (G)</b>	<b>73% (R)</b>
80%	North West	<b>70% (R)</b>	<b>65% (R)</b>	<b>76% (R)</b>	<b>71% (R)</b>	<b>69% (R)</b>	<b>68% (R)</b>
80%	South	<b>63% (R)</b>	<b>66% (R)</b>	<b>65% (R)</b>	<b>62% (R)</b>	<b>66% (R)</b>	<b>77% (A)</b>
<b>Performance Trend</b>							
<p>At Q3 South (AMBER) was within the target range for this indicator, while performance for the other localities and city-wide remained below target and RED. 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.</p>							
<b>Actions to Improve Performance</b>							
<p>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. In addition, we have re launched reporting instructions that are to be included in every social work report to court. There is still the issue of the level 1 orders that do not require a social work report and continued work with clerks to improve signposting is part of the pilot.</p>							
<b>Timeline for Improvement</b>							
<p>We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4.</p>							
<b>B</b>							



<b>Indicator</b>	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
<b>Purpose</b>	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	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 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
85%	City	97% (G)	84% (G)	67% (R)	80% (R)	91% (G)	95% (G)	70% (R)
85%	North East	88% (G)	86% (G)	68% (R)	79% (R)	92% (G)	97% (G)	75% (R)
85%	North West	98% (G)	73% (R)	65% (R)	75% (R)	87% (G)	96% (G)	75% (R)
85%	South	100% (G)	94% (G)	66% (R)	84% (G)	94% (G)	93% (G)	62% (R)
<b>Performance Trend</b>								
At Q3 there was a significant decline in performance across all localities and city-wide with all moving from GREEN to RED.								
<b>Actions to Improve Performance</b>								
The decrease in performance is influenced by a number of factors. The festive period with reduced staffing levels, on top of existing resource pressures, prioritised the need for the service to ensure that the emphasis was on the submission of reports to court. This will have had an impact on recording delays. It is envisaged that there should be an improvement for next quarter with additional locality resourcing enabling tasks to be completed. The Team Leaders continue to monitor performance and consider whether any case requires an extension.								
<b>Timeline for Improvement</b>								
Expected improvement by next quarter.								

## HUMAN RESOURCES

<b>Indicator</b>	1. NHS Sickness absence rate (%)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Sybil Canavan, Head of People and Change

HSCP	Target	Mar -16	Mar -17	Mar-18	Aug-18	Sep -18	Oct-18	Nov-18	Dec-18
<b>Glasgow City</b>	<b>4%</b>	<b>6.3% (R)</b>	<b>6.19% (R)</b>	<b>5.42% (R)</b>	<b>6.58% (R)</b>	<b>6.14% (R)</b>	<b>6.89% (R)</b>	<b>7.52% (R)</b>	<b>6.99% (R)</b>
HSCP Central	4%	<b>5.5% (R)</b>	<b>7.24% (R)</b>	<b>6.27% (R)</b>	<b>6.96% (R)</b>	<b>7.31% (R)</b>	<b>7.08% (R)</b>	<b>6.35% (R)</b>	<b>7.48% (R)</b>
North East	4%	<b>5.8% (R)</b>	<b>6.51% (R)</b>	<b>5.99% (R)</b>	<b>7.62% (R)</b>	<b>6.7% (R)</b>	<b>7.07% (R)</b>	<b>7.77% (R)</b>	<b>6.45% (R)</b>
North West	4%	<b>6.0% (R)</b>	<b>6.45% (R)</b>	<b>5.23% (R)</b>	<b>5.46% (R)</b>	<b>6.28% (R)</b>	<b>7.18% (R)</b>	<b>7.79% (R)</b>	<b>7.76% (R)</b>
South	4%	<b>7.8% (R)</b>	<b>6.26% (R)</b>	<b>5.59% (R)</b>	<b>7% (R)</b>	<b>5.46% (R)</b>	<b>6.85% (R)</b>	<b>7.30% (R)</b>	<b>7.21% (R)</b>
Mental Health Central	4%	<b>3.3% (G)</b>	<b>2.21% (G)</b>	<b>1.41% (G)</b>	<b>3.23% (G)</b>	<b>3.47% (G)</b>	<b>3.4% (G)</b>	<b>5.9% (R)</b>	<b>5.05% (R)</b>

### Performance Trend

Variations across areas and over time. The levels of absence have risen at a city level since September. All areas have seen increases with the exception of Mental Health Central.

### Actions to Improve Performance

The absence levels for the HSCP have historically remained above the national target. Following the publication of an internal audit within NHS Greater Glasgow and Clyde, and also an increasing level of absence within the HSCP, a revised action plan has been developed and presented to the SMT and will also be presented to the Finance and Audit Committee. The main actions detailed relate to

- Continued detailed reporting with Locality Executive and Core Leadership Teams
- Individual Action plans in place for long term absence cases
- Improved access for managers to absence information to allow local reporting
- Further training on absence and Stress Awareness and an action to local Health and Safety committees to re-run Stress Audits, reflecting the primary recorded reason for absence is related to Stress
- The central Absence Support Team are engaging in North East and West inpatient areas as a priority

**Timeline for Improvement**

Absence management is a focus of on-going activity across the HSCP. Monthly information is made available to all managers and management teams regarding their own service areas, the matter is routinely discussed and also training and tool kits are in place for managers to support their processes and interactions with staff.  
The figures are reviewed monthly.

<b>Indicator</b>	2.Social Work Sickness Absence Rate (Average Days Lost)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	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 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
<b>Average Days Lost (ADL)</b>	Target 2.53	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64
<b>Glasgow City</b>	2.7 (R)	2.6 (R)	3.2 (R)	3.3 (R)	3.8 (R)	3.3 (R)	4.0 (R)
North East	3.4 (R)	2.9 (R)	4.0 (R)	4.9 (R)	5.3 (R)	4.3 (R)	4.0 (R)
North West	2.8 (R)	2.8 (R)	2.0 (G)	3.3 (R)	3.2 (R)	2.9 (R)	3.0 (R)
South	3.9 (R)	2.8 (R)	3.1 (R)	3.9 (R)	4.5 (R)	3.6 (R)	4.4 (R)

<b>Performance Trend</b>
Absence performance for quarter 3 overall has increased compared to the same quarter last year and since Q2. Long term absence continues to be the largest contributor to the Service's overall absence figures, with psychological and musculoskeletal absences being consistently high.
<b>Actions to Improve Performance</b>
Social Work continue to have a focus on attendance, addressing targeted areas where absence levels are consistently high. Yearly absence targets set continue to be challenging, however, Attendance Management Plans for the remaining year and for 2019/2020 will be reviewed, with the overall aim of reversing the current absence trend and to bring levels nearer to absence reporting 2 years ago.
<b>Timeline for Improvement</b>
With the implementation of the revised action plan, it would be anticipated that a steady improvement may be achieved by the end of 2018/19.

## BUSINESS PROCESSES

<b>Indicator</b>	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1		18/19 Q2	
		No	%	No	%	No.	%	No	%	No.	%
70%	Glasgow	30	37% (R)	32	56% (R)	37	29% (R)	30	27% (R)	33	58% (R)

### Performance Trend

This indicator is reported **one quarter in arrears**. Although RED-rated, performance in relation to this indicator increased significantly between Q1 and Q2 despite a similar volume of complaints.

Overall performance has improved significantly due to senior staff supplementing limited resources available to Rights and Enquiries Team for period running up to recruitment of new staff members. Incoming staff were expected to be heavily involved in addressing SAR backlog, and so resources have been committed to reducing Complaints backlog.

### 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 (then the Rights and Enquiries) team. These are complex and rising in numbers. Poor performance in stage 2 request handling was a product of staffing and capacity issues to be addressed through a recruitment exercise, and once new staff joined the team, the 'current' staff were expected to focus on complaints and FOI processing to address all backlogs. Slight improvement was made in Q2 however complications in relation to recruitment lessened expected impact of new staff, and further information will be provided in Q3.

### Timeline for Improvement

The team recruited 2 new senior officers, who join the team in October 2018. This was anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19, however due to complications in terms of the recruitment the impact was not as anticipated. Further details will follow in Q3.

<b>Indicator</b>	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
<b>Purpose</b>	This indicator monitors social work performance in relation to the timescale for the completion of Freedom of Information (FOI) requests; it is reported one quarter in arrears.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1		18/19 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	88	97% (A)	66	98%(G)	94	99% (G)	97	96% (A)	76	72% (R)

**Performance Trend**

This indicator is reported **one quarter in arrears**. Performance dropped significantly between Q1 and Q2 with the rating moving from AMBER to RED.

Due to limited resources and an unprecedented increase in SAR requests, FOIs were not prioritised in this period. While performance has routinely been excellent, the requirements to reallocate resources elsewhere and the change in the structure of the team, couple with an ongoing long-term absence led to reduced compliance over this quarter.

**Actions to Improve Performance**

While numbers of FOI requests have reduced, performance has also fallen due to increasing pressures on other areas. The expected return of one staff member from long term absence takes place in October 2018, and while this was expected to alleviate pressure on the team and lead to an improvement in FOI compliance, complications in relation to the staff member in question and their impact on figures will be covered in Q3 report.

**Timeline for Improvement**

The return and addition of staff were expected to ensure improved compliance in 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2018/19, full information in relation to Q3 to follow.



# Item No: 20

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Stephen Fitzpatrick, Assistant Chief Officer, Older  
People's Services and South Operations

**Tel:** 0141 276 5627

### GLASGOW CITY HSCP'S DELAYED DISCHARGE PERFORMANCE IN THE ACUTE HOSPITAL SYSTEM

<b>Purpose of Report:</b>	This report outlines Glasgow City HSCP's delayed discharge performance; and actions being taken to optimise future performance.
---------------------------	---

<b>Background/Engagement:</b>	No specific engagement activity undertaken in preparation for this report.
-------------------------------	--

<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) Note Glasgow City HSCP's delayed discharge performance; b) Note the deterioration in performance over the past year, following sustained improvement over a 6 year period; c) Note the risk factors in relation to future performance improvement; and d) Note the improvement activities being undertaken by the HSCP to drive future performance.
-------------------------	---

#### Relevance to Integration Joint Board Strategic Plan:

Minimising delayed discharges contributes to the efficient performance of the Acute sector and is a strategic priority within the IJB's Strategic Plan.

#### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Particularly relevant in relation to indicators 2, 3, 4 and 9.	
<b>Personnel:</b>	No particular implications.	
<b>Carers:</b>	No particular implications.	
<b>Provider Organisations:</b>	No particular implications.	
<b>Equalities:</b>	No particular implications.	
<b>Fairer Scotland Compliance:</b>	Not applicable.	
<b>Financial:</b>	Is material to the wider debate around set aside.	
<b>Legal:</b>	No particular implications.	
<b>Economic Impact:</b>	Not applicable.	
<b>Sustainability:</b>	Not applicable.	
<b>Sustainable Procurement and Article 19:</b>	Not applicable.	
<b>Risk Implications:</b>	Delayed discharges present a risk to the efficient running of the Acute system.	
<b>Implications for Glasgow City Council:</b>	High hospital discharge demand impacts on social care budgets, particularly home care and purchased care home budgets.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Improved delayed discharge performance is a strategic priority for NHSGGC.	
<b>Direction Required to Council, Health Board or Both</b>	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 This report outlines Glasgow City HSCP's delayed discharge performance and actions being taken to optimise future performance.

## 2. Definition and Description

- 2.1 The Scottish Government Information and Statistics Division (ISD) defines a delayed discharge as:

*“when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place”.*

- 2.2 The Scottish Government's timescale target for a delayed discharged has significantly evolved over recent years, reducing from 6 weeks to 4 weeks to 2 weeks and ultimately to 72 hours. NHSGGC applies a more stringent definition of a delay than Scottish Government, namely, it logs patients on the system from the moment a person is declared fit for discharge from hospital.

- 2.3 The HSCPs' delayed discharge performance is generally taken to refer to discharges from the Acute hospital sector.

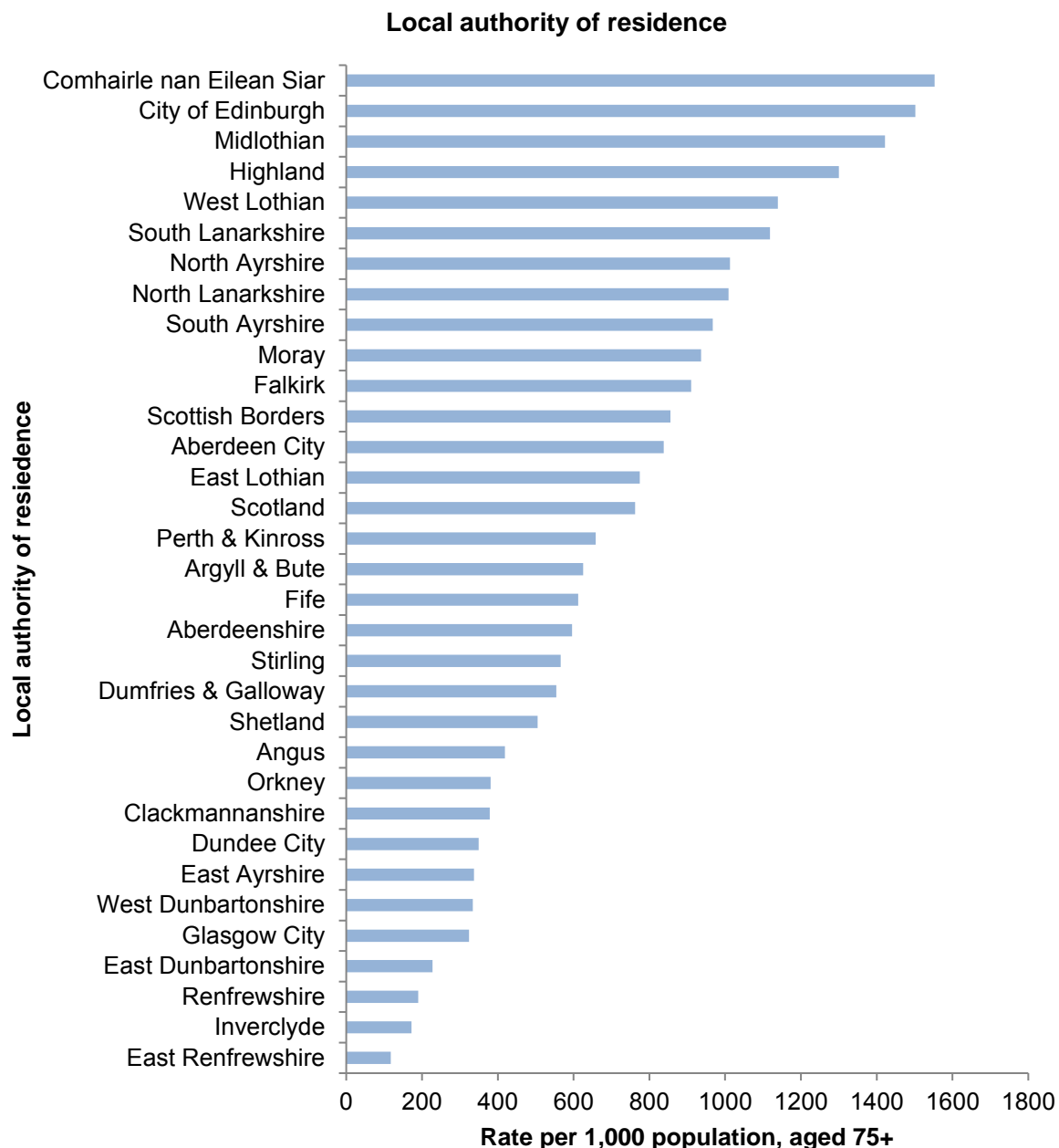
- 2.4 Delayed discharges also occur from the in-patient facilities managed by the HSCP sector, including adult mental health, older people's mental health and tier 4 learning disability. However, these delays are not a focus for this report as they have no impact on Acute sector performance. The Scottish Government's delayed discharge target is not applied to this population for that reason.

- 2.5 Assurance can be provided however, that delays in these sectors continue to be subject to their own scrutiny under the auspices of the 5 year mental health strategy, review of Older People's Mental Health (OPMH) and review of tier 4 beds.

- 2.6 The HSCPs' performance management arrangements focus on 3 distinct patient cohorts, each of which tend to be delayed for distinctive reasons:

- i) Aged 65+ frailty – this is the highest volume patient cohort typically involving people aged 75+ with increasing frailty and multi-morbidities. This group accounts for the highest number of delays, but these are typically of a short duration, no more than 3-4 days. As a consequence there is a high turnover in this group; i.e. this is largely a completely different group of individual patients from week to week, even if the headline numbers remain largely unchanged.
- ii) Adults aged 18-64 – this is a much smaller cohort, characterised by a mixture of short (e.g. securing homeless accommodation) and longer-term delays (e.g. specialist community placements require to be commissioned due to unusually complex needs).

- iii) Adults with Incapacity (AWI) – the numbers in this cohort are steadily increasing over recent months. Of the three patient cohorts AWI delays place the greatest strain on the Acute system as they typically involve delays of many months whilst guardianship powers are pursued to enable the patient to be moved to another location (invariably a care home) in line with legal requirements.
- 2.7 Appendix 1 details some typical case studies relating to each of these sub-groups.
- 2.8 Related to these differences, bed days lost to delayed discharges is a more meaningful measure of whole system performance than the number of individual patients delayed. For example, a single 65+ frailty delay will typically account for 3-4 bed days lost, whilst an AWI-related delay may result in 200-300 bed days lost. In that sense two delayed discharges can have quite fundamentally different implications for the running of the Acute system.
- 2.9 The charts below provide an illustration of the HSCPs' performance within Greater Glasgow and Clyde compared to all other HSCPs over time:



- In GGC, over the past year there has been a reversal in the downward trend experienced since 2011. This is consistent with the pattern across Scotland, with the Scottish Government indicating there has been a 13% deterioration nationwide during that time.
- NHSGGC is the best performing Health Board in Scotland in respect of delayed discharges. There is unlikely to be a better performing Health authority across the UK.

### 3. Issues for Consideration

3.1 No definitive explanation has been provided for the pattern of deterioration in performance in both GGC and across Scotland over the past year.

- 3.2 However, performance levels in the staple discharge services such as home care and intermediate care have remained consistent, so the explanation does not lie there.
- 3.3 Winter 2017/18 did generate high levels of demand across the entire health and care system, with flu levels the highest over recent years. Delayed discharge performance deterioration correlated directly with that additional period of demand and has yet to recover in Glasgow City in particular within GGC or across Scotland generally.
- 3.4 Over the past year we have also seen a steady increase in the number of AWI-related delayed discharges. This is considered symptomatic of the increasing complexity of need.
- 3.5 There are continuing future risks to performance, including:
- Continuing downward pressure on HSCP budgets.
  - Increasing volume and complexity of demand from an ageing population.
  - In the city, potential impacts on home care staffing levels from the equal pay settlement.
  - Prospective legal challenges from the Equality and Human Rights Commission (EHRC) in relation to the specialist AWI beds commissioned by GCHSCP on behalf of the Health Board.
- 3.6 In the face of all these factors the question arises, what realistically is the optimum shared and agreed delayed discharge performance for Greater Glasgow and Clyde? Chief Officers would contend that it can't be zero, and that it is not solely an issue for determination by the Health Board, that it is also a matter that requires engagement with IJBs and the six local authorities.

#### **4. Continuing Focus for Improvement**

- 4.1 Having already exhausted the majority room for improvement over the period since 2011 the HSCPs have now entered the phase where the potential for further improvement is more marginal.
- 4.2 Activities being undertaken to deliver those further improvements include:
- In the city, a recent increase in the capacity of specialist AWI beds from 54 to 60. These will deliver a reduction in bed days lost of around 180 per month.
  - A continuing programme of improvement in relation to Intermediate Care. This is being supported by a whole system group of relevant staff, including Acute consultants and a range of HSCP professional groups. There is a particular focus on average length of stay (ALOS) in Intermediate Care, as more efficient throughput creates greater capacity for discharge from hospital. The ALOS trend over time has been driven down by this improvement work, but this will continue to be a priority.
  - A continuing programme of improvement in relation to AWI. Again the focus is on throughput from specialist AWI beds for the same reasons as Intermediate Care. HSCP staff do not control critical elements of the AWI system, such as the activities of families, private solicitors or the timing of courts. However, this

programme brings scrutiny to what the HSCP can improve; e.g. timeous completion of reports, local authority guardianship applications etc.

- A management focus on everyday activities, including:
  - A reduction in same day (as fit for discharge) referrals from Acute – which automatically generate delays.
  - More assiduous prioritisation of delays by HSCP community staff – these are marginal, as most cases are held by the hospital-facing Home Is Best team.
  - Improved communication arrangements between ward staff and the Home Is Best team around individual patients; i.e. single points of contact, more effective networks.
  - Improved performance around the ordering of transport, polypharmacy etc.
  - The national group of Chief Officers are also currently engaged in a joint piece of work with Scottish Government to analyse practice across Scotland with a view to learning about best practice and with the intention of implementing said best practice locally.
  - Within GGC, the MFT programme inevitably, is expected also to provide a framework for whole system transformation of the health and social care environment over the next ten years.

4.3 Whilst each of these areas is being actively pursued, expectations about their impact must be placed in context. Even allowing for the deterioration in performance experienced over the past year, delayed discharges in Glasgow City for instance, accounted for 1,196 bed days lost to the Acute system in December 2018. This equated to around 40 Acute beds or 1.3 wards or **c1%** of NHSGGC's total Acute capacity.

4.4 Therefore, whilst the deterioration in delayed discharge performance for the first time in 6 years remains a concern, and has undoubtedly added to the already significant pressures on hospitals, even substantial future improvement will not deliver major additional capacity to the Acute system.

4.5 It is the case that the biggest prize in relation to improving performance is to focus on the preventative side of the health and care system. It is without any doubt that the focus of attention and resource (both in monetary and staff time) remains at the reactive end of the business i.e. discharge from hospital. Arguably and perversely, such levels of attention and resource will be having a detrimental effect on the overall performance, potential to improve and actually achieve the expected shift in the balance of care.

## **5. Glasgow City HSCP - Discharge Pathways**

5.1 A Glasgow City resident leaving hospital will typically be discharged through one of the following pathways:

- Home with no requirement for ongoing HSCP support.
- Home with HSCP home care support (reablement), directly ordered by Acute ward staff.
- To an Intermediate Care unit to enable a social work assessment to take place.
- To a specialist AWI bed (where they lack capacity).

- To a residential or nursing home, where the social work assessment has been concluded in hospital.

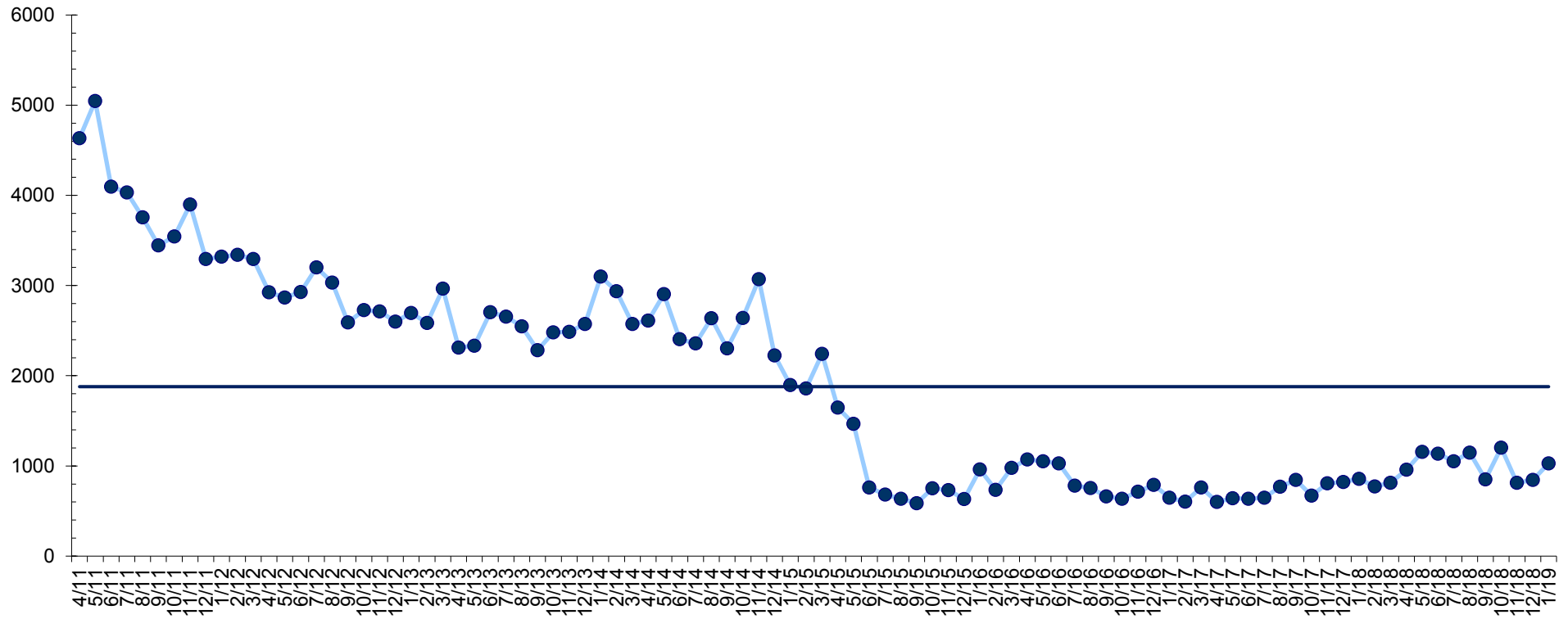
## **6. Glasgow City Performance Analysis**

- 6.1 Glasgow City HSCP routinely monitors its performance against all of the above delays, with a breakdown by patient cohort.
- 6.2 The solutions for each group tend to be distinct, requiring this discrete performance focus; e.g. the majority of 65+ frailty delayed patients will be discharged to Intermediate Care, whilst AWI delayed patients will be discharged to specialist AWI beds commissioned by the HSCP.
- 6.3 Performance is vigilantly governed through a number of mechanisms. Core is the weekly Operations Meeting chaired by a Head of Older People's Services and involving all relevant operational leads from across the system, including the Acute Discharge Team. At these meetings each Friday afternoon every current delayed discharge is reviewed by the collective to ensure that all potential solutions have been exhausted. It should be noted that the Health Board's Nurse Director attended this meeting just prior to Christmas, and noted the process to be 'well structured and thorough'.
- 6.4 In addition, daily performance reports are circulated across all relevant managers detailing current delays by patient cohort.
- 6.5 There is further formal scrutiny via IJB committees, joint performance review mechanisms with the Council and Health Board chief executives and to the Scottish Government via national key performance indicators (KPIs). In fact, delayed discharge performance is the single most heavily scrutinised component of the older people's system.

Measure

# Acute Bed Days Lost Due to Delayed Discharge - Non - AWI - Glasgow City - Apr 11 - Jan 19

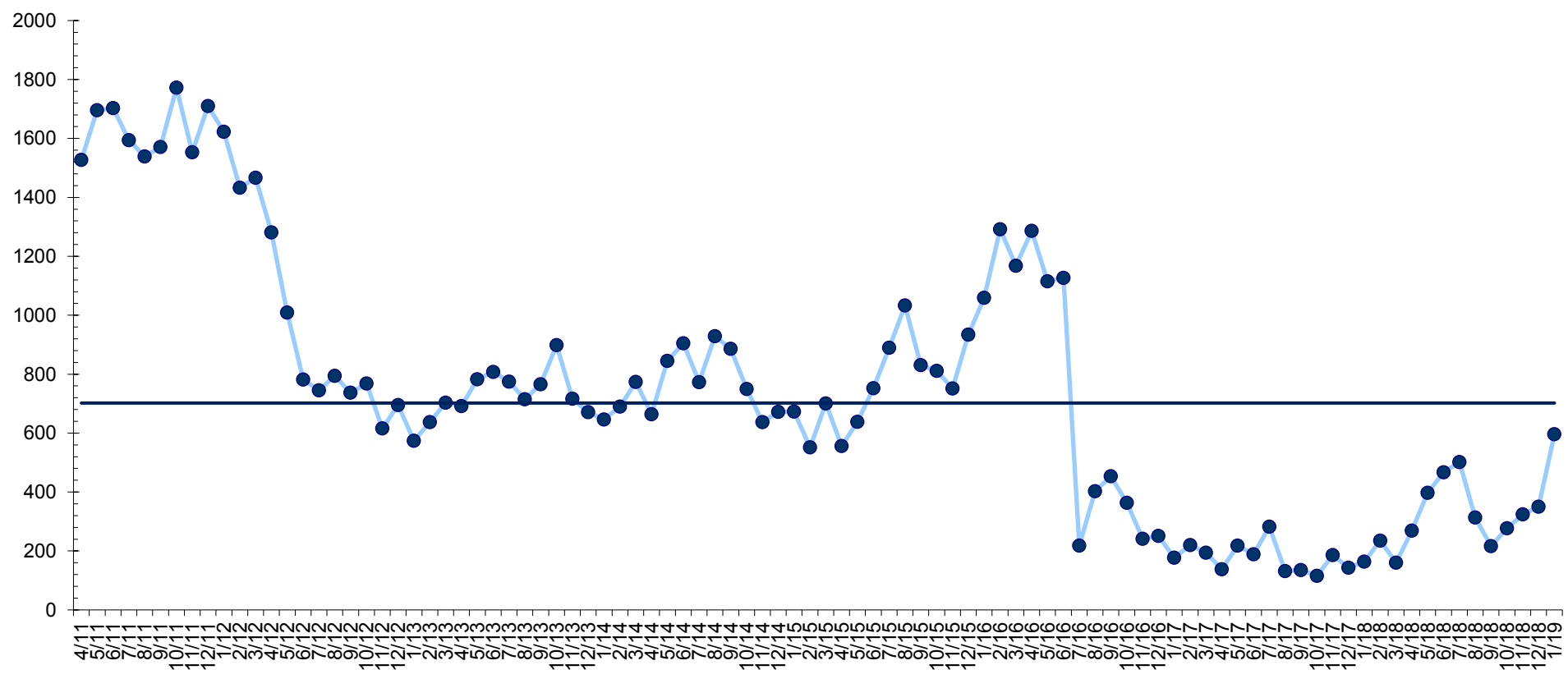
— Median



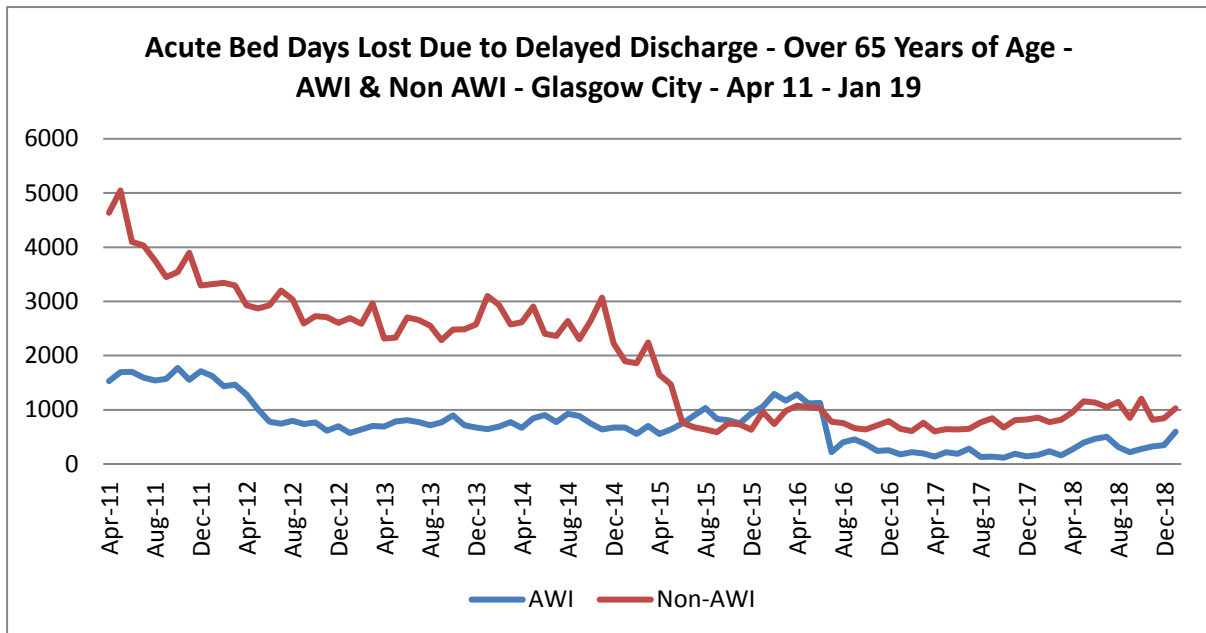
Measure

### Acute Bed Days Lost Due to Delayed Discharge - AWI - Glasgow City - Apr 11 - Jan 19

— Median







## 6.6 Some headlines from the data:

- Glasgow’s performance has radically improved since 2011, delivering considerable benefit to the running of the Acute system.
- Performance had hit a plateau prior to the introduction of Intermediate Care in December 2014, which delivered a further sustained improvement.
- Glasgow City performs relatively well on delayed discharges. It was the 5<sup>th</sup> best performing of 31 HSCPs in Scotland during 2017/18, the last full year for which ISD figures are available.

## 7. Delayed Discharge March 2019: Acute Perspective

### 7.1 Bed Days Occupied by All Delayed Discharges: 2018/19 NHS Greater Glasgow & Clyde

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Bed days occupied <sup>5</sup>	All delays	5,354	5,795	5,637	5,742	5,769	5,684	5,899	5,161	5,222	5,959
	Average number of beds per day <sup>6</sup>	178	187	188	185	186	189	190	172	168	192

7.2 The above table showing bed days occupied for all delays each calendar month and the average number of beds occupied by delayed discharge per day illustrates the extent of the delayed discharge issue.

7.3 Each hospital within the acute sector has a discharge team working with clinical teams to minimise delay to discharge, educate staff in discharge planning and ensure complex cases are managed, progressed and escalated to appropriate agencies. Discharge planning and process is consistent in all hospitals no matter what HSCP the patient is from.

- 7.4 The Discharge Team within acute are led by a Discharge Manager and a Discharge Team lead and are responsible for allocating beds within AWI units to ensure Length of stay in an acute bed for patients waiting on guardianship are minimised. They make sure that there is robust liaison with all HSCPs in relation to discharge and delays to discharge and are responsible for all daily, weekly and monthly delayed discharge reports and statistical reporting of NHS GG&C delayed discharge position.
- 7.5 All ward and clinical teams work as a multi-disciplinary team to ensure discharge home is the first option for all patients and only as a last resort will Home not be the preferred or appropriate option.
- 7.6 Referral to Social Work teams within each HSCP is generated when additional support is required to discharge the patient home or to explore alternative options to home. This is done in conjunction with the patient, family and carers and referral is generated as early as possible to allow time to assess and plan future care needs.
- 7.7 Daily Dynamic Discharge which incorporates Estimated Date of Discharge (EDD), Daily board rounds, Targeted ward rounds, is actively promoted and supported within each acute hospital and enables MDT's to prioritise care and promote effective discharge planning. This approach puts patients, families and carers at the centre of discharge planning and improves communication for all agencies as well as hospital staff as vital information is accessed to undertake a full and comprehensive assessment when required.
- 7.8 HSCP's out with the partnership area contribute significantly to delayed discharge performance within NHS GG&C and the consistent approach above to discharge planning and delayed discharge recording applies to all HSCP's within and out with partnership.

## **8. Recommendations**

- 8.1 The Integration Joint Board is asked to:
  - a) Note Glasgow City's delayed discharge performance;
  - b) Note the deterioration in performance over the past year, following sustained improvement over a 6 year period;
  - c) Note the risk factors in relation to future performance improvement; and
  - d) Note the improvement activities being undertaken by the HSCP to drive future performance.

### **CASE STUDY 1 – FRAIL 65+**

Mrs A, aged 89 years, admitted to QEUH following a fall at home. Previously in receipt of homecare 4 times per day and good family support. Power of Attorney in place however Mrs A retained capacity. Broken hip requiring surgery and rehabilitation. During stay in hospital develops a UTI causing confusion. Early referral sent to Hospital team as it is deemed that Mrs A cannot be safely discharged home with just homecare/family supports. Family had also been concerned regarding Mrs A, who they deemed not to be coping prior to hospital admission. Hospital team complete risk assessment and identify Mrs A appropriate to transfer to Intermediate Care for period of assessment/ further rehabilitation. SMAT received on the Wednesday identifying that Mrs A as 'Fit for Discharge' and name is placed on TRAKCARE identifying her as a 'delay'. All Intermediate Care units are full in the area that family are requesting, first available vacancy is Saturday of the same week. On day of discharge Mrs A becomes unwell, unable to weight bear - suspected further fall / infection, discharge does not go ahead as planned. Hospital team follow up on Monday – and name removed from TRAKCARE nevertheless is recorded as 6 days delayed.

Alternate admission date to Intermediate Care arranged when well.

### **CASE STUDY 2 – AWI**

Mrs B admitted to QEUH early Sept from a Nursing Home following a fall. Deemed FFD within 5 days. On constant 1:1 observation due to high falls risk and escalation in risk taking behaviours. Assessing social worker requested 1:1 support 24 hours per day (cost of £2,500 per week) for Mrs B to return to the original care home. However care home unwilling to progress due to difficulty recruiting and retaining staff to cover this longer term.

Discharge meeting held on early Oct. Nursing staff advised that Mrs B's behaviours had escalated. She had been continuously distressed, taking her clothes off in the corridor and climbing out of bed during the night. Medical/nursing staff advised that her behaviour remained unpredictable and difficult to manage.

Further ward meeting held in late Dec where it was confirmed that 15 Nursing homes had been contacted, 8 carried out assessments on the ward. Only 2 nursing homes considered offering a placement, on condition that 1:1 24 hour supervision was provided. Mrs B's family refused both of these placements due to location. This caused Mrs B to remain in hospital for a number of months until she passed away.

### **CASE STUDY 3 – ADULT <65**

Mr C referred to the hospital SW team 9 days after admission. Referral information was scant and advised that he was both 'fit for discharge and requires a houseclean'. Upon investigation it became clear that Mr C had long history of homelessness and at the point of admission was residing in homeless accommodation, having lived in 17 tenancies in the previous 3 years. Diagnosis of Alcohol Related Brain Damage (ARBD). Known to Social Work services from childhood. In 2011, Mr C a victim of severe assault, suffering a severe subdural haemorrhage and multiple bone fractures resulting in neurosurgical intervention and a metal plate inserted into his skull.

On admission to hospital in February 2017 Mr C appeared to be suffering the effects of alcohol withdrawal with not much improvement after treatment. A head scan showed brain damage but no further investigation was possible through MRI due to the metal plate in his skull. He had withdrawal symptoms as he had seizures while he was in QEUH. When FFD Mr C could not return to homeless accommodation due to poly substance use and behavioural issues.

Consultant assessed Mr C as lacking capacity to make reasoned life decisions. He was considered to be a risk to others as he assaulted nursing staff, approached and threatened other patients, stole from patients and routinely left the ward to take drugs or alcohol. An AWI case conference confirmed that AWI powers were required to move Mr C to a suitable longer term placement.

Due the combination of medical features and behaviours it proved extremely difficult to find an alternative suitable placement. A range of alternatives (special units, rehab units, specially commissioned services and care homes) were exhausted as possible options. After lengthy discussion and planning Mr C was transferred to a specialist unit well outside Glasgow (psychiatric services) by hospital to hospital transfer on. He had been delayed for a total of 496 days. A Support Needs Assessment was completed with a view to seeking a placement in a community setting - care home/specialist unit as appropriate - when his guardianship is granted.

# Item No: 21

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

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

**Contact:** Sharon MacKinnon, Principal Officer

**Tel:** 0141 276 5687

### HOMELESSNESS SERVICES: TEMPORARY HOMELESSNESS ACCOMMODATION CHARGES FOR 2019/20

<b>Purpose of Report:</b>	To inform Glasgow City Integration Joint Board of the charges set for homelessness temporary accommodation for 2019/20.
---------------------------	---

<b>Background/Engagement:</b>	In line with the policy approved by Committee in previous years, homelessness accommodation charges are pooled to calculate a weekly accommodation (rent) charge. The rent charge reflects the costs directly associated with the provision of the accommodation. Homelessness Services accommodate clients in temporary furnished accommodation until suitable permanent accommodation becomes available.
-------------------------------	--

<b>Recommendations:</b>	The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>a) note the average weekly charge for temporary furnished accommodation of £144.32, an increase of 3.7%; and</li> <li>b) note the 3.5% increase to hostel rents, being a weekly charge of £327.98 for the Chara Centre, Elder Street, James Mclean, Rodney Street and Portman Street.</li> </ul>
-------------------------	--

#### Relevance to Integration Joint Board Strategic Plan:

Page 42: People can access appropriate housing and support that enables them to live within their communities.

#### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
--	---

<b>Personnel:</b>	None	
<b>Carers:</b>	None	
<b>Provider Organisations:</b>	None	
<b>Equalities:</b>	None	
<b>Fairer Scotland Compliance:</b>	N/A	
<b>Financial:</b>	The measures outlined below result in a cost to Social Work due to the loss of income as a result of the closure of Clyde Place. This gap is estimated to be £0.6m in 2019/20 and will require to be managed across the Social Work budget within the Council's allocation to the Integration Joint Board.	
<b>Legal:</b>	None	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	None	
<b>Sustainable Procurement and Article 19:</b>	None	
<b>Risk Implications:</b>	None	
<b>Implications for Glasgow City Council:</b>	None	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None	
<b>Direction Required to Council, Health Board or Both</b>	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 inform Glasgow City Integration Joint Board of the charges set for homelessness temporary accommodation for 2019/20.

## **2. Background**

- 2.1 In line with policy approved by Committee in previous years, homelessness accommodation charges are pooled to calculate a weekly accommodation (rent) charge. The rent charge reflects the costs directly associated with the provision of the accommodation. Homelessness Services accommodate clients in temporary furnished accommodation until suitable permanent accommodation becomes available.

## **3. Management Fee**

- 3.1 Since April 2017, the temporary accommodation management fee has been funded through a devolved grant from the Scottish Government.
- 3.2 The fund devolved to Scotland in 2019/20 is estimated to be £24.5m. There has not yet been any notification to Glasgow confirming the funding to be received.
- 3.3 We have made assumptions based on the distribution of the 2018/19 grant, and have estimated an annual grant of £4.4m.

## **4. Temporary Furnished Flats 2019/20**

- 4.1 It is estimated that the pool of flats available for 2019/20 will remain static. The number of income generating units in 2019/20 over which to spread costs is therefore estimated to be 1,366.
- 4.2 The cost of the provision of the pool of temporary furnished flats in 2019/20 to be met by rental income is £10.2m. The proposed average rent charge is therefore £144.32, an increase of £5.13 (3.7%) on 2018/19.

## **5. Separate Rent Charge for Hostels**

- 5.1 Since April 2011, hostels owned by the council, Chara Centre, Portman Street and Rodney Street have not been affected by the subsidy controls which were introduced. Hostels which are leased, Elder Street and James Mclean, have been affected in that there has been a cap on the amount of housing benefit subsidy we can recover of £88.27 per room per week.
- 5.2 In September 2018 Clyde Place hostel was decommissioned resulting in a loss of 54 hostel beds. The beds were replaced with a Housing First service, which supports those with complex needs in a permanent tenancy.
- 5.3 It is proposed that the pooled rent charge set in 2019/20 for Chara Centre, Portman Street, Rodney Street, Elder Street and James Mclean hostels be set at £327.98 per week, an increase of 3.5% on the 2018/19 charge of £316.89.

5.4 Even with the increased rent charge of 3.5%, there remains a budget shortfall of £0.6m due to the loss of income generating units following the closure of Clyde Place. Options, including a change to the policy for the storage of service users' furniture, are being considered with a view to funding this shortfall, which will be managed within the Social Work bottom line in 2019/20.

## **6. Rapid Rehousing Transition Plan**

6.1 The Homelessness and Rough Sleeping Action Group (HARSAG) was set up by the Scottish Government in October 2017 to produce short and long term solutions to end homelessness and rough sleeping. Recommendations were made and accepted by the Scottish Government, one of which was that each Local Authority area develop and cost a 5 year Rapid Rehousing Transition Plan (RRTP) by 31<sup>st</sup> December 2018.

6.2 Our RRTP outlines our vision and ambitious plans to transition to rapid rehousing over the next 5 years. It is our ambition to reduce the time spent in temporary accommodation significantly, which will result in increased capacity and better outcomes for homeless people in Glasgow.

6.3 The delivery of this plan will likely impact on the rent costs and income generated from temporary accommodation over the next 5 years. This will be monitored and an update provided in due course.

## **7. Recommendations**

7.1 The Integration Joint Board is asked to:

- a) note the average weekly charge for temporary furnished accommodation of £144.32, an increase of 3.7%; and
- b) note the 3.5% increase to hostel rents, being a weekly charge of £327.98 for the Chara Centre, Elder Street, James Mclean, Rodney Street and Portman Street.



NOT YET APPROVED AS A CORRECT RECORD

**GLASGOW CITY INTEGRATION JOINT BOARD  
PUBLIC ENGAGEMENT COMMITTEE**

IJB-PEC (M) 27-02-2019

Minutes of meeting held in the Sir Peter Heatly Boardroom, Commonwealth House, 32  
Albion Street, Glasgow, G1 1LH at 10.00am on Wednesday, 27<sup>th</sup> February 2019

**PRESENT:****VOTING MEMBERS**

Jacqueline Forbes	NHSGG&C Board Member
Cllr Elspeth Kerr	Councillor, Glasgow City Council
Cllr Kim Long	Councillor, Glasgow City Council (Vice Chair)
John Matthews	NHSGG&C Board Member (Chair)
Anne Marie Monaghan	NHSGG&C Board Member

**NON-VOTING MEMBERS**

Anne Scott	Social Care Users Representative
------------	----------------------------------

**IN ATTENDANCE**

Anna Baxendale	Head of Health Improvement, NHSGG&C
Fred Beckett	Principal Officer, Carers Lead
Craig Cowan	Business Development Manager
Allison Eccles	Head of Business Development
Julie Kirkland	Senior Officer (Governance Support)
Fiona Moss	Head of Health Improvement and Equalities
Sheena Walker	Governance Support Officer (minutes)

**APOLOGIES**

Cllr Jennifer Layden	Councillor, Glasgow City Council
Susanne Millar	Chief Officer, Strategy and Operations / Chief Social Work Officer
Ann Souter	Health Care Users Representative

The Chair welcomed new members Anne Marie Monaghan and Jacqueline Forbes to the committee.

**1. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**2. APOLOGIES**

The apologies for absence were noted as above.

**3. MINUTES**

The minutes of the meeting held on 28<sup>th</sup> November 2018 were approved as an accurate record.

**4. MATTERS ARISING**

Craig Cowan informed members that Lorraine Barrie from Glasgow Equality Forum would join the Committee as an Advisor and would be in attendance at the next meeting.

Craig also provided an update on the Strategic Plan consultation which ran from October 2018 to January 2019. The consultation process and methods were outlined and an overview of findings provided. Seven consultation events had taken place and officers attended various events organised by partners.

**ACTION**

Pre-consultation events also took place with various community groups on specific parts of the plan. 429 people completed the survey, and 200 of these were completed following the production of the summary version which was requested during the consultation. 233 equality monitoring forms were also returned. Officers reported that all comments received were reviewed and operational comments were passed to appropriate managers to take forward. There was general agreement with the vision of the Plan and that an Executive Summary would be developed. The Plan would be presented to the IJB in March for approval.

The Committee discussed the consultation process and lessons learned; agreeing that there was a need to review engagement methods with young people. The IJB's engagement standards were used for the process and officers acknowledged that there were lessons learned for future consultations and improvements that could be made; including learning more about engaging with young people. The Committee agreed that the findings and analysis would be presented to the next meeting in May.

Craig Cowan

## **5. ROLLING ACTION LIST**

Allison Eccles presented the rolling action list advising that this was for information and noting.

## **6. TURNING THE TIDE THROUGH PREVENTION: THE PUBLIC HEALTH STRATEGY FOR GREATER GLASGOW AND CLYDE NHS BOARD**

Fiona Moss and Anna Baxendale delivered a presentation to inform members of the new GGC NHS Board public health strategy and seek the views of members on the strategy as part of the engagement process.

The Strategy was introduced in March 2018 and is a 10 year strategy. The Scottish context was outlined and the three areas set out, including to enable the whole system to work effectively together and support local public health activity; to develop and establish shared public health priorities for Scotland; and to establish a new national public health body – Public Health Scotland. The work of the Health Board and the HSCP was aligned to the National context; and there were a wide range of options in discussion and to inform the consultation. The key principles and programmes of the Strategy were outlined to members; and a whole system example of working was provided of the review around breastfeeding. This showed the vision of collaborative working in public health.

Officers reported that a public health summit, arranged by the City Convenor, took place at the end of January 2019, with attendees from the IJB, elected members, senior Council staff and Public Health colleagues in attendance. The summit looked at what could be done to 'turn the tide'; and key themes and actions were discussed. The next steps for the HSCP were to work with the Council to establish which key areas can be progressed and also align the work of the HSCP to the Health Board.

Members welcomed the presentation and the work outlined. Discussion took place around physical activity and barriers to participation' food licencing and issues with fast food establishments near schools; and child poverty. Members also stated that engagement with Education Services was necessary to promote physical activity and well-being.

The Committee also commented on the review of breastfeeding, stating that people should not be punished if they do not breastfeed and that there must be a balance and recognition that it is about what is best for the mother and the baby.

The Vice Chair stated that a lot of the issues raised were political and explained the difficulties faced due to budget pressures. Officers acknowledged the innovative work of the Council but that the issue was that there was insufficient financial resource.

The Chair welcomed the fruitful discussion of the Committee and that comments would be taken back to appropriate forums by members and officers.

***The IJB Public Engagement Committee:***

- a) provided feedback on the GGC NHS Board Public Health Strategy;***
- b) noted the collaborative approach with HSCP's being adopted within the strategy;***
- c) advised on changes to the health improvement priorities of the HSCP in light of the strategy; and***
- d) considered future reporting on progress.***

**7. GLASGOW HSCP VOLUNTEER CHARTER PROGRESS REPORT AND ACTION PLAN**

Fiona Moss presented a report to update the IJB Public Engagement Committee on the volunteering agenda including the Glasgow's Volunteering Charter award progress.

Officers advised of the context of the Charter and the challenges highlighted through the evaluation, in that the structure of the Charter meant that this did not recognise all volunteers within the HSCP. Feedback had been provided to the Glasgow Volunteer Centre and invited them to consider the required changes to the Charter. Officers recommended that the Committee support a lapse in the commitment to the Charter until this was refreshed; and officers would then review at that point to identify if it recognised the volunteers of the HSCP.

The Committee agreed that they would support a 'pause' in the commitment until the Charter was reviewed; and acknowledged the importance of volunteers and the benefits to individuals and the HSCP.

***The IJB Public Engagement Committee:***

- a) noted the contents and progress of work in relation to volunteering within HSCP;***
- b) supported a pause in the commitment to the Glasgow Volunteer Charter to allow reconsideration for the most appropriate way forward. This also provides time for the Charter Mark to be refreshed in light of the evaluation findings; and***
- c) agreed to report back in one year on progress and future recommendations.***

## **8. CARER STRATEGY AND YOUNG CARER STRATEGIES AND CONSULTATION PLAN**

Fred Beckett presented a report to inform the IJB Public Engagement Committee on the development of the draft Carer and Young Carer Strategies as prescribed by the Carer Act 2016 and to GCHSCP's consultation plan.

A robust consultation process would take place between January- March 2019, including a number of engagement events with various groups and stakeholders. Engagement would also take place through social media and an online consultation. Following the consultation, responses would be analysed and identify how these would influence the Strategy.

Members welcomed the report and questioned if other organisations would be used other than Carers Centres to support carers. Officers explained that Carer Centres would be encouraged to work in partnership with other providers to achieve the best outcomes for people. Officers were also committed to working with families and not just the individual; and providing support.

***The IJB Public Engagement Committee:***

***a) noted the Carer and Young Carer draft Strategies and consultation plan; and***

***b) noted the intention to provide IJB in June 2019 with revised and updated Carer Strategy and Young Carer Strategy for approval.***

## **9. IJB PUBLIC ENGAGEMENT COMMITTEE MEETING SCHEDULE AND WORK PLAN 2019**

Craig Cowan presented a report to propose a schedule of meetings for the IJB Public Engagement Committee in 2019 to be held in each of the city's localities, to outline potential agenda items for future meetings, and to ask Committee to discuss and agree the format and further agenda items for meetings in 2019. The proposals for future meetings were outlined at section 4.3 and members informed that this can be dynamic and change over the course of the year.

Members questioned how the outcomes of the work of the Committee were captured. Officers provided an overview of the engagement that had taken place with groups and service users who had attended meetings sharing their experience. Officers also advised that processes were established following discussions at previous committee meetings, including the engagement standards which had been produced following a request from members. These were now HSCP practice and had been used during the consultation for the Strategic Plan.

Fiona Moss proposed that a report on the findings from the Health and Well-being Survey be presented to the Committee to provide examples of outcomes for service users. This was agreed and the report will be presented in August. The Committee also agreed to have a broader discussion at the August meeting on the impact of the work of the Committee and to reflect on the internal audit of IJB's Participation and Engagement Strategy.

**Fiona Moss**

**Alison Eccles**

***The IJB Public Engagement Committee:***

***a) noted and agreed the schedule of meetings for 2019; and,***

***b) discussed and agreed agenda items for future meetings.***

The Social Care Users Representative referred to the work of Thriving Place in the South Locality advising that community members were unclear of the work of different groups; and requested further information. Fiona Moss would arrange for the local Health Improvement Team to connect with the South group to discuss.

**Fiona Moss**

**10. NEXT MEETING**

The next meeting will be held at 10.00am on Wednesday 29<sup>th</sup> May 2019 in The West Centre, 60 Kinfauns Drive, Drumchapel, Glasgow, G15 7TS.

The meeting ended at 12.30pm



# Item No: 24

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

**Report By:** Allison Eccles, Head of Business Development  
**Contact:** Julie Kirkland, Senior Officer (Governance Support)  
**Tel:** 0141 276 6659

<b>GLASGOW CITY INTEGRATION JOINT BOARD FUTURE AGENDA ITEMS</b>
---

### MAY 2019 INTEGRATION JOINT BOARD

Primary Care Improvement Plan Update
Palliative Care Annual Report
Dementia Strategy
Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland
IJB Property Strategy
Child Poverty Local Delivery Plan
Review of IJB Financial Regulations
Budget Monitoring Report

### SUBSEQUENT INTEGRATION JOINT BOARD MEETINGS

Item	Timescale
Unaudited Annual Accounts	Summer 2019
Outturn Report	Summer 2019
Annual Governance Statement	Summer 2019
Annual Performance Report	Summer 2019
Annual Risk Management Review 2018/19	Summer 2019
GCHSCP Carer Strategy and Young Carer Strategy	Summer 2019
IJB Directions – Annual Report	Summer 2019

Mental Health 2 Ward Design Build Finance Maintain (DBFM) Scheme	Autumn 2019
Locality Plans	Autumn 2019
Chief Social Work Officer Annual Report	Autumn 2019
Winter Planning 2019/2020	Autumn 2019
Children and Young People Integrated Service Plan Annual Report	Autumn 2019
Annual Risk Management Review 2018/2019	Autumn 2019
Mental Health Strategy and Implementation	Winter 2019
North East Health and Social Care Hub - Outline Business Case	Winter 2019
Workforce Plan	Winter 2019
Alcohol and Drug Partnership: Priorities for Additional Investment	Winter 2019
Resource Allocation for Adults Eligible for Social Care Support: Updated Policy Framework	Winter 2019
Equalities Annual Report	Winter 2019
MAPPA Annual Report	Winter 2019