Item No: 10

Meeting Date: **Wednesday 26th April 2017**

Glasgow City Integration Joint Board

Report By: **Alex MacKenzie, Chief Officer, Operations**

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HEALTH AND SOCIAL CARE PARTNERSHIP LOCALITY PLANS 2017/18

Purpose of Report:	To report on the development of locality plans for 2017/18.

Recommendations:	The Integration Joint Board is asked to: a) comment on the draft Locality Plans for 2017/18 attached; and b) note these will be subject to engagement locally utilising the new Locality Engagement Forums and finalised in June 2017.

Relevance to Integration Joint Board Strategic Plan:

The IJB Strategic Plan commits the Partnership to the development of locality plans to show how the Strategic Plan is to be implemented in each locality, and how localities intend to respond to local needs and issues.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The locality plans will support the delivery of all nine national integration outcomes including outcomes for children and criminal justice services.

Personnel:	The locality plans include workforce information.

Carers:	Locality plans include specific actions to support carers in their caring role.

Provider Organisations:	None

Equalities:	Each locality plan sets out the equalities issues and plans to address these.

Financial:	The locality plans will be taken forward within the resources available within each locality.

Legal:	The locality plans comply with the Scottish Government's guidance on localities issued in 2015.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1. **Introduction**

1.1 The Integration Joint Board's Strategic Plan, approved in March 2016, included a section describing the three localities that make up Glasgow City Health and Social Care Partnership, highlighted that locality plans would be developed later in 2016 reflecting the key priorities for each locality. Scottish Government issued guidance in 2015 on localities that included advice on the production of locality plans.

1.2 The purpose of locality plans is to show how:

a) the Integration Joint Board's Strategic Plan was to be implemented in each locality; and,
b) the locality planned to respond to local needs and issues.

1.3 In Glasgow it was agreed locality plans should be one year plans focused on the key actions localities were to take forward to implement the Integration Joint Board's Strategic Plan and respond to local needs and issues.

2. Locality plans progress to date

2.1 Locality plans for 2016/17 were presented to the Integration Joint Board in September 2016 and followed a period of engagement locally with stakeholders, users, carers, third sector organisations, staff, GPs and others. The engagement programme was undertaken within the context of the Strategic Plan, and followed up on local consultation in 2015 on the then draft Strategic Plan.

2.2 Locality plans for 2017/18 have now been developed taking into account progress with actions in last year's locality plans, including improvement targets for key performance indicators.

2.3 Locality plans have been overseen by each locality's senior management team and the city wide Operational Management Team. Implementation of actions will be the responsibility of each locality management team.

2.4 Localities have given a commitment to feedback locally on progress as part of an on-going process of engagement and involvement, and within the framework of the IJB's Participation and Engagement Strategy. Locality plans are draft at this stage and will be subject to a further process of engagement with the new Locality Engagement Forums being established as a key part of the implementation of the Participation and Engagement Strategy locally.

2.5 Locality plans will be finalised in June 2017 and circulated widely to local stakeholders including elected members, community planning partners, third and independent sector partners, community groups, Locality Engagement Forums, carers groups, housing, GPs and others. An easy read user friendly summary version will be produced, and other communication channels explored, in line with the Integration Joint Board's Communications Strategy, to raise awareness of the key issues in the locality plans.

3. Recommendations

3.1 The Integration Joint Board is asked to:

a) comment on the draft Locality Plans for 2017/18 attached; and
b) note that these will be subject to engagement locally utilising the new Locality Engagement Forums and finalised in June 2017.

Glasgow City
Health & Social Care Partnership
North East Locality Plan
2017/18

FOREWORD

This is the second Locality Plan for North East since the establishment of the Health and Social Care Partnership (HSCP). This plan aims to provide an overview of the progress made during 2016/2017 and to identify our priorities and actions for 2017/2018.

Over the last year, we have taken opportunities through a diverse range of forums to engage with community representatives, the housing sector and third sector colleagues in what we do and what we want to achieve. A significant focus of our engagement strategy has also been to focus on meeting our staff and hearing from them what opportunities Health and Social Care integration gives us to improve the services we are responsible for delivering in the North East of the city. I am delighted to report that we have achieved performance improvement in a number of areas (detailed later in this report) and this is directly attributable to the efforts of our frontline staff and managers who are focussed on really making a difference to the lives of the people who use our services. Our aim is to continue this across our services in the coming year. We know the impact that poverty and deprivation has on the lives of people in places like the North East of Glasgow and we have worked on a number of initiatives to tackle poverty including the significant investment in financial inclusion and the Thriving Places approach across the North East area. Again, our aim will be to keep focussed on that work.

We continue to work in a challenging financial context which means we need to continue to ensure that we are delivering services that genuinely and significantly impact positively on people's lives and redirects resources where they don't.

We are committed to building on our achievements over the last year and looking forward once again to working closely and in partnership with our local communities, our staff and other agencies/ organisations.

We will be consulting widely on our plan throughout this year, and if it becomes apparent that we need to amend/ change any of it, we will commit to do so.

Ann Marie Rafferty
Head of Operations
North East Locality
Glasgow City Health and Social Care Partnership

The plan has been developed in accordance with national locality planning guidance and is consistent with the aims, objectives and vision for Glasgow City set out within Glasgow City Health and Social Care Partnership's Strategic Plan 2016-19. https://www.glasgow.gov.uk/CHttpHandler.ashx?id=32948&p=0

1. Introduction

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and in March the Board endorsed a three year Strategic Plan for the period up to 2019. In that Plan the IJB set out its vision for health and social care services -that the City's people can flourish, with access to health and social care support when they need it. The IJB envisaged that this would be achieved by transforming health and social care services for better lives. This Locality Plan runs alongside and is driven by the Strategic Plan.

2. HSCP KEY PRIORITIES

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

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

In the HSCP localities are an important part of our integration arrangements to improve the delivery of health and social care services for the people of Glasgow. We have agreed three localities in Glasgow – one covering the North East of the city, one covering the North West and one the South of Glasgow. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for North East Glasgow. Similar plans are also available for the North West and South.

The purpose of this plan is to:

- show how we will implement the HSCP's Strategic Plan 2016-2019 in the North East of the city, and what this will mean for service users, patients and local communities; and
- how we will respond to local needs and issues.

The plan is a one year plan covering the period April 2017 to March 2018. The plan is based on:

- what we know about health and social care needs and demands and any changes from the 16/17 plan;
- our current performance against key targets;
- the key service priorities as defined in the HSCP's Strategic Plan, including health improvement and what we are doing to tackle inequalities; and,
- the resources we have available including staff and accommodation.

We will report later in the year on how we are doing in implementing the plan and identify further areas of improvement for next year's plan. If you have any comments on this plan, let us know.

3. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM

Glasgow City Health and Social Care Partnership recently completed a consultation on how best to engage with local people about health and social care issues. North East sector held a number of public consultations asking for people to comment on the HSCP Participation and Engagement Strategy and the comments made by North East Representatives during the Consultation. This resulted in a number of key actions to be developed:

- Groups should receive information regarding changes to services
- The opportunity to comment on changes before the final decision is taken.
- The importance of providing consultation feedback to service users explaining the reasons for the decision and evidence that their views were taken into consideration.
- Two way communications is very important.
- Particularly important is the commitment to provide support to enable people to participate in engagement activity.

Representatives from North East Public Partnership Forum, North East Voices for Change, East End Community Addiction Forum and Carers Forum, met in March 2017 and agreed to establish the North East Locality Engagement Forum. In looking ahead we anticipate that for the next 12 months the priorities for this new Forum will be:

- Development work with community representatives to agree working arrangements ensuring that the Forum can achieve the aspirations set out in its new remit
- Further develop the membership of the Forum and establish a wider network to include hard to reach vulnerable groups
- Focus on the North East Locality Plan to ensure that local people have their say on current and future service provision
- Support wider public involvement in the planning and decision making of services that are delivered locally
- Approve full engagement on the Parkhead Hub proposal be carried out by the HSCP from April to June 2017

To find out more about the Locality Engagement Forum please contact: Tony Devine, community Engagement Officer (North East Locality) on 0141-553-2861

3. PERFORMANCE INFORMATION

Where We Are Performing Well

Older People:	**Addictions:**
Open OT activities : % over one year	% of service users with a Recovery Plan
Continence Service – Waiting Times	**Primary care:**
Home Care: % Reviews	Numbers on GP practice dementia registers
Reablement: % requiring no further home care support following reablement	**Unscheduled Care:**
number of Anticipatory Care Plans in place	Bed Days Lost to Delayed Discharge (Older People 65+)
number of Residential Care Reviews	**Health Improvement:**
number of referrals to Telecare	Breastfeeding: 6-8 weeks (exclusive)
Deaths in Acute Hospitals 65+ and 75+	Smoking Quit Rates
Homelessness:	Number of 3 – 5 year olds registered with a dentist
Number of individual households not accommodated over last quarter	MMR Vaccination uptake
Prescribing Costs:	**Carers:**
Compliance with Formulary Preferred List	Qualitative Evaluation Question: Improved your ability to support the person that you care for
Annualised cost per weighted list size	Number of Carers who have completed an Assessment during the quarter
Children:	**Business Processes:**
Access to specialist Child and Adolescent Mental Health Services (CAMHS) services – Waiting Times	% of elected member enquiries handled within 10 working days
% of children looked after away from home with a Primary worker	NHS complaints within agreed timescale
% of children looked after at home with a primary worker	SW Complaints - % handled within 15 days
% of HPIs allocated	SW Complaints - % handled within 28 days
	Human Resources:
	Social Work Sickness Absence Rate

Where Improvement Required

Older people:	**Health Improvement:**
Number of people in supported living services	Number of 0 – 2 year olds registered with a dentist
Reablement: % receiving a service following referral	Alcohol brief intervention delivery (ABI)
Intermediate Care :	Smoking quit rates at 3 months (40% most deprived areas)
Average length of stay	Breast Feeding 6 – 8 weeks (exclusive) in 15% most deprived areas
% of Intermediate Care Users transferred home	**Addictions:**
% Occupancy	% commencing treatment within 3 weeks of referral
Unscheduled care:	% of Parental Assessments completed within timescale
Delayed discharge: No. of patients over 65 breaching the 72 hour target	**Criminal Justice:**
No. of patients over 65 classed as AWI breaching the 72 hour target	% of CPOs with a Case Management Plan within 20 days
Adult Mental Health patients breaching the 72 hour target (Under and over 65 including AWI patients).	% of Unpaid Work (UPW) requirements completed within timescale
Adults under 65 breaching the 72 hour target.	% of Community Payback Order (CPO) work placements commenced within 7 days of sentence
Children:	% of CPO 3 month reviews held within timescale
% of young care leavers in employment, education or training	**Homelessness:**
% of looked after and looked after and accommodated children under 5 who have had a permanency review	Number of households reassessed as homeless or potentially homeless within 12 months
	% decision letters issued within target after initial presentation
	% of live homeless applications over 6 months duration at end of quarter
	Human Resources:
	NHS Sickness absence rate
	NHS staff with an e-KSF
	% of NHS staff with standard induction training completed within deadline
	% NHS staff who have completed mandatory healthcare support worker induction

5. SERVICE PRIORITIES

Children and Families

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Early and effective intervention aiming to give all children and young people the best possible start in life	Review duty and redesign services which target families sooner and reduce need for statutory services	Review of North East early years Joint Support Teams (JST) took place and remit now expandedto discuss well being concerns by Named Person	Consultation on findings June 2017
	Continue to reduce the number of children placed on the Child Protection Register and the length of time of registration.	Third sector engaged in assisting with the provision of family support services across the locality at immediate point of contact and improved rapid response to early intervention Review impact of Family Group Decision Making (FGDM) n reducing the need for child protection registration	Ongoing September 2017
Involve children in decisions that affect them, have their voices heard	Continue to consult with young people and develop contemporary strategies which reflect how young people currently communicate through social media and determine how this can influence child protection and looked after children and processes	NE Safeguarding group established and have reviewed Have Your Say, Talking Mates and Viewpoint for all Looked After/Looked After and Accommodated Children Local consultation planned with health improvement, social work and planning detailing NE service user process and outcomes	Joint approach to this work with Children's Rights and will commence June 2017 and will consider role of social media June 2017

Children and Families (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Work with families to improve the life chances for children, with a specific focus on family resilience, health improvement, educational attainment and reducing the number of children looked after away from home	New discussion group model currently being reviewed in collaboration with health improvement team in order to consult with local parents to identify and remove barriers to participation	Uptake of primary care Triple P remains consistent over 2016/2017. All health visitors have been trained in the first three named person core elements during 2016.	July 2017
	Implement and evaluate Family Group Decision Making team. Promote extended family network searches via Life Long Links model of practice focusing on cusp of care, recently accommodated young people, pre birth and young people placed outwith Glasgow	Team Established and Training Completed Steering Group established Research and evaluation resource identified	Interim Report due September 2017 2017
Review Permanence Planning process and improve performance	Strengthen Permanence Forum outputs and review progress via locality performance group	Introduce new review systems via permanence tracker and identify ASM champions	City wide target of permanence reviews of 90% to be met by June 2017 and sustained

Criminal Justice

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Better Access to Addiction, Mental Health and homelessness services for Criminal Justice Service Users	Produce action plan and generate awareness of agreed protocols in ensuring swift targeted intervention	Local liaison meetings commenced involving social work, health managers,housing, addictions and mental health services	July 2017
Promote interface, communication and information sharing with Children and Families services in response to child protection concerns	Children and families/Criminal Justice team leaders to produce improved framework to facilitate consistent information sharing	Information sharing tools developed focussing on the 'impact of parental offending behaviour' on children involved in child protection procedures	Pilot to commence May 2017

Adult Services

- **Alcohol and drugs**

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Early Intervention and Harm Reduction by increasing Blood Borne Virus (BBV) and HIV testing and increase in harm reduction interventions	BBV nurses to undertake non-medical prescribing training	HCV testing increased by over 35% from first half to second half of 2016	Complete by June 2017
	Addiction clinics specifically for patients with Hepatitis will target individuals who are not engaging with hepatitis treatment	Clinic has been established with evidence that patients are engaging more effectively with Hepatitis treatment.	Full year data will be available by February 2018
	Senior Medical Officer to take lead on monitoring of HIV presentations across HIV		Increase of 25% by June 2017
	Continue to receive regular feedback from ADP drug and alcohol death prevention sub group	Quarterly reporting from ADP Drug and Alcohol death prevention sub group has taken place quarterly and services are being redesigned to take account of the increase of HIV Diagnosis, with an improved link with Brownlee service	Quarterly during 2017/2018
Ensure recovery is an integral part of treatment, from the first point of contact through to exit from service	Launch of new service incorporating recovery in the title	New service launch has been delayed. Implementation began in February 2017	Completed by September 2017

- **Alcohol and Drugs (continued)**

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Ensure recovery is an integral part of treatment, from the first point of contact through to exit from service	Recovery planning from initial contact and throughout treatment and care, assisted by implementation of new model	82% of service users currently have recovery plans	Will be fully implemented by 2017 with at least 70% service users with recovery plans (amended from 100% in line with citywide performance target)services users with recovery plans
	Continue staff training for recovery	Recovery training for staff (social care, nursing and medical) commenced June 2016	To be completed by June 2017
	Continue to Support and develop Recovery Communities and Recovery Hubs	Recovery Hubs launched October 2016	20% increase in service users accessing recovery hubs by July 2017.
	Increase in number of alcohol and drug users in recovery and using community supports	Reporting framework in progress	Increase of 10% of service users leaving the service through planned discharge due to recovery by June 2018

- **Learning disability**

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Continue personalisation assessments for all people who have a learning disability and are eligible to receive a service	Ensure that all service users are assessed through personalisation, appropriate funding agreed commensurate with their level of need	104 new service users have been assessed through personalisation this year	Continues to be a priority area of work that will be reviewed every three months
	Outcome Based Support Plans are developed in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible	As Above	As Above
Partnership approach to remodelling of some of our social care provision to meet changing needs and financial challenges	Collaborative work ongoing with providers and HSCP in relation to service users profiles and modelling appropriate health and social care provision	10 service users placed in long stay hospital provision are now being jointly reviewed by HSCP to identify appropriate health and social care provision for going forward	Ongoing
	Continue to review all those brought through personalisation in the last two years, to ensure ongoing support is targeted to meet current needs and where appropriate remodel services/approaches	Review of personalisation by project based approach with proportionate reviews of all services users currently receiving services. Phase 1 completed with 56 people successfully reviewed with new care plans and individual budgets in place	City wide panels set up to complete 1,100 reviews of all service users across the city receiving day time supports – to be completed by October 2017
	Phase 2 – service users who receive sleepover services as well as day time supports – 132 service users care packages to be reviewed		Locality Care Management Project Team established to review all service users receiving services from social care providers - to be completed 2018

- **Adult mental health**

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Continue to improve waiting times to access Primary Care and Community Mental Health Teams	We will continue to review and monitor the effectiveness of new call back system as we implement the Community Services Framework and the CMHT's standard operating procedures.	New call back system implemented in May 2016	Ongoing review throughout 17/18
	Continue to ensure we have the most appropriate and efficient staffing model as we further develop the future CMHT models and clinical care pathways.	Review of all CMHT staffing posts across all disciplines	Ongoing
	Continue to maximise clinical time by best use of Anvil Centre	Commenced review of clinical time during 16/17	To be completed mid 2017
Ensure effective transfer of wards on Parkhead site to Stobhill Site	Continue to liaise with staff, patients and carers to ensure effective communication regarding progress	Plans during 16/17 were put on hold due to Stobhill site not yet being available	Ongoing and transfer expected by early 2018

- **Adult Mental Health (continued)**

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Complete personalisation assessments for all people who have a mental health difficulty and are eligible for services	Ensure all service users are assessed through personalisation, appropriate funding agreed commensurate with their level of need	At the beginning of the year we were supporting 140 people through personalised support plans	Continues to be a priority area of work that will be reviewed every three months
	Outcome based support plans are developed in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible	87 new people have been assessed through personalisation this year	Ongoing
	Require to improve performance in relation to the completion of Support Needs Assessments and Outcome Based Support Plans which will improve access to social care services. Additional performance targets to be set with all plans to be routinely completed within two month period	41 service users care plans were reviewed with support remaining in place	Resource Allocation Panels monthly to ensure performance targets are met for completion of Support Needs Assessment and Outcome Based Support Plans
	Improve how we work across HSCP and the voluntary sector to ensure that the spectrum of need from mild to moderate mental distress/illness to acute chronic and enduring mental illness is addressed	On going meetings with voluntary and social care providers	Ongoing – agreed approach for 17/.18 to be agreed at Adult Mental Health Management Team

- **Adult Mental Health (continued)**

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Support people to live as independently as they can within their own home with support	Review all service users currently within care homes/supported accommodation to ensure they are appropriate for this model of support and, where appropriate, facilitate 'move on' to their own tenancy with support	16 people in NE moved on from a care home setting to supported living through personalisation	Ongoing during 2017/2018
	Review all models of support to take forward the reshaping of supported accommodation and supported living to meet current needs, ensuring that people in most need can be prioritised for high levels of support	44 people currently supported within supported accommodation in North East	Ongoing during 2017/2018

- **Homelessness Services**

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Improve interface with housing providers to increase access to settled accommodation	Continue to input into Local Letting Communities	Represented at Local Letting Community Forums to achieve targets on settled accommodation	Ongoing
		Work ongoing to increase the number of available permanent tenancies through RSLs	Ongoing
	RSLs to provide sessions to the Community Homeless Team highlighting areas of tenancies that are regularly void	Referrals for permanent accommodation has increased significantly in the lat six months	Ongoing throughout 17/18
Increase in number of households securing permanent accommodation	Increase in homelessness referrals for permanent accommodation	20% increase in resettlement plans has been achieved	20% increase in homeless applications being progressed to Section 5 referrals by July 2017
Improving tenancy sustainment through early support and identification of need.	Continue to embed Housing Options approach in practice with registered social landlords and Community Homeless Team	Housing Option approach rolled out across team and continuing to be developed	Completed by September 2017
	Continue to improve access to third sector support services	New Flexible Housing Outreach Support Services launched March 2017	Ongoing and completed by March 2017
	Improve knowledge, access and interface with Health and Social Care Partnership services for people at risk of homelessness	Updates and interface meetings have taken place over the past six months and will continue throughout 2017	Regular updates to be provided at NE ECF, Homeless Providers Forum and NE housing events

Older People's Services

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Further development of intermediate care: Work with commissioning to establish and embed new model of care	We will strengthen the multi disciplinary teamwork within IC by aligning dedicated staff, including social work, and a continued focus on supports at home	NE has ensured effective use of intermediate care (IC). IC occupancy levels consistently high during 16/17	May – August 2017
Implement the city wide Accommodation Based Strategy in the North East to make sure that local initiatives promote formal and informal care and support	We will continue to focus on supporting service users to return home, where possible, with the support of a range of health and social care services to meet their individual needs. Pivotal to this will be building supported living capacity and further application of the Cordia Supported Living Service	We have successfully developed effective multidisciplinary team (MDT) working in the implementation of a supported living MDT forum and staff development and awareness sessions We have successfully developed a Cordia Supported Living Service, in partnership with Cordia and other partners for individuals with more complex needs, the service has contributed to shifting the balance of care and reduction in care home admissions	Ongoing throughout 17/18
	Ensure telecare provision is optimised to support individuals to remain at home, recognising the importance of telecare solutions in supporting carers to continue with their caring role		
Implementation of the recommendations from the District Nursing Review	Contribute to city wide flexible working plan to ensure 24hr service availability	Service reviewed to achieve an appropriate DN skill mix. Single point of access for service successfully rolled out across NE providing a clear and responsive service access and releasing DN time from admin tasks inherent in the previous referral model	Ongoing

Older People's Services (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Focus on and develop service capacity particularly in relation to prevention and early support	We will continue to build the numbers of service users who have an anticipatory care plan to reduce unscheduled admissions to hospital with a particular focus on a reduction of hospital admissions from a care home setting. This will be co-ordinated via NE (multi-disciplinary) Anticipatory Care Steering Group commencing January 2017	NE has met the target for anticipatory care plans	Ongoing
Post Dementia Diagnostic Support	We will continue to focus on the implementation of the Dementia Strategy including effective and timely post dementia diagnosis support	NE continued to achieve good performance in relation to number of service users with a diagnosis of dementia on the GP Dementia register (target 1,218, 1,457 registered)	Ongoing
Establish Integrated Neighbourhood Teams and the Home is Best (Hospital Discharge) Service	Develop the agenda and implement Neighbourhood Teams for Older People and Adults affected by disability, including the implementation of the Occupational Therapy Review and Home is Best (Hospital Discharge) service. Ensure a focus on maintaining independence, health and well being, access to the right service at the right time, working effectively with communities		December 2017

Health Improvement

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Support the further development of Thriving places workstream in Parkhead/Dalmarnock/ Camlachie and in Easterhouse, Springboig/Barlanark	Review and refresh the action plan for Parlkhead/Dalmarnock/Camlachie thriving place, informed by 3 consultation events to take place in May as well as ongoing community feedback	Easterhouse Community Organiser appointed and Practitioners Group established August 2016 A range of community led activities delivered across 2016/17including: Winterfest Tea Dance (Springboig) Family Meal and Homework Club Residents Group (Easterhouse) Increasing ESOL provision in Easterhouse Baptist Church	Parkhead/Dalmarnock/Camlachie celebration and engagement events to be held in May Recruit Community Organiser for Springboig/Barlanark by June 2017
	Contribute to the production of local plans based around the three Thriving place geographies in the North East	Supported the Thriving Places workstreams and action plan and contributed to specific Partnership working in Dalmarnock	Local plans to be produced by October 2017

Health Improvement (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Support individuals and families with health related issues: build positive mental health and resilience, reducing alcohol, drugs, tobacco use and obesity	Oversee the delivery of the adult stress management contract (provider – Lifelink)	1,650beneficiaries attended Lifelink for counselling only by end of quarter 3. Additionally 150 had massage and 263 accessed groupwork/training/outreach/tasters	Quarterly reporting meetings; extract case studies and utilise in HSCP performance monitoring
	Oversee the delivery of the Lifelink Youth contract	128 young people have accessed counselling via Lifelink from July 2016 since commencement of new contract	Quarterly reporting meetings; extract case studies and utilise in HSCP performance monitoring
	Include consideration of mental wellbeing and resilience into all family focussed programmes e.g. family meal homework clubs	Ripple Effect consultation findings disseminated and taken into Thriving Places for discussion Community Alcohol Campaign launched in Parkhead ran for six months and is undergoing evaluation Smoking cessation services: undertook a redesign to learn from best practice and support targeting of most deprived communities. Quarter 1 and 2 had 45 people from our 40% most deprived communities achieving a successful quit at 12 weeks	Report on impact of resilience building wok in a place context at mid year and end year via HSCP performance framework
	Develop health improvement contribution to the North East kinship pilot model		Initial discussions with Quarriers and Steering Group by April 2017. Actions agreed and capacity to deliver aligned by May 2017

Health Improvement (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Contribute to reducing poverty and supporting people living in poverty in North East Glasgow	Provide financial inclusion services delivered in a range of settings across North East Glasgow and influence other service areas and primary care to make referrals into this service	Commissioned service received 664 referrals from NHS staff for patients during 2016/2017 Cost of the school day – 71 teachers were trained in Glasgow city Parent Council Training was developed and delivered with supporting guidance document produced	Report on referrals to SMT in September 2017 SMT to develop action plan by October 2017
	Extend approaches to income maximisation in primary care building on the Parkhead Health Centre pilot		Commence implementation of I-HUB funding by April 2017
	Alleviate food poverty through the provision of programmes which include, as part of a wider activity, the provision of food e.g. extend the network of breakfast clubs in the North East for school aged children	Dalmarnock Summer Programme – 83 unique individuals attended with an average daily attendance of 63 per day	Roll out within resources available, the network of family meal homework clubs and summer holiday programmes in the North East by Summer 2017

Primary Care

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Improve health life expectancy	Improve publicity and ensure health promotion opportunities at all contacts and locations ensuring all contractors are linked in	Know Who To turn To poster developed to be distributed to all GPs, Optometrists and Community Pharmacists	Ongoing, and will maximise publicity materials
	Continue to promote benefits of screening. Offer support/information to GP practices	Prostate Cancer stand in health centres 30 weeks per year (Monday mornings) Macmillan@Glasgow libraries stands in health centrdes Agreement reached for promotional materials from Glasgow Libraries on cancer services to be installed in North Esat Health Centres COPD referral data provided t clusters for iproving referral rates to the community respiratory services	Ongoing, and will maximise publicity materials
Carers are encouraged to have life outside caring	Increase use of “A Local Information System for Scotland” (ALISS)	Promoted identification of carers and use of booklets across GP Practices Promoted use of Public Health Directory across GP Practices	April 2017 with ongoing work to promote its use

Primary Care (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Support older people to live healthier lives	Identify 'vulnerable' population and ensure they are linked into appropriate services through using • Anticipatory Care Plans • Chronic Disease Management	Anticipatory Care Plans promoted at 17c annual visits and at Primary Care Strategy Group meetings GEMAP services and chronic disease management services promoted at 17c annual visits	Ongoing with particular focus on widening the number of staff who contribute to Anticipatory Care Plans Ensure chronic disease management programme continues
Support sustainable Primary Care services (including out of hours and urgent care)	Better utilise all members of the primary care team (for example increase access to treatment from community pharmacy and optometrists)	Know Who To Turn To poster incorporating Optometry requested by GP Practices and all North East community pharmacy and optometrists Making the most of Your Practice developed and translated into a wide range of languages	Ongoing preparatory work with implementation as part of new GP contract April 2017
Support sustainable General Practice	Continue to pilot new ways of working with GP Practices	Link Worker in one NE Practice Pioneer Project in four practices to provide additional clinical support Pharmacy initiative in 3 practices	Ongoing preparatory work with implementation as part of proposed new GP contract during 2017/2018
Support GP Cluster working	Continue to drive the agenda for Quality Improvements with across the NE GP Clusters	6 GP clusters and 6 Cluster Quality Leads identified. Working city clusters arranging educational meetings and patient self management documentation	Ongoing during 2017/2018

Cross cutting service priorities

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Continuing to further develop strong interface with the housing sector	Housing and Homelessness Lead will work with landlords as first point of contact for any tenancy sustainment issues and will continue to work with Housing Options staff in the North East	We have held joint meetings with Housing Options staff during 16/17 and our Housing and Homelessness Lead has been based in local housing associations to assist in the roll out of Housing Options approach	By June 2017
	Further housing events to be held during 17/18 with themes/topics developed in partnership with local landlords	Three housing sessions held with over 40 housing representatives at each event	Sessions scheduled for June and September covering a number of topics including support for older people and young people leaving care services
	Training will be offered to all landlords and any specific training needs will be identified	North East Training Plan developed in partnership with local housing providers	Training Plan will be updated throughout the year to show uptake and topics delivered
	Statements of Best Practice revised and will be disseminated across all housing providers	Essential Connections Forum continued to meet and share best practice during 2016 and SOBP refresh discussed	Statements of Best Practice will be shared with all housing providers and relevant staff teams by September 2017
Corporate Parenting	Ensure that all NE HSCSP staff are aware of their responsibilities to Corporate Parenting within the organisation	We have consulted staff and managers about the content of the Corporate Parenting plan, but now require to ensure it is presented and discussed on an annual basis at all team meetings.	April17 - March 18

Cross Cutting Service Priorities (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Continue to review all of our accommodation, both leased and owned across the North East to ensure that we have accommodation which meets the needs of services users and staff	We will continue to rationalise our use of buildings across North East We will complete the communication strategy for the development of Parkhead Health and Social Care Hub and continue to identify capital and revenue funding to finance this initiative	Accommodation Strategy Group set up and meeting bi monthly	Ongoing April – June 2017
Provision of employability support for local people	40 students attending NQ (Level 4) and 16 students attending SVQ 2 Health and Social Care courses and all will work towards placements within NE locality	Joint initiative with Glasgow Kelvin College with new Placement Coordinator in post as of February 2016. 53 students on courses and 50 placed within health and social care placements, with 47 progressing to further training/employment	Students across both courses to complete and take part in placements with 100% progression to further traiing/employment
Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams	Continue to build increased links with all older people, primary care and adult teams to promote carer pathways	300 adult carers and 100 young carers per locality (target for 16/17) – awaiting actual figures	Increase referrals from Primary Care – further info available following Carers SPG in May 2017
	Ensure all staff are aware of their roles and responsibilities in identifying and supporting carers	Asset and Outcome Based Training delivered to all social work and voluntary sector staff during 16/17	Ongoing
Continue to identify and support young carers through a family based approach	Ensure all staff are aware of their roles and responsibilities in identifying and supporting young carers	Training on Outcome Star delivered and this is now embedded within the young carer assessment process	Family Based approaches training to be delivered to all young carer staff by May 2017
	Continue to work in partnership with Education Services to develop pathway from schools to young carers' services	Young Carer Education CIS worker now in post and working in partnership with Education Services to develop resources and promote young carer pathway and support services	Pathway embedded and resources developed across all schools

8. EQUALITIES

We have continued to ensure that local equalities priorities flow from Glasgow HSCP Equality Plan 2016-18. Our Equalities Group has continued to meet and during 2016/2017 actions undertaken have included:

- Work with the acute sector on leaflets for the redesign of older people's services at Lightburn, especially in relation to making sure that public information is accessible
- Follow up on the event hosted by the Glasgow Disability Alliance to develop a set of actions to improve quality of and access to services for disabled people
- Provided multi-agency training to raise awareness of referral pathways
- Funded various local organisations to deliver projects, workshops and seminars on violence against women and related topics
- Review of equality impact assessments undertaken across the various services

We will continue to monitor this work and link in with the city wide Equality Action Plan for the coming year.

9. BUDGET

The table below shows the indicative net recurring budget for North East Locality (17/18). This will be confirmed over the next few weeks.

GCHSCP - North East	**2017/18**
	£
Children and Families	14,163,300
Prisons Healthcare and Criminal Justice	2,591,400
Older People	26,610,100
Addictions	4,075,800
Carers	551,200
Elderly Mental Health	7,872,400
Learning Disability	19,282,000
Physical Disability	5,274,200
Mental Health	25,690,200
Homelessness	3,936,000
Prescribing	41,690,100
Family Health Services	51,922,100
Hosted Services	5,000
Other Services	5,892,900
Total	**209,556,700**

10. PARTNERSHIP WORKING

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

In addition, a main priority for the North East in 16/17 was our partnership working with the housing sector to improve housing access within the community as well as linking this to our accommodation based strategy for older people. During 16/17 we hosted three events with the housing sector and this will continue over the coming year. Events for this year will again focus on our HSCP services and how we can best work with housing providers more effectively and efficiently.

Glasgow City
Health & Social Care Partnership
North West Locality Plan
2017/18

FOREWORD

I am pleased to introduce the second Locality Plan for the North West since the establishment of Glasgow City Health and Social Care Partnership. The aim is to provide a review of progress during 2016/17 and to identify priorities for 2017/18.

As well as progressing ongoing work, within the plan you will see some ambitious and exciting new projects which we hope to implement in the year ahead that will help to improve lives and reduce inequalities. That said, there are some challenging times ahead both in financial terms and in continuing to deliver improvements in performance.

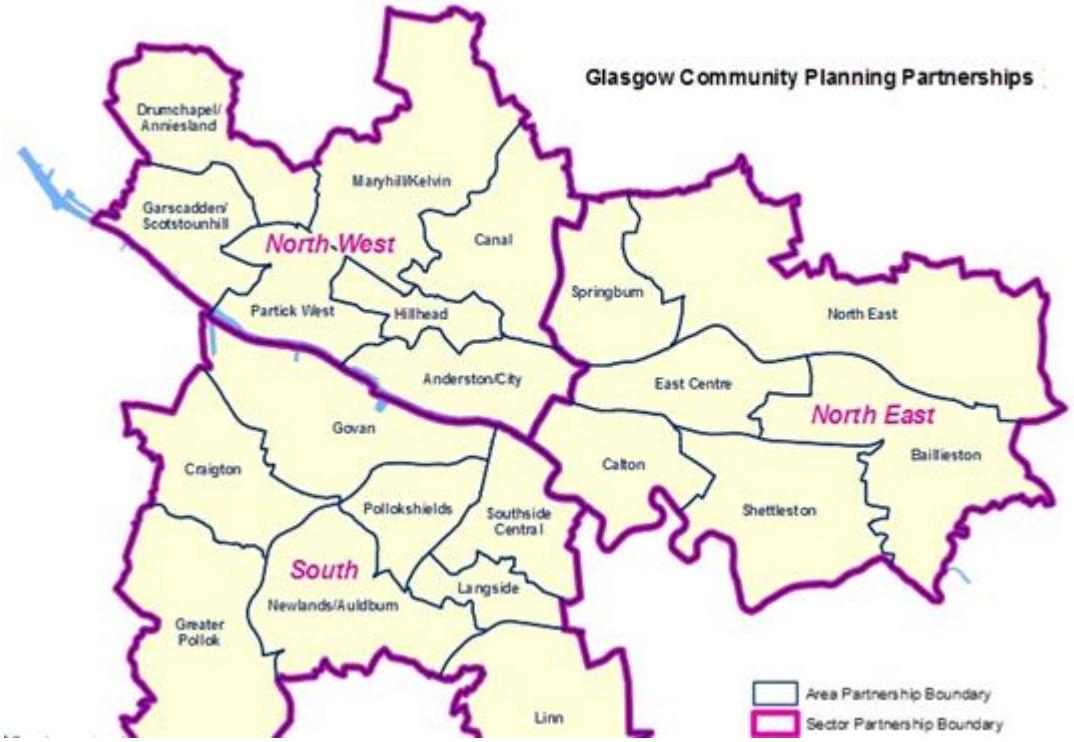
This plan for 2017/18 highlights the priorities and actions that will be progressed in North West to address local need and contribute to the wider strategic agenda set out in the HSCP's Strategic Plan. These will be progressed in partnership with our stakeholders, including service users and carers, 3rd sector organisations and community planning partners. We are keen to build on the successes achieved in the first year of our status as an integrated organisation. These successes include the opening of a new health and care centre at Maryhill along with commencing work on site for a new Woodside health and care centre; the establishment of GP clusters and developing neighbourhood team approaches for our older people's community services; meeting or improving upon the majority of access and waiting time targets across a range of services; and overall, promoting better integrated working for the benefit of our service users, carers and communities.

Finally, while the actions set out in this plan are numerous, they are by no means exhaustive and can not capture all the day to day activities undertaken by our staff for the benefit of service users, carers and families. I would therefore like to take this opportunity to thank all of the staff in North West locality for their continuing hard work and dedication.

Jackie Kerr
Head of Operations
North West Locality
Glasgow City Health and Social Care Partnership

1. INTRODUCTION

Glasgow City is the largest HSCP in Scotland by population and budget and is responsible for health and social care provision across 3 Localities in the City; North West, North East and South Glasgow. North West locality covers a population of 206,483 across 7 Local Community Area Partnership areas, set out in the map below. A significant feature of North West locality is the very marked difference in the social and economic circumstances of people living in different areas in the locality, ranging from some of the most affluent areas in Scotland to some of the most deprived. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for North West Glasgow and is guided by the overarching priorities set out in the HSCP's Strategic Plan.



2. HSCP KEY PRIORITIES

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and in March 2016 the IJB endorsed a three year Strategic Plan for the period up to 2019 (see https://www.glasgow.gov.uk/index.aspx?articleid=19044). In that plan, the IJB set out its vision for health and social care services - *that the City's people can flourish, with access to health and social care support when they need it.* It also recognised that delivering 'more of the same' will not be enough to meet the challenges of rising demand, budget pressures and inequalities. Transformational change is therefore needed to the way health and social care services are planned, delivered and accessed in the city, with a greater focus on:

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

Within Glasgow City HSCP, localities play a vital role in delivering better, integrated health and social care services for the people of Glasgow. A key responsibility of localities is to produce a locality plan for the area they serve.

The purpose of this locality plan is to:

- show how we will contribute to the implementation of the HSCP's Strategic Plan 2016-2019; and
- how we will respond to local needs and issues within the North West of the City

The plan is a one year plan covering the period April 2017 to March 2018. The plan is based on:

- what we know about health and social care needs and demands and any changes from our 16/17 locality plan;
- our current performance against key targets;
- our key service priorities, informed by the HSCP's Strategic Plan
- the resources we have available including staffing, finance and accommodation.

Although the detailed priorities and actions set out in this locality plan are grouped under each of the main service delivery headings, we recognise the shared nature and interdependency of many of them.

3. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM

Glasgow City Health and Social Care Partnership recently completed a consultation on how best to engage with people about health and social care issues. The consultation responses were extremely valuable and helped us to understand what we need to do to ensure we have the very best community engagement possible. We are taking forward a key recommendation to have stronger engagement at a local level by establishing a Locality Engagement Forum. This forum will act as a hub for information, communication and participation and will be supported by the North West Locality management team. Local people, community groups and organisations will have an opportunity to get involved in a range of ways.

NW Locality will also make use of established networks and forums in North West Glasgow (including the Recovery Network, Carers Forum, the Youth Network and Youth Committee, Voluntary Sector Network, Essential Connections Forum, Childcare Forums, Knightswood Connects and Mental Health Network) to gather feedback on services and work with Community Planning partners to encourage participation and involvement from the wider community. Plans will be developed to support increased representation within local networks from equalities and vulnerable people groups, which have historically been less well represented within engagement networks. In addition, services and teams will continue to engage and gather comments at point of service delivery and a programme of city-wide events, focusing on particular topics or care groups, will be delivered throughout 2017/18.

To find out more about the Locality Engagement Forum please contact:

May Simpson, Community Engagement Officer (North West Locality) 0141 314 6250

4. PERFORMANCE INFORMATION

This section summaries our performance against key targets and indicators

Where we are performing well
Access to specialist children's services
Percentage of children 'looked after' away from home with a Primary worker
Breastfeeding rates, including in deprived areas
Access targets for alcohol and drug treatments
Meeting the target timescales for assessing all unintentionally homeless applications
Reducing the duration pregnant women or dependent children stay in bed & breakfast accommodation

Percentage of criminal justice community placement orders (CPO) with a 3 month review within agreed timescale
Alcohol Brief Interventions undertaken
The number of 3 – 5 year olds registered with a dentist
Target rates for MMR vaccinations
Referrals to financial inclusion and employability advice services
The number of carer assessments being undertaken
Improved uptake of sexual health services by men who have sex with men (MSM)
Percentage of service users who receive reablement service following referral from homecare
Percentage of service users leaving the service following reablement with no further period of homecare
Percentage of service users with an initiated recovery plan following assessment

Where improvement is required
Percentage of children receiving health visitor assessment within 30 months
Percentage of young people receiving a leaving care service who are known to be in employment, education or training
Meeting delayed discharge targets for people (i.e. discharge within 72 hours of being assessed as ready for discharge)
Increase the number of offers of permanent accommodation secured from Registered Social Landlords
Percentage of criminal justice community placement orders (CPO) work placements commencing within 7 days of sentence
Bowel screening uptake rates
Cervical screening uptake rates
Increase attendance rate by young people across the range of Sandyford sexual health services
MSK Physiotherapy Waiting Times

5. SERVICE PRIORITIES

Primary Care

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Working with GPs and the wider primary care team to develop 'clusters' to improve	• Agree configuration of clusters within NW • Development of initial infrastructure to support clusters (which will continue to evolve in response to cluster needs)	Achieved. (7 GP clusters in place) NW Primary Care Implementation Group	To continue to support the development and consolidation of GP clusters, including their work to develop quality

quality and integrated working	• Identifying key points of contact between clusters and service groups as precursor to exploring potential to align other services with cluster model	established, with membership including cluster leads.	improvement plans and identifying service priorities. Embed Older People's 'neighbourhood' team approaches to align broadly with GP clusters where practical
Improve the unscheduled care pathway across primary and secondary care services	• Further develop Anticipatory Care Plans (ACPs) and Intermediate Care approaches • Work to improve primary care / acute care interface issues, including discharge planning and reducing DNAs (Did Not Attend hospital outpatient appointment) • Review learning from evaluation of joint Deep End GP and Community Addiction Team pilot work to improve pathways for people attending A&E for alcohol related issues	Guidance on ACPs produced for practitioners. ACPs launched within mainstream Older People's services. Pathway in place	Continue roll-out and increase number of ACPs in place. Refine as necessary when national guidance released. Contribute to the implementation of unscheduled care strategic commissioning plan and attainment of targets contained within it
Improving Access and Supporting Primary Care Capacity	• Promote greater use of the community pharmacy Minor Ailment Service and Optometry services (incl Low-Vision Aids dispensing - raising public awareness on appropriate access and use of health services • Support primary care capacity and patient access to other services	Poster/ leaflet campaign undertaken in GP practices to highlight to patients how and when it is appropriate to access Optometry services. Leaflet developed for patients – making the most of your practice including information about alternative services. Link Workers attached to deep end practices (national funding). Awaiting national recommendations.	Access and Capacity requirements will be considered as part of prioritisation for inclusion in a local primary care implementation group action plan to be developed for 17/18 Review roles of different workers engaging with primary care to reduce

	• Progress primary care investment fund pilot to explore opportunities for pharmacists to work directly with GPs to undertake additional responsibilities to support patients with long term conditions • Review the use of treatment rooms • Identify permanent location for Challenging Behaviour Service (CBS) • Explore GP rapid access to certain investigations	Additional resource in place Sept 2016 Existing capacity assessed CBS relocated, temporarily to Kershaw unit, Gartnavel Royal In progress	duplication / maximise efficient use of resources. Evaluation ongoing for completion March 2018 Identify future capacity and resource requirements by August 2017 Recommendation by July 2017 Consider as part of primary care implementation group action plan
Developing the role of pharmacy profession within North West	• Extend prescribing role of pharmacists in line with implementation of 'Prescription for Excellence' national strategy	Achieved increase in pharmacy led clinics in 16/17	Further increase the number of pharmacy led clinics by March 2018

Carers

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams	• Build increased links with all older people, primary care and adult teams to promote carer pathways • Ensure all staff are aware of their roles and responsibilities in identifying and supporting carers.	Target: 300 adult carers per locality and 100 young carers Training was delivered to all social work and voluntary sector staff	Performance Indicators will be available in May 2017 following consideration by carer's strategic planning group. Priority to increase referrals from Primary Care.

Continue to identify and support young carers through a family based approach	• Ensure all staff are aware of their roles and responsibilities in identifying and supporting young carers. • Continue to work in partnership with Education Services to develop pathway from schools to young carers' services. • Support education services to develop a schools pack for identifying young carers	Outcome Star training has been delivered and this is now embedded within young carers assessment process Recruitment exercise for CIS Education worker	Family Based approaches training is being delivered in May 2017 to all YC staff Young Carers Education CIS worker is now in post and is working in partnership with Education Services to develop resources and promote Young Carers pathway and support services

Children and Families and Criminal Justice

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Support the Wellbeing of Children and Young People through Prevention	• Continue to improve breastfeeding rates in NW Locality particularly in deprived areas. • Implement programs to deliver on Child Healthy Weight. • Contribute to reducing teenage pregnancies in partnership with Education and Sexual Health services and other key partners. • Increase population awareness of parenting support programmes	At quarter 3, NW performance showing 65.6% compliance against a target of 70%. Child Healthy Weight Programmes in place in NW Locality To be confirmed	Target remains 70% all measures against UNICEF Practice Standards. MEND Programme for pre 5's now complete. Awaiting outcome of Pilot in the South. Increase in number of interventions by 20% by April 2018. Continue to

	• Promote income maximisation and financial inclusion to have positive impact on addressing child poverty. • Carry out 3monthly UNICEF Practice Audits	17 completed intervention in January 2017 Ongoing To be confirmed	monitor Triple P completion rates Continue to increase the number of referrals to Financial Inclusion Services Target remains 70% all measures against UNICEF Practice Standard
Early identification of children and families who need support	• Implement GIRFEC assessment and care planning aligned to the well being indicators. • Improve 30 month assessment uptake in NW Locality • Evidence increased referral to the 3 Early Years Joint Support Teams (JST) in NW Locality. • Continue to improve service access across specialist children's services	Universal pathway in place. Care Plan module has been updated in 2016. 60% achievement rate in NW against a target of 95% JSTs self evaluation process was ongoing in 2016/17. Action Plan being developed for 2017/18 Met waiting time target of maximum 18 week referral to treatment (RTT)	Target will to increase nos of careplans for children with additional needs (HPI). Baseline to be established in 2017/18 Identify and analyse the % of cases not allocated in Feb 2017 and implement measures to address Continue to increase number of 30 month assessments: 70 % completion by September 2017. 95% completion by March 2017. Baseline and targets to be confirmed Maximum 18 week RTT

Keeping Children Safe	• Identify and respond to children and young people affected by Domestic Violence • Contribute to awareness raising and implementation of unintentional injuries strategy • Support looked after children, including those in kinship care and promote permanency plans where appropriate • Specialist Children's Service vulnerability team to offer a health assessment to looked after children, including those in kinship care • Identifying and support children in need of protection with particular focus on reducing neglect	There has been an increased uptake in the Save Lives training by Health Visitors and School Nurses Variety of campaigns have been promoted including avoiding burns, dishwasher tablet storage and safe sleeping 72% of looked after children (aged <5 years and looked after for >6months) have a permanency review. Target 90%. 85 Child Health Assessments for children and young people currently Looked after at home / Kinships have been carried out in 2016/17 Training on use of neglect tool being rolled out across NW.Team leads	Target to be confirmed Ongoing Increased number of permanency plans in place and meet review target All children 5-18 years newly looked after at home and or in Kinship Care a Comprehensive Health Assessment within 28 days of receipt of referral. Developing a monitoring Tool and will set baselines and targets for 2017/18.
Raising attainment and achievement	• Every school/establishment has a named co-ordinator for looked after children, named officer at centre and Glasgow Psychological Service has existing workstreams in place for young people who are looked after	All Secondary establishment LAC co-ordinators attend quarterly, Education Services' LAC co-ordinator meetings, to share information and practice, ensuring consistency of approaches to improve outcomes	Ongoing

	• Improved transition planning for vulnerable children & young people	Ongoing	Review September 2017
Building mental well-being and resilience across the Northwest via direct service delivery and capacity building	• Delivery of mental health improvement service for young people aged 11-18 • Commissioned Service to Improve the Mental Health and Wellbeing of Young People	Commissioned contract began in July 2016. Two quarters data: 260 appointments with 104 young people; mentoring just beginning; 68 young people accesses group work/wellbeing awareness sessions; Youth Health Service 434 appointments with 138 young people accessing service. High demand at Youth Health Service and have invested temporary additional support.	Targets to be confirmed

Criminal Justice

Priorities	Key Actions	Progress in 16/17	Target for 17/18
The efficient processing of community payback orders (CPOs) and criminal justice social work reports	• Ensure all CPOs are reviewed by a Team Leader at the 3 month stage and throughout the order. • Improve percentage of CPOs work placements commencing within 7 days of sentence • Ensure service users are given the opportunity to contribute to the review process.	NW achieving 78% of 3 month reviews within timescale. Target 75%. NW showing 58% compliance against a target of 80% Ongoing	75% of CPOs 3 month Reviews held within timescale 100% compliance (evidence through sample audit)
The safe management of high risk offenders	• Ensure managerial oversight of risk assessment and risk management planning.	NW recorded at 98% compliance (target 100%)	100% compliance (evidenced through team leader counter signature)

Adult Services

Adult Mental Health

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Delivery of inpatient redesign and ward improvement programme	• Improve the standard of ward accommodation for continuing care patients at Gartnavel Royal Hospital. • Progress plans that will lead to those NW patients who currently access Stobhill Hospital for acute care to instead access Gartnavel Royal Hospital.	Ongoing Ongoing	Progress in accordance with agreed project plan. Estimated timescale for completion: late 2018
Improve access to psychological therapies	• Reduce waiting times for treatment through improved appointment / call-back processes	Significant improvement in performance. Waiting times being met at March 2017.	Ongoing monitoring to ensure performance maintained: 90% RTT < 18 weeks. 100% referral to 1st PCMHT appointment < 28 days
Support people with a mental health to live as independently as possible in the community with access to support and care as necessary	• Implement findings of community mental health team review to develop consistent, outcome focussed standards and practice	Implementation on target for completion. Development of performance indicators ongoing	Ongoing monitoring
	• Support Personalisation of social care for appropriate individuals and ensure outcome focussed assessments are in place.	Personalisation assessments ongoing for those requiring a service response through this route and ensuring multi-disciplinary input to assessment as required.	Meet personalisation targets
	• Improving care pathways between community and inpatient services to maximise the efficient and effective use of resources and opportunities to support people moving through services	NW had 9 mental health delayed discharges breaching target at January 2017.	Achieve all hospital discharges < 72 hours from treatment completion date (‘included codes’)
	• Refresh multidisciplinary discharge planning arrangements to explore	As above	As above

	opportunities for more integrated practice and processes.		
Improve the quality of care for people with dementia	• Progress initiative with Alzheimer's Scotland to involve patients and carers in the development of a patient –centred ward environment	Staff and patients, along with designers affiliated to Alzheimer's Scotland, are developing approach and are currently running a pilot on one ward. Using conversation and photographic representations of specific places of meaning for patients, they aim to provide a familiar and welcoming quality to the physical environment as well as using these visual reminiscence cues to promote increased communication between patients, visitors and staff	Review September 2017
Building mental well-being and resilience across the NW via direct service delivery and capacity building	• Delivery of community based stress service for adults	By quarter 3, 3803 appointments with 1504 people accessing counselling service	5267 1:1 counselling appointments 1800 beneficiaries

Alcohol and Drugs

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Improve access to addiction treatment and care	• Introduce 'Access Teams' within existing alcohol and drugs community services to improve assessment and access to appropriate services. • A focus on more intensive, shorter-term interventions to maximise the opportunities for recovery. • Establish presence of "lived experience" representation along with recovery hubs within Access Teams to support individuals not requiring/eligible for formal Care and Treatment provision. • Implement eligibility criteria consistently • Engage with service users and communities over proposals to locate all NHSGGC addiction inpatient beds and 'Greater Glasgow' NHS day services at Gartnavel Royal Hospital, with enhanced outreach provision. • Development of community based Recovery Clinics	Access Team staffing agreed and formalised Achieved 90% of clients commencing alcohol or drug treatment within 3 weeks of referral In progress In progress Decision deferred on inpatient redesign pending availability of capital funding. Implementation plans being developed for single day service at Gartnavel within existing accommodation. Recovery hub in pace	Access Teams to be operational by June 2017 90% of clients commencing alcohol or drug treatment within 3 weeks of referral Recovery plans in place within 21 days of commencing treatment By September 2017 Review September 2017 Achieve day hospital redesign by September 2017 Increase the numbers of people achieving abstinence based recovery from ORT
Continue to shift the balance of care from the community alcohol and drug teams to GPs, where appropriate (via 'Shared Care Scheme')	• Work closely with GP colleagues to review all patients and identify how best to meet the needs of patients who are prescribed Opiate Replacement Treatment (ORT) • Implement new Shared Care Team support arrangements	Ongoing Shared Care Team staffing agreed and formalised.	Increase in the number of people supported in shared care (and reduction in community addiction team activity)

	• Widen opportunities for women to access women only ORT provision, linked to quality recovery opportunities and childcare/crèche support • More effectively understand the impact of parental substance use for the Shared Care client group and to improve response and outcomes for children	Transfer of clinics/patients to team members underway Refreshed guidance in place for staff on Children Affected by Parental Substance Misuse	
Embed 3rd sector Recovery Hubs	• Work closely with existing 3rd sector providers to ensure a smooth transition for individuals into the new recovery hub service • Increase staff knowledge, skills and experience in respect of Recovery Orientated System of Care and ensure joined up pathways within a ROSC model.	NW Recovery Hub formalised launch in August 2016. Transition of service users completed December 2016 So far 400 referrals made to NW Recovery Hub Developments underway to develop Recovery Orientated System of Care (ROSC)	Hub performance measures in place including to increase the number of people entering and completing recovery programmes Recovery communities targets for participation to be set Staff Training in place June 2017
Support the NW Recovery Communities to establish their new base and develop new services	• Support the new Recovery Volunteers Well-being Initiative • Establish a robust interface between the Recovery Communities and the new Recovery Hub Service to increase support to individuals in NW, particularly in the evening and at weekends.	Premises secured and operational Formalised training programme underway for Volunteers. 20+ individuals linked in Regular meetings underway to develop ROSC involving care and treatment services; recovery hubs and recovery communities.	Develop sustainability plan and funding strategy to support continued growth within NW Recovery Communities Expand involvement to other key partners eg. Homelessness providers, employability services

		Joint funding bid with GCA successful to establish: Recovery Administrator post to support NWRC AFFIT co-ordinator (alcohol free events, social networking, community networks). 8 x Events delivered 2016/2017 with a further 12 on schedule for 17/18 Recovery Liaison Worker to support individuals who are isolated into positive recovery settings and recovery meetings All commenced employment Jan/Feb 2017, induction and action planning underway	
Reduce Alcohol Related A&E admissions/ presentations	• Roll out the Assertive Outreach approach for those hard to reach individuals who do not use service or present to their GPs, but use A&E frequently • Work closely with GPs to identify our most vulnerable individuals	Ongoing	Reduction in alcohol related A&E attendances from 2016/17 levels Ongoing
Work with community planning partners and the Alcohol and Drugs Partnership to reduce alcohol consumption	• NW Health Improvement Team to host the Health Improvement Lead (Alcohol Licensing) post on behalf of the city. • Continue to co-ordinate a Glasgow City / NHSGGC contribution to the licensing Forum and Board.	Ongoing	Reduction in alcohol consumption levels – measured through health & wellbeing survey results

Learning Disability

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Undertake a review of health and social care learning disability provision to maximise the opportunities for people with a learning disability to live in the community with appropriate levels of support.	• Scope current practice and develop more integrated approaches between social work and health service teams • Improve access to mainstream services • Identify appropriate models of care and future accommodation requirements, including consideration of: - NHS long stay and assessment / treatments beds provision - Respite facilities - Day Services - Community provision and potential commissioning options • Review of all clients who have personalised packages to better align need with available resources	In progress. NW contributing to citywide review of integrated LD teams Ongoing Personalisation plans in place. Ongoing review of current care packages	Recommendations by August 2017 Identify priorities / improve patient pathways to mainstream services Will be considered in 17/18 as part of developing a City-wide 5 year LD strategy Ongoing. Will inform the above

Older People's Services and Physical Disabilities

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Deliver Dementia Local Delivery Plan target and local implementation of national and Glasgow City Dementia Strategy	• Deliver post diagnosis support to everyone with a new diagnosis of Dementia. • Provide Board-wide leadership for early onset dementia, ensuring Young Onset Dementia Services are integral to implementation of dementia strategy and targets	Pilot proposal developed for GP initiative Continuing to develop young onset dementia service, which is now led by a Clinical Psychologist. Work ongoing includes developing a referral	The focus of the LDP standard is now the numbers diagnosed and referred for PDS (incidence) rather than prevalence. Targets to follow.

		pathway from neurology services. Developed training for housing providers; and the setting up of two dementia cafes.	
Deliver Psychological Therapies Local Delivery Plan target (primarily OPMH community	• Develop plan for local delivery of psychological therapies including low level & high level interventions, and ensure staff are trained appropriately to deliver. • Provide Board-wide leadership for older adults psychology services ensuring effective links with 'increasing access to psychological therapies' agenda.	Action plan in place to increase access to psychological therapies for older people. Some of the work includes sharing information on services and groups available/suitable for older people; and developing referral pathways between CMHT for Older People and the Primary Care MHT. NW continues to lead on Boardwide Older Adult services and have organised two development sessions for relevant staff across the organisation.	90% RTT < 18weeks Ongoing
Implementation of the recommendations from NHSGGC District Nursing Review and the national review of district nursing	• Contribute to city-wide flexible working plan to provide 24 hr service availability. • Implement a Single Point of Access for Nursing Services, (based at Plean St Clinic and delivering city-wide)	Pilot undertaken. Priority to be single point of access. Fully rolled out Mon-Fri, with partial access at weekends.	Revisit potential benefits of extending weekend access. Awaiting national recommendations for district nursing services

Deliver timely Speech & Language Therapy interventions within residential settings (care homes/inpatients)	• Complete city-wide review of speech and language therapy partnership services . • Develop protocols to ensure robust management of referrals.	An initial review has been completed. An additional 1 wte post has been funded permanently for the SLT Care Homes service. A new email protocol for referrals for Care Homes & mental health referrals has been implemented.	Review of Adult SLT services within Glasgow City to be completed by September 2017
Supporting people to live for longer at home, independently	• Implementation of Accommodation Based Strategy (ABS) • Continued development of intermediate care approaches • Contributing to review of residential care provision • Local implementation of service changes arsing from City-wide review of Occupational Therapy services	Providers' Tender Framework in place. Cordia providing ABS multi-discipliary groups in place targeting high cost care packages involving 2 or more Acute admissions 2 x 15 intermediate care bed commissioned. Reconfigured residential beds into intermediate and complex palliative care beds Work progressing to integrate health and social care OT roles and responsibilities	Target of 2 referrals per week to Cordia supported living service. Roll-out implantation of Assisted Technology strategy Review future HSCP bed capacity requirements, including intermediate care, step-up and HBCC (hospital based complex care) Progress development of new 70 bed care home at Blawarthill. Full implementation of integrated arrangements by September 2017
Focus on and develop service capacity particularly in relation to prevention and early support	• Develop anticipatory care and enabling approaches across services and reduce unscheduled admissions to hospital.	Guidance on ACPs produced for practitioners. ACPs launched within mainstream Older People's services. Contributed to city-wide 'home is best approach' to develop multi-disciplinary team	Continue roll-out and increase number of ACPs in place. Refine as necessary when national guidance released. Contribute to the implementation of unscheduled care strategic

	• Support early discharge from hospital, contributing to the ongoing development of Intermediate Care approaches and an accommodation based strategy, along with input from community rehabilitation services. • Develop a more integrated approach across older people's services, including close links with GP clusters. • Further develop 'Knightswood Connects' project to build community networks and capacity • Oversee the development of the city-wide Respiratory Service, hosted in NW locality	approach across hospital and community service NW had 10 delayed discharge breaches of target at January 2016 (for patients over 65 years, excluding mental health and learning disability patients) Develop neighbourhood team approach for older peoples services with close links to GP clusters Ongoing Interim evaluation completed that has demonstrated the service has contributed to a reduction in hospital admissions and bed days. Permanent funding secured.	commissioning plan and attainment of targets contained within it Achieve all hospital discharges < 72 hours from treatment completion date ('included codes') Neighbourhood Team approach fully implemented by September 2017 Develop and roll-out well-being questionnaire Performance indicators to be developed.
Improve the quality of life of patients and their families facing the problem of life-threatening illness	• Progress implementation of recommendations and actions arising from multi-agency palliative care learning event	Stocktake undertaken of current service provision and knowledge against the national strategic framework for action	Reconvene NW palliative care group by June 2017. Workplan with outcomes to be in place by October 2017.
Support the Provision of community based Health Improvement programmes	• Co-ordinate a review and support a programme of lunch clubs for older people	In progress	Complete June 2017

Improve access to services and outcomes for **people with a physical disability**	• Support Personalisation of social care for appropriate individuals and ensure outcome focussed assessments are in place • Develop more integrated service approaches for managing long terms conditions • Work with housing providers to support tenancy sustainment and early intervention	Personalisation plans in place Co-location of teams at new Maryhill Health & Care Centre	Reduce waiting times for assessments. Improve care pathways for people under 65 years with a physical disability Formalise multi-disciplinary forum for review of complex cases Introduce process to notify availability of barrier-free properties and match to assessed need

Homelessness

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Improve interfaces with Housing Providers to increase access to settled accommodation	• Working with Housing Access Team, lead and coordinate citywide casework input to the 3 NW Local Letting Communities (Drumchapel, North West & West) to achieve targets on settled accommodation • Monitor number and duration of homelessness applications	From 1/4/16 to 31/12/17 the following lets were achieved: Drumchapel: 24 lets (-16 against annual target) North West: 119 lets (-276 against annual target) West: 110 lets (-85 against annual target) Wheatley Group (to 23/12/16): 249 lets (27% of all lets in area – target 40%)	Targets: Drumchapel: RSLs - 40 units p.a. North West: RSLs - 395 units p.a. West: RSLs - 195 units p.a. + share of Wheatley Group citywide target % live homeless applications >6 months duration Additional capacity requirements to support

		As at 20 March 2017: Total Live Cases: 584 Total Live cases over 6 months duration: 264 (45% - target 20%)	asylum seekers to be determined
Increase throughput in temporary and emergency accommodation to settled accommodation	• Work to agreed citywide targets for provision of initial decision, prospects / resettlement plans and accommodation outcome • Continue to contribute to citywide B&B Monitoring Meeting and development of IT based locality reports to monitor lengths of stay	From 1st April to 31st Dec 16, 93% of decisions (based on Audit Scotland guidelines) were made within 28 days. At 20 March 2017 there were 51 cases awaiting resettlement plan of which 26 were over 14 days from decision date (51%). As at 20 March 2017 – 55% of live applications were of 6 months or less duration (target 80%). At 20 March 2017 North West CHT had 43 cases in B&B, of which 11 (26%) had been in for 60 days or more.	Targets: Provision of 95% of decisions made within 28 days; Completion of Prospects / Resettlement Plan within 14 days ; 80% of live applications are 6 months or less duration Locality reports available by March 2017
Develop a sustainable, holistic response to homelessness by ensuring collaboration across housing, health,	• Develop and improve Housing Options approach by Community Homelessness Team and RSL partners • Continue to promote integrated working with money advice, mediation, and housing support services	From 1/4/16 to 20/3/17 there were 1,934 new Housing Options approaches to North West CHT. Of these, 1,123 were closed to 'Made Homeless Application' (58%).	Monitor quarterly: % of closed housing options approaches which progress to homeless application Maintain / improve referrals to money advice / mediation

social work, third and independent sectors		This indicator continues to be monitored on a quarterly basis. Referrals continue to be monitored on an ongoing basis. Referrals to Mediation Services have not increased to date. Funding for Money and Debt Advices Services will end on 31st March 2017, and provision of an interim service has been discussed with Locality based Welfare Rights Team as there has been high demand for this service. New Flexible Homeless Outreach Support Service contract was awarded to Turning Point (Scotland) for NW area. Arrangements for colocation of Casework and Flexible Outreach staff being progressed through NW Planning Group.	services – quarterly monitoring Enhanced role for housing support embedded in NW from March 2017
	• Facilitate broader involvement from HSCP services in Housing Options approaches through awareness raising events	This will be developed through 2017/18.	Events /dates to be confirmed

Essential Connections Forum

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Promote greater partnership working between NW Locality and Housing Providers	• Refresh the NW Essential Connections Forum and Vulnerable Households Forum to ensure membership and remit that reflects shared priorities	ECF in place with wider membership (including local letting community leads) and refreshed terms of reference. New Housing Providers Forum in place (replacing VHF).	Ongoing development of ECF and HPF – reviewing membership as necessary
	• Develop a multi-agency training plan	Draft training plan produced.	Engage with RLS on final training plan and monitor uptake
	• Refine statements of best practice and agree information sharing protocols	Achieved	Roll-out new statements of best practice supported by awareness raising.
	• Continued development of Housing Options tenancy sustainment activities, working with partners across NW area	Housing Options for Older People has pioneered new ways of working works with HSCP and Acute colleagues to offer advice, support and practical solutions regarding housing issues affecting older people being discharged from hospital or moving on from Intermediate Care.	Embed existing joint work and continue to maximise opportunities to facilitate case referral to HOOP. Promote early identification of patient housing status and develop closer joint work with OTs, Physiotherapists, Discharge Coordinators and ward staff. Awareness raising programme across all NW RSLs will be implemented
A greater focus on prevention and early intervention, supporting housing providers to identify	• Progress development and implementation of the Housing Contributions Statement • Ensure housing providers are an integral partner in anticipatory care planning and discharge planning	Ongoing Progressed through Housing Options (incl HOOPs) and	Review City-wide implementation Promote use of ACPs with housing providers

potential need and access appropriate services quickly	• Develop a co-ordinated person centred approach to the provision of aids and adaptations across tenures.	Housing input at Older People's Planning Group	Ongoing

Sexual Health

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Fewer newly acquired HIV and sexually transmitted infections	• Improve access to testing at current clinics, and introduce some test-only walk-in clinics and targeted home or self-testing	The waiting time for Urgent Care clinics (for symptomatic and people at higher risk) within NW sector was less than 2 days, and across all Sandyford clinics was 2 days.	Waiting times for Urgent care appointment - 2 working days. Waiting times for Test-only appointments – 15 working days
	• Ensure increase in Partner Notification undertaken for people diagnosed with a sexually transmitted infection.	In progress	Proportion of clients with a diagnosed STI who have PN – target to be confirmed
	• Ensure HIV testing is being targeted appropriately at groups who are most at risk	In GC HSCP the proportion of males who are MSM (men who have sex with men) has risen from 18% in 2010 to 23% 2016, and in NW sector it has risen each year from 19% in 2010 to 24% in 2016.	HIV test uptake within priority groups increases *(target tbc)* Social marketing undertaken to promote HIV testing to those who have never been tested
	• Improve access to Free Condoms	The number of Free Condoms sites increased by 13% across North West sector, from 97 in 2015 to 110 in 2016.	Increase in number of FC sites across GGC. Increase in number of condoms available across GGC

Fewer unintended pregnancies	• Increase the uptake of very long acting reversible contraception across Sandyford services	Numbers of IUD and IUS fitted across Sandyford services in NW sector has remained at the same level in 2016 as in 2015, ie 2,042 in total. Numbers of implants has decreased from 1,782 in 2015 to 1,535 in 2016	Increase on previous years. Waiting times for vLARC appointment – 10 working days
	• Increase the uptake of vLARC in women who have undergone a termination of pregnancy procedure	.	Proportion of women receiving post-abortion LARC (immediate prescriptions and bridging contraception) within 6 weeks – 40%
	• Work with partners in the acute sector to increase access to the Termination of Pregnancy assessment services for all women from outside Glasgow City		Number of women accessing the service from outwith Glasgow city increases
	• Improve access to Free Condoms	The number of Free Condoms sites increased by 13% across North West sector, from 97 in 2015 to 110 in 2016.	Increase in number of FC sites across GGC. Increase in number of condoms available across GGC
Sandyford specialist sexual health services are accessible to all – including people and population groups who are more likely to experience poor sexual health	• Improve service access: - reviewing opening hours and locations (as part of the Service Review) - establish a call-centre model to improve telephone access - improve electronic access through the introduction of self-arrival kiosks, self-registration, and online booking of appointments	In progress	Target to be confirmed
	• Explore outreach provision to the most marginalised people with third sector and other partners	Building Relationships engagement event in summer 2016 which opened up wider discussion with community	Outreach models developed and plans in place to implement these where appropriate

		organisations about the particular issues and needs of their clients. It will also allow us to start a dialogue with partners (as part of the Service Review) to develop appropriate forms of outreach.	
	• Review the Steve Retson Project for men who have sex with men, and all Sandyford services, to ensure the most vulnerable men are offered the right services at the right times	133 men were referred to SRP Choices, the majority of whom (89%) were referred from a Sandyford service. • 53% of 133 men referred to SRP Choices engaged with the assessment. • 60% of 71 men who engaged with the assessment then also engaged with an intervention. • 72% of 54 men placed on the CBT waiting list went on to engage in CBT counselling. • 66% of 6 men placed on the low tier intervention list went on to engage in this intervention Work continued to identify suitable premises for the future location of the SRP. Options have progressed to design stage, but have not yet delivered a workable solution.	SRP community hub developed Proportion MSM of all male attendances at all Sandyford services – 10%

Improved service access across all Sandyford services for young people aged under 20	• Increase the rate of attendance at all Sandyford services of sexually active young people aged under 20	Numbers of young people aged under 20 have reduced across all Sandyford services from 7,096 in 2015 to 6,543 in 2016. In clinics within NW sector (Central at Charing Cross and Drumchapel), the numbers have increased from 3,500 to 4,008. The Youngpeople@sandyford website was launched in the autumn of 2016 and has been widely promoted using social media.	ages 13-15 male 5%, female 58%; ages 16-17 male 10%, female 64%
	• Plan and Implement pilot to extend young people's clinic opening hours into late afternoon and early evening	Sandyford has completed a review of young people's service opening times and locations alongside a range of broader accessibility issues for young people. This review process included the lead officer from the YHS Service. A recommendations paper has been drafted for the Sandyford Service Review Programme Board. A pilot of extended young people's clinic opening hours is at the planning stages for one of Sandyford's Hubs in Northeast.	Increased attendance of all young people, young males, and young MSM. Increased uptake of LARC in young women. Increased uptake of STI testing in young people.
	• Assess training needs for staff working with young people and address where necessary	402 staff who work directly with young people across GGC were trained by Sandyford staff	Increase in the number of staff trained in sexual health and wellbeing who work

		in sexual health and wellbeing issues in the business year 2016/17. Only 49 of these were in Glasgow City where this training is predominantly delivered by dedicated social work trainers.	directly with young people, particularly targeting third sector addictions and homelessness staff
	• Strengthen links with Youth Health Service across North west and Glasgow city by responding to the outcome of the city-wide review as appropriate	Sandyford has engaged with and contributed to the City-wide review of youth health services, and will respond to the outcome of this review as appropriate.	Target to be confirmed

Health Improvement

Priorities	Key Actions	Progress in 16/17	Target for 17/18
Building mental well-being and resilience across the Northwest via direct service delivery and capacity building	• Provision of range of mental health training programmes to build capacity of local communities, groups and organisations • co-ordinate NW Mental Health & Wellbeing Forum • Co-ordinate NW Suicide Safer Communities Forum	Training Courses Delivered: • Scottish Mental Health First Aid training x 4 • Scottish Mental Health and Wellbeing Training -Young People (SMHFA:YP) x 3 • Safetalk x 7 • Assist x 5 • Mental Health & Wellbeing Forum x 6 6 meetings of communities forum held	Training Courses Offered: - Scottish Mental Health First Aid training x 4 -Scottish Mental Health and Wellbeing Training -Young People (SMHFA:YP) x 2 Safetalk x 6 Assist x 4 Amaan Communities Training X 2 - Mental Health & Wellbeing Forum x 4 sessions p.a. - NW SSCF x 6

Tackling poverty and health inequalities	• Delivery of financial inclusion & employability services including income maximisation, debt management and building financial capability. Work to increase referrals across service areas.	Financial Inclusion services continue to grow and deliver good outcomes. By quarter 3, 970 people referred by NHS to financial inclusion services. Funding extended for the SLAB project in Possilpark. Making better progress after the employability Bridging Service transferred to a new supplier	- Implement a neighbourhood approach to employability and financial inclusion. Embed money advice service model within Possilpark
	• Delivery of mentoring programmes for young people	MIDAS – working with 21 new young people with particularly complex needs plus continued to work with 11 young people from 2015/16. . Nature of complexity impacted on target figure. Assisted Pilot – 2 young people (lack of uptake by pilot GP practices) Plusone – 24 young people recruited to the programme in 2016/17	- Midas - 21 new young people + 10 existing + young people via Lifelink Youth Contract
	• Lead the delivery of programmes to address Gender Based Violence in NW, including training, capacity building and inter-agency responses.	Local delivery groups continue to develop and adapt in relation to neighbourhood need. Each group prioritised their funding streams which	- Equally Safe local delivery groups x 5 (1 group per multi member ward area) - Gender Based Violence Youth Guideline training for trainers x 1 session (16 participants 6 ½ day training sessions (April 2017 – March 2018) FGM x 2, Childhood sexual abuse, domestic abuse & coercive control, commercial sexual exploitation.

		reflected the Equally Safe priorities. Kelvin College agreed to develop trainer for trainers in order for it be recognised as a credited youth work module.	Violence Against Women ½ day workshop x 2. - Child Sexual Abuse Awareness Month (Sept 2017) - 16 Days of Action (November 2017) - International Women's Day (March 2017) North West Women's Festival (25th November) Monthly neighbourhood event leading up to the festival.
	• Support the implementation/ delivery of the Violence against Women awareness raising campaigns:		
Creating a culture for health – reducing alcohol , drugs and tobacco use and obesity	• Continue roll-out of targeted area based approach to smoking cessation services	In 2016 the NW had the top three quit rates services in the whole of the health board, Possilpark, Drumchapel and Maryhill. Early 2017 returns suggest continued growth	- <15% women smoking during pregnancy (<20% in most deprived quintile) - From 40% most deprived (TBC quits at 12 weeks)
	• Establish Action Plan for reformed NW prevention Education Group.	Completed across the Thriving Places area. Responses being collated and action plans being produced via local P&E subgroup.	- Facilitate a series of workshops x4 to identify priority actions in 4 neighbourhoods.
	• Delivery of community based Prevention and Education contracts	Delivered in Dumbarton Road Corridor. Completed Feb 2017. Evaluation of campaign and diversionary programme underway.	Scope potential deliver a Local Community Alcohol Campaign in 1 priority neighbourhood linked to localised Ripple Effect action Plan

	• Delivery of Weigh to Go Programme (for 12-18 year olds) - Board wide service managed by NW	30 young people by March 2017 in line with target	- in line with targets set out in contract - 100 young people across Board wide service 30 young people (NW) by March 2018
Taking a place-based approach to community health and wellbeing	• Use a variety of asset based methods and tools to work with local communities to identify their priorities • Support community based capacity building through the delivery of community based health contracts	Utilised the Place Standard tool to have conversations with more than 6 groups in Drumchapel to talk about their community and identify priority areas for action which were shared and discussed at a Drumchapel Blether. Worked in partnership with connecting Milton group to gather communities' wishes for Milton and further discussed these at regular community breakfasts. Facilitated visioning and planning workshops with Ruchill and Possilpark Thriving Places development groups to create local action plan and priorities. By end of quarter 3, AXIS engaged with 1618 people including delivery of community	- Drumchapel - Continue work of the Breakfast & Blether group to link with emerging Thriving Places Locality Plan. Establish Thriving Places Steering Group to support implantation of draft connecting communities plan. -Milton & Lambhill- Identity and recruit Thriving Places Anchor organisation. Recruit TP Community Connector to link with Connecting Milton group and wider community to develop local community involvement plan - Ruchill & Possilpark - Continue to deliver on local action plan together with local people and partners under a joint TP development group.

		cooking, HIIC courses and capacity building	- In line with annual targets set out within AXIS contract

6. PROMOTING EQUALITY

North West Locality will contribute to delivering the actions and priorities set out within Glasgow City HSCP's Equality Plan 2016-18. Key actions and priorities for NW Locality in 2017/18 include:

- Maintaining accessibility audits of new buildings
- Participation in Equality Impact Assessments of cost savings, service redesigns, service developments and policies
- Hate crime awareness and reporting
- Routine enquiry money worries, gender based violence (GBV), employability and appropriate onward referral
- Extend number of GBV local delivery groups from 3 - 5 to deliver on Equally Safe strategy
- Participation in age discrimination audits as required
- Responding to findings of the Fairer NHS staff survey alongside staff training priorities (Asylum seekers & Refugees, Poverty e-learning module, Key care groups: GBV)
- Meeting the requirements of the HSCP's participation and engagement strategy including equalities monitoring of community engagement
- Analysing performance monitoring and patient experience by protected characteristics as required
- Provision of a programme of equality and diversity training for NW HSCP staff and local organisations in North West

7. RESOURCES

7.1 Accommodation

New Health and Care Centres

The new Maryhill Health and Care Centre opened in September 2016 and provides the local community with purpose built, modern facilities. This £12m development replaced the existing health centre and incorporates 3 GP Practices, physiotherapy, podiatry, community dental services, speech and language therapy, district nursing, health visitors, community mental health services, a youth health service, along with health and social work teams.

Site work has commenced on the development of a new £18m Woodside Health and Care Centre for Woodside. As with Maryhill, it will accommodate a similar range of health and social care services as well as specialist children's services, community alcohol and drug services and an older people's day care unit. The new health and care centre is planned for completion in October 2018.

Sandyford Sexual Health Services

Sandyford, located in Sauchiehall Street, Glasgow is the NHS Greater Glasgow & Clyde hub for the provision of a wide range of specialist sexual health care services and advice. However, limitations with the current accommodation are restricting the volume of patients that the service can see, resulting in waiting time pressures. NW Locality is therefore leading a piece of work to explore the feasibility of finding other suitable accommodation for these services or alternatively, whether substantial upgrading of the existing facility is possible. Plans will also be developed to transfer Archway services from Sandyford to improved accommodation at William Street Clinic (currently accommodating specialist children's services who will relocate following the opening of the new Woodside Health and Care Centre).

Reviewing Accommodation Requirements and Promoting Co-location

As part of the drive to maximise efficiency, effectiveness and integrated working, there will be an ongoing review of the accommodation needs and requirements across North West Locality. This will be undertaken in the context of supporting integrated working and efficient working practices, such as agile working and co-locating health and social care staff where possible. This will include a review of existing social work accommodation needs at Church Street, Anniesland and Gullane Street.

7.2 Human Resources

North West Locality directly manages a staffing compliment of approximately 1800 people across a range of services and disciplines. This includes Sandyford Sexual Health Services, which North West Locality has a 'hosted' management responsibility on behalf of HSCPs across Greater Glasgow and Clyde.

7.3 Finance

North West Locality has a total net recurring budget for service provision of approximately £230m and directly manages a staffing compliment of approximately 1800 people. An indicative budget for North West in 2017/18 is set out below. This will be confirmed in the weeks ahead.

GCHSCP - North West	**2017/18**
	£
Children and Families	11,334,700
Prisons Healthcare and Criminal Justice	2,402,400
Older People	27,093,700
Addictions	28,228,400
Carers	585,700
Elderly Mental Health	6,323,700
Learning Disability	14,484,000
Physical Disability	5,176,300
Mental Health	18,928,900
Homelessness	976,200
Prescribing	40,244,300
Family Health Services	55,547,500
Hosted Services	9,890,400
Other Services	4,872,100
Total	**226,088,300**

Glasgow City
Health & Social Care Partnership
South Locality Plan
2017/18

FOREWORD

This is the second Locality Plan for the South since the establishment of the Health and Social Care Partnership (HSCP) last year. The aim of the plan is to provide a review of the progress made in 2016/17 and to identify our priorities for 2017/18.

There are challenging times ahead both in financial terms and also in delivering improvements in our performance. As well as progressing ongoing work, within the plan you will see ambitious and exciting new projects which we plan to implement in the year ahead which will improve lives and to further reduce inequalities. This includes taking forward the South Locality element of the HSCP Equality Action Plan (revised March 2017) and a number of more detailed actions from care group planning at City and Locality levels

This plan for 2017/18 highlights the challenges we face in the South in taking forward this agenda, the key issues for users and carers, and the actions we are going to take over the course of the year to implement the HSCP's Strategic Plan and respond to local needs. We are keen to build on the first year of our status as an integrated organisation, working closely with our partners, local communities and organisations.

David Walker
Head of Operations South Locality
Glasgow City HSCP

1. INTRODUCTION

Health & Social Care Partnership Strategic Plan 2016-19

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and in March that year the Board endorsed a three year Strategic Plan for the period up to 2019 (see https://www.glasgow.gov.uk/index.aspx?articleid=19044). In that Plan the IJB set out its vision for health and social care services - that the City's people can flourish, with access to health and social care support when they need it. The IJB envisaged that this would be achieved by transforming health and social care services for better lives. This Locality Plan shows how we intend to implement that plan in the South of the City. The figure below shows the three localities in Glasgow, and the areas covered.

2. OUR KEY PRIORITIES

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

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

In the HSCP localities are an important part of our integration arrangements to improve the delivery of health and social care services for the people of Glasgow. We have agreed three localities in Glasgow as shown above. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for South Glasgow for 2017/18. In last year's plan we gave a profile of the locality and the services we provide. Similar plans are also available for the North East and the North West.

The purpose of this plan is to:

- show how we will implement the HSCP's Strategic Plan 2016-2019 in the South of the city, and what this will mean for service users, patients and local communities; and
- how we will respond to local needs and issues.

The plan is a one year plan covering the period April 2017 to March 2018. The plan is based on:

- what we know about health and social care needs and demands and any changes from the 2016/17 plan;
- our current performance against key targets;
- the key service priorities as defined in the HSCP's Strategic Plan, including health improvement and what we are doing to tackle inequalities; and,
- the resources we have available including staff and accommodation.

We will report later in the year on how we are doing in implementing the plan and identify further areas of improvement for next year's plan. If you have any comments on this plan, let us know.

3. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM

Glasgow City Health and Social Care Partnership recently completed a consultation on how best to engage with people about health and social care issues. The consultation responses were extremely valuable and helped us to understand what we need to do to ensure we have the very best community engagement possible. In taking forward the strategy in South our model for future engagement and participation has three main strands, and local people, community groups and organisations will have an opportunity to get involved in a range of ways:

- a Locality Engagement Network as a wide network of groups, organisations and individuals who have an interest in health and social care;
- establish a Locality Engagement Forum to act as a hub for information, communication and participation and supported by the South Locality management team. The Forum will focus on key themes or issues in each care group; and,
- service based activity where we will work closely with patients and / or service users and carers on specific issues or topics.

Over the next few months we will:

- share the proposed engagement model widely with community groups, organisations and with staff groups and teams, and respond to any comments or concerns raised during discussions with groups;
- promote participation in the new Locality Engagement Network as a publish a regular bulletin for the LEN;
- host an information session on 28 April 2017 for those who have expressed an interest in being part of the Locality Engagement Forum where we will also discuss the key priorities in this plan;
- develop links with the public representatives on Integrated Joint Board, the IJB Public Engagement Committee and Strategic Planning Groups and other groups and organisations; and,
- arrange the first public session of the Locality Engagement Forum in June on the theme of older people's services. Further events are planned on children's services and adult services later in the year

To find out more about the Locality Engagement Forum please contact: Lisa Martin, Community Engagement Officer (South Locality), on 0141 427 8300.

4. PERFORMANCE INFORMATION

This section summaries our performance against key targets and indicators. There are a number where we need to make improvements in 2017/18 and these are included in the action plans that follow.

Where We Are Performing Well
Unscheduled Care - No. of patients over 65 classed as AWI breaching the 72 hour target.
Unscheduled care - Bed Days Lost to Delayed Discharge (Older People classed as AWI)
Older People - Open OT activities : % over one year
Older People - Continence Service – Waiting Times
Older - people - Home Care: % Reviews
Older - People – Re-ablement: % requiring no further home care support following re-ablement
Primary care - Numbers on GP practice dementia registers
Prescribing Costs: Compliance with Formulary Preferred List
Prescribing Costs: Annualised cost per weighted list size
Carers - Number of Carers who have completed an Assessment during the quarter
Carers - Qualitative Evaluation Question: Improved your ability to support the person that you care for
Children's - Access to specialist Child and Adolescent Mental Health Services (CAMHS) services – Waiting Times
Children's - % of children looked after away from home [LAAC] with a Primary worker
Children's - % of Service Users with an initiated recovery plan following assessment
Children's- % of HPIs allocated
Children's - % of looked after and accommodated children who have had a permanency review
Children's - % of children looked after at home [LAC] with a primary worker
Criminal Justice - CPO: 3 month reviews held within timescale
Health Improvement - Smoking Quit Rates
Health Improvement - Breastfeeding: 6-8 weeks (exclusive)
Business Processes - % of elected member enquiries handled within 10 working days
Human Resources - % of NHS staff with standard induction training completed within deadline

Where improvement is required
Older people - Number of people in supported living services
Older people - Intermediate Care : Average length of stay
Older people - % of Intermediate Care Users transferred home
Older people – Re-ablement: % receiving a service following referral
Older people - Intermediate Care : % Occupancy
Older people - Deaths in Acute Hospitals 65+ and 75+
Unscheduled care - Delayed discharge: No. of patients over 65 breaching the 72 hour target
Unscheduled care - Adults under 65 breaching the 72 hour target.
Unscheduled care - Adult Mental Health patients breaching the 72 hour target (Under and over 65 including AWI patients).
Children's - Uptake of Ready to Learn assessments
Children's - % of new SCRA reports submitted on time
Children's - % of young care leavers in employment, education or training
Homelessness - % of live homeless applications over 6 months duration at end of quarter
Criminal Justice - % of Community Payback Order (CPO) work placements commenced within 7 days of sentence
Criminal Justice - % of Unpaid Work (UPW) requirements completed within timescale
Criminal Justice - % of CPOs with a Case Management Plan within 20 days
Health Improvement - Alcohol brief intervention delivery (ABI)
Human Resources - NHS Sickness absence rate
Human Resources - Social Work Sickness Absence Rate
Business Processes - SW Complaints - % handled within 15 days
Business Processes SW Complaints - % handled within 28 days

SERVICE PRIORITIES – Review of 2016/17 and Targets for 2017/18

Primary Care

Priority	Key Actions	Progress 2016/17	Target 2017/18
Improving GP Premises All GP surgery premises assessed as being compliant with agreed standards.	We will work with the GP practices concerned to agree plans for improvement.	Mount Florida Medical Practice upgrade complete. New premises being developed in Darnley for Arden practice.	All premises compliant with surgery standards.
New GP Contract Taking forward the formation of GP clusters using a "bottom up" approach, and identifying GP Practice Quality Leads and GP Cluster Quality Leads.	Continued support and facilitation to agree GP clusters and quality leads	7 GP Clusters identified covering the South. 51 PQLs identified one for each GP practice and 7 CQLs identified one for each cluster	Clusters up and running with agreed quality programmes.
	Development sessions set up with CQLs and LET to have discussions about services in clusters and training and development for CQLs	First Development session on 24th Jan. Main message was this meeting should take place twice a year and CQLs are looking for training and development in service improvement	2nd session to be organised for Aug/Sept 2017 Training on service development to be sourced in 2017
Anticipatory Care Plans Introduction of anticipatory care plans within GP practices to support management of patients at risk of admission.	Work with practices to support continual improvement of anticipatory care plans	All GP clusters have met as clusters. ACPs are a known priority for clusters and associated multi-disciplinary meetings.	Continue progression within Cluster discussions
Primary/Secondary Care Interface Develop a local clinical interface between primary and secondary care to support the HSCP's plans for unscheduled care and implementation of the Clinical Services Strategy.	Discuss with clinical leads, to further develop the interface	CD meets every two months with acute clinical leads Members of the GP committee informed that if there are any issue with Acute/Secondary Care they should approach the Clinical Director who can raise directly	Continue to monitor rates of new accident & emergency attendances by GP referral to improve management of unscheduled care
Improved Healthy Life Expectancy for Men & Women	COPC to be introduced in East Pollokshields by December 2016	COPC is in place and the group consisting GPs, Sole Riders,	To show improvement in the health of the population of East

Priority	Key Actions	Progress 2016/17	Target 2017/18
Support the delivery and development of Community Orientated Primary Care within East Pollokshields.	Promote more social prescribing using Sole Riders, Walking Groups and Urban roots.	Urban Roots and other voluntary org meet every 6 weeks often with a specific topic of concern such as diabetes.	Pollokshields by encouraging more social prescribing.
EU Care and Support to Govanhill GP Practices Continue to support GPs in Govanhill, and other areas, in registering patients where there is a need for specific support such as interpreting services through agreed action plan	Continued discussion with GPs and others to address issues as they arise, and implement the agreed action plan	Govanhill Primary Care Action Plan in place. The action plan has supported the increase of Roma/Slovak interpreters available in Govanhill.	Delivery of action plan priorities including access to interpreting services
	Community Orientated Primary Care model established within Govanhill	COPC model established that incorporates all 3 GP Practices and wider stakeholders.	Agree key priorities for action in 2017/18
Govan SHIP The HSCP will continue to support this Scottish Government funded project which, in the context of deprivation and the Inverse Care Law, aims to shift demand in primary care using anticipatory and preventative approaches.	Continue Senior Management support to Govan SHIP project board.	Evidence of reduced A&E hospital attendance, GP demand with enhanced coordination of care in multi-morbidity patients and improved practitioner and patient satisfaction. Qualitative evaluation highlights the learning from collaborative / integrated working. Funding for 2017/18 now confirmed	Emphasis to be on consolidating the work and sharing the learning at national, Board, partnership, locality level with a view to scaling up / main-streaming.
New Residential Care Unit Building good links and communication with new unit Orchard Grove. Building similar links for Leithland.	Set up an operational group to look at opportunities to improve service delivery	Completed for Orchard Grove.	New unit at Leithland planned for 2017/18 where lessons learned from Orchard Grove will be put into practice
Screening We will work with GPs to improve screening uptake rates for cervical screening and bowel screening	Cervical and bowel screening sessions delivered within GP practices with low uptake by HI team	Reported in Practice Activity Reports. Raised at locality meetings and PLT	Further targeting to improve uptake during 2017/18

Priority	Key Actions	Progress 2016/17	Target 2017/18
Improving Access	Promote greater use of Community Pharmacy Minor Ailment service	Community Pharmacy information leaflets developed. Leaflets to be translated in to the most popular languages in Govanhill	Leaflets developed Feb 2017 Translated into other languages May 2017
	Optometrist as first point of contact for eye problems being promoted.	Poster being developed for all GP practices and pharmacies	To be distributed to all south GP practices and south pharmacies in May 2017
	Promote use of other services before accessing GP	Know Who to Turn To Posters being printed for south GP practices to be distributed to GP practices , pharmacies, Dentists and local libraries	Currently at printers. Distribution May 2017
Support Sustainable General Practice	Better use of all members of the primary care teams	Posters as above and also 2Making the most of your practice" leaflets which have been developed and translated into a number of languages	December 2016
Prescribing We will continue to work with Prescribers and local community Pharmacists to deliver the safe, cost effective patient centred use of medicines in Primary Care.	Delivery of Prescribing action plan in conjunction with GP Clusters, the prescribing forum and individual GP practices	As of end November 2016 Glasgow South shows a 0.06% underspend. Glasgow South continues to show overall progress with key prescribing indicators	Three core themes to be progressed in 2017/18 as part of South Prescribing Action Plan are: • prescribing budget spend; • prescribing indicator improvement; and, • implementation of extended roles.

Carers

Priority	Key Actions	Progress 2016/17	Target 2017/18
Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams	• Identification of new Carers • Training and awareness raising to staff	Target: 300 adult carers per locality and 100 young carers. Training was delivered to all social work and voluntary sector staff.	To increase referrals from Primary Care. Report on 2016/17 targets available in May 2017 following Carers Strategic Planning Group. Targets to be set for 2017/18
Continue to identify and support young carers through a family based approach	• Training around Young Carers • Links with Education partners • 300 new adult carers by March 2017 • Asset and outcome based training to be delivered by September 2016 • Staff training and awareness raising ongoing	Outcome Star training has been delivered and this is now embedded within young carers assessment process Recruitment exercise for CIS Education worker	Family Based approaches training is being delivered in May 2017. Young Carers Education CIS worker is now in post and is working in partnership with Education Services to develop resources and promote Young Carers pathway and support services

Children & Families and Criminal Justice

Priority	Key Actions	Progress 2016/17	Target 2017/18
Match local service delivery against agreed priorities	Develop an understanding of the diverse needs of the population in the locality	We have developed a clear understanding of demand and capacity, including unmet need. This has led to the recognition that we require to radically develop family support resources in the South.	To make progress towards the delivery of the family support strategy and to reduce numbers awaiting allocation from the baseline year.
We will report on the success and uptake of Joint Support Team referrals and ensure we increase our HV referrals to these structures by of a minimum of 5%	Ongoing management of referrals and uptake of support	Recent investment in early intervention in the locality	Confirmed as a major priority for children's services in GHSCP
Analysis of the gap between provided family support and estimates of anticipated need	Commission activity	Complete, distributed and debated at locality children's services planning group	Progress required delivering on the commitments made in the GHSCP family support strategy, particular targets in the relation to this to be developed over the coming year.
	Alongside Centre of excellence for looked after children in Scotland we will through two teams look at easing the work pressure on children and family social workers and ensure we:	Significant progress made with this task, looking to roll out lessons from this exercise to other teams	Roll out during 2017/18
	• engage and influence the structural change process that will impact on Criminal Justice services from April 2017 by engaging in the planning associated with the shadow system.	Contribution to discussions on the format of locality community justice arrangements .	We will engage in the new community justice structures currently being refined in the city and influence ongoing service remodelling.

Priority	Key Actions	Progress 2016/17	Target 2017/18
	• Community Planning engagement up to end March 2017 – new arrangements in place to manage criminal justice.	The number of unpaid work requirements completed within timescales for the South CJ Team has steadily increased from 2015 to January 2017: from 47% to currently 69%.	Maintenance of existing performance and further improvements.
	• % of unpaid work requirements completed within timescale	There will have been an impact on the number of orders completed successfully over the last 3 months due to the CSG strike at weekends	Maintenance of existing performance and further improvements.
Focus on and develop service capacity particularly in relation to prevention and early support Ensure education colleagues, adult services, mid-wives and health visitors are appropriately identifying children and families at risk.	Roll out of named person policy procedures and process.	Implementation on this matter delayed by the named person judgement. Planning continues both locally and nationally	Scottish Government policy will dictate our response
Maximise opportunities for the children's services planning structure to influence spend in the locality by improving engagement with partners internal and external to the HSCP including Community Planning, Education, the third sector, health promotion and addictions.	Locality planning structure	Support provided around the framework of the Pupil Equity Fund to Head Teachers. Events with third sector providers and education colleagues. Directed investment in third sector services to support Joint Support Team in Govan SHIP and surrounding area.	Further support to review use of third sector investment through Pupil Equity Fund and impact on capacity and outcomes Review of impact of investment via Govan SHIP
Deliver services that are safe, efficient, effective and value for money Deliver services within budget; identify areas of further efficiency	Attendance at city wide Children and families core management team. Connecting with city wide transformation projects. Ongoing review process and attention to	Work continues to meet the challenges and South's contribution to this. Budget targets projected to be met South making significant	Response to additional savings target

Priority	Key Actions	Progress 2016/17	Target 2017/18
and areas requiring development, investment or disinvestment with reference to the Quality Strategy.	management information	contribution to this	
Roll out the universal health visiting pathway	Engagement with central team ongoing training recruitment and supervision	Recruitment underway and progressing throughout 2017	Progress recruitment
Establish Locality Governance structures for Children and Families and Criminal Justice services that mirror city-wide for and connect to wider Health Board and Glasgow City Council arrangements.	Meeting to consider membership and establish terms of reference on 24th April first meeting scheduled mid-May.	Complete	No further action required in 2017/18
Establish mechanisms for monitoring and reviewing performance against agreed KPIs and ensure mechanisms are present to address performance.	South to pilot Children and Families/CJ Key Performance indicators. Identify key supporting factors.	Function undertaken by locality children's service management team	Review of performance framework
Unpaid work orders	Increase the number of people on unpaid work orders getting into unpaid work within 7 days by 10%	South CJ Team from the end of 2015 to January 2017, the percentage of people getting into unpaid work within 7 days on all orders has remained mainly static around 64-65%. When interrogating the information on reasons why it has remained low and static, it has become clear that there are an increasing number of level 1 orders being made. These orders do not require a report from the social work department and therefore	Progress liaison with Glasgow Sheriff Court Review progress of percentage of people getting into unpaid work within 7 days on all order. Aim to increase percentage.

Priority	Key Actions	Progress 2016/17	Target 2017/18
		are not given a first appointment to attend at Fast Track, and go out on placement that day. A liaison meeting with Glasgow Sheriff Court is to be set up to see if this can have an impact on this.	
Reduce the cost of high cost placements by 10% compared to last financial years	Implement new process for oversight	Achieved	Maintain existing achievement and progress further reduction of high cost placements.

Adult Services including addictions, adult mental health and learning disability

Priority	Key Actions	Progress 2016/17	Target 2017/18
Focus on and develop service capacity particularly in relation to prevention and early intervention support Implement the changes to Learning Disability Out of Hours Service in line with GG&C strategy recommendations.	To be progressed through the learning disability planning group.	Implementation complete – CPN Out of Hours Service now proving this role.	Monitor and review changes to ensure adherence to strategy recommendations
Review adult mental health patient pathway between hospital and community with health and social work interventions to optimise admission and discharge planning, including improving delayed discharge performance for adult mental health and learning disability.	Review pathway at locality planning groups. Scrutiny of delayed discharges at operational management level on weekly basis	Review of pathway well progressed and reported to Adult Services Management Team. Work on delayed discharges ongoing - reviewed and reported through performance plan.	Completion and circulation of the completed pathway. Reduction in delayed discharges.
Complete a self-assessment against the Adult Mental Health Community Services Framework requirements for all community mental health services across South Glasgow.	All Community mental health services across the South will carry out a benchmarking exercise against the Mental Health Community Services Framework and identify action plans to achieve any unmet standards.	Self-assessment complete, action plan developed and well progressed.	To complete implementation of the local action plan by March 2018.
Review links between Primary care Mental Health Teams and Community Mental Health Teams with GP practices	Implementation through on-going monitoring and review	Initial review work has been via Govan SHIP project. Recent agreement to provide identified link CPNs to clusters.	To establish links with each GP cluster

Priority	Key Actions	Progress 2016/17	Target 2017/18
Access to psychological therapies	Maintain psychological therapies 18 weeks performance, and improve percentage of first referrals seen within 28 days.	Unable to confirm current status as a result of the migration to EMIS.	90% of patients to be seen within 18 weeks
Implement new alcohol and drug access team arrangements in line with the geographical realignment of team locations across South Glasgow.	Implement through addictions management team arrangements	This will be concluded by April 2017	Review and evaluate new arrangements in the light of experience
Deliver services that are safe, efficient, effective and value for money Increase numbers of staff trained in adult support and protection and strengthen joint approach across health and social care staff.	Progress through adult services management team meetings.	Performance information on number of staff undertaking training in 2016/17 to be assessed	Continued programme to increase total number of health and social work staff trained
Implement the recommendations of the Community Addiction Team review across south Glasgow.	Implementation to be taken forward by addictions management team	Staged delivery of the review recommendation, Access and Shared Care will be concluded by April 2017.	Review and monitor implementation throughout 2017/18
Participate in the work of the Learning Disability Tier 4 redesign process.	To be taken forward by city-wide learning disability planning group.	Participation ongoing – work being led by North East, timescale for completion will extend.	Report on redesign to be completed by December 2017.
Consider options for learning disability day care provision for the South.	To be taken forward by city-wide learning disability planning group.	Work being led in North East Glasgow to review options.	Review options and contribute to preparation of business case as appropriate
Work with third sector care providers, Commissioning and Finance to meet the challenges of rising costs of social care particularly in 24 hour services.	To be processed through the adult services management team	Range of review work completed to date with further work to do beyond March 2017.	Report on progress to the adult services management team

Priority	Key Actions	Progress 2016/17	Target 2017/18
Planning for the Future Ensure a shared understanding of the approach, process and inputs, delivery and outcomes of the roll out of personalisation within adult services, including increased numbers taking support in form of direct payment.	To be progressed through adult services management team meeting, locality planning groups and forums.	Regular item for discussion at Adult Services Management Team to ensure shared understanding. Numbers taking up direct payments to be assessed	Continue to review and monitor up take of direct payments and roll out of personalisation
Develop a contingency response procedure for replacement care if a Provider exits the social care market – all care groups	To be processed through service modernisation and commissioning	Contingency planning continually re-freshed and updated as appropriate .	Continue to monitor situation and take forward contingencies as appropriate.
Recovery programme Rebalanced relationship with alcohol and reduced drug use: Support the implementation of the Single Outcome Agreement for Alcohol and the Alcohol & Drug Partnership Strategy	Contribute to community recovery within South Locality and further develop & deliver South Locality 'Recovery with Rangers' and 'Recovery with the Citizens' programmes. Implementation of Single Outcome Agreement actions by March 2017	SOA recommendation continues to be delivered and updated, priority areas agreed as community participations, and registered social landlord. Recovery with Rangers now mainstreamed and key partner within South Recovery Network	Review and update SOA in light of progress in implementing current actions.
Roll out recovery training for all alcohol and drug service staff to ensure service is recovery orientated in line with review recommendations and ADP outcomes measures.	Roll out to be overseen by locality addictions group.	Completion of South Recovery Matters training will be concluded in time for the implementation of the South Alcohol and Drug Service launch in April 2017	Continue to review and monitor impact of training throughout the year
Build mental wellbeing and resilience Develop staff to extend programmes and increase capacity to deliver on the	Support staff who work directly with vulnerable families to include health improvement to their practice by providing training and support to staff working directly	Implementation of programmes ongoing	Review and report on impact in 2017/18

Priority	Key Actions	Progress 2016/17	Target 2017/18
prevention and early intervention agenda for early years targeting interventions to the local BAME and vulnerable population's (NHWO 1,3,5,8)	with BAME, homeless clients and families in supported accommodation.		
Improve mental wellbeing and resilience Implement the recommendations in the Mental Health Framework	Delivery of community based stress service for adults and young people through the Lifelink Contracts.	Delivery on-going.	Report on impact of programmes in 2017/18
	Build capacity for Peer Mentoring approaches in the south through local Mental Health Support networks.	Completed by March 2017	Review and report on approaches in 2017/18
	Build capacity of staff and third sector organisations through the delivery of MH Training i.e. Seasons for Growth (young people specific, Assist, Safe Talk and Suicide Prevention.	Completed by March 2017	Review progress and identify next steps
	Consideration will be given to the potential for in depth training for our contracted third sector organisations engaging with patients who have severe and enduring mental health issues.	Undertaken by December 2016	Review outcome of activity and report on proposals for 2017/18

Older People, including older people's mental health

In addition to the information below, there is a more detailed Older People plan in development. This will be made available as a supplementary document during the summer of 2017

Priority	Key Actions	Progress 2016/17	Target 2017/18
Putting in place the architecture of Integration Establish an Integrated Management Team for OPPC ensuring that there is appropriate time and exposure of all components within OPPC agenda including physical disability and long term conditions Establish Locality Planning for older people and physical disability services that links to Community Planning and HSCP strategic planning arrangements.	Set up and agree TORs for schedule of meetings and agree arrangements for cascade of information to and from all staff Implement the older peoples' system of care	Integrated Management Team Established March 2017 - Completed Older People Locality Planning Group meeting four times by March 2017 with formal reviews of locality plan progress - Completed	Continue with older peoples service engagement events (2 or 3 times a year) involving OP teams and other agencies including housing and 3rd sector. Progress planning for integrated neighbourhood teams and implement through 2017/18
Establish Locality Governance structures for OPPC that connect to wider HSCP, Health Board and Glasgow City Council arrangements.	Ensure we have effective governance including for ASP, escalation of concerns, Datix reporting, complaints, outcomes of LMRs and Significant Clinical Incidents and audits. Encourage an increase in NHS input and presence at ASP meetings.	Confirm increased NHS input/ attendance at ASP meetings - Completed	Continue to review and evaluate to ensure effective governance arrangements in place.
	Develop training and awareness arrangements for NHS staff on ASP	Increase in referral numbers / AP1s from baseline by March 2017	Continue to work on wider understanding and awareness of Adult Support and Protection

Priority	Key Actions	Progress 2016/17	Target 2017/18
Match local service delivery against agreed priorities Test our service provision against • National priorities (e.g. the 9 Health and Wellbeing Outcomes and HEAT targets) • Outcomes and key actions described in the HSCP Strategic Plan 2016-19 (Strategy Maps).	Specific local actions to deliver these to feature on the agenda of the OPPC planning group and management group. Report on progress against agreed outcome measures/targets at the OPPC planning meetings and locality and HSCP management structures	Review of OP progress - through agreed action plan and performance measures against outcomes / HEAT. Continuous process and addressing areas of performance that fall below target	Improvements in areas where required, including delayed discharges, unscheduled care attendance and admission Reporting via the locality planning group
	Increase the number of people who receive supported living services at home	Performance has been below target but this is probably a data recording issue that is being investigated.	Progress will be made towards the city wide target in 2017/18 including reviewing the collection of performance data
	In intermediate care increase the % of users transferred home	Performance was on target midway through 2016/17 but dropped towards the year end.	Work is underway to achieve the 30% target in 2017/18
	In re-ablement increase the % receiving a service following referral for home care	Performance dipped below the 75% target during 2016/17.	We will maintain the 75% target in 2017/18
	Delayed discharges improve the number of patients over 65 breaching the 72 hour target	Performance improved during the year but remains above target.	The target for 2017/18 is a maximum of 20 delays per month. Work is in hand to maintain improvement in South's performance in line with the city wide target
	Contribute to a reduction in the percentage of people aged 65+ and 75+ dying in	Performance has improved during 2016/17 and is on an upward trend.	Our expectation is that the 40% target will be achieved in 2017/18

Priority	Key Actions	Progress 2016/17	Target 2017/18
	acute hospitals		
Focus on and develop service capacity particularly in relation to prevention and early support Develop services that are in line with the National Clinical Strategy (2015) http://www.gov.scot/Resource/0049/00494144.pdf and the NHSGGC Clinical Services Review.	We will promote anticipatory care approaches throughout our services We will focus on the prevention of falls across our services	ACP target under review as part of city wide approach to anticipatory care Development of falls pathways and level one assessment tool for falls	Plans in place to increase the number of ACPs – this will be a continuous stream of activity as new patients come onto caseloads etc. Plans to focus on care homes New target to be set for 2017/18 Develop and implement the level 2 assessment tool for falls. Target residential and nursing care homes to support them to reduce falls and develop a means of measuring changes.
	We will support early discharge from hospital, contributing to the ongoing development of Intermediate Care and the accommodation based strategy	Intermediate care units have been established in south and are supported via community rehab teams Occupancy levels dropped below the 90% target in 2016/17. Average length of stay has been well below target throughout 2016/17.	Support the various aspects of the accommodation based strategy and supported living across south. Work is underway to maintain the 90% occupancy target for 2017/18The LOS target is 30 days. Work is underway to improve performance.
	Develop, test and evaluate effectiveness of level one	Delivery of outputs from the fall project. Falls referrals	Review activity against 2015/16 baseline and

Priority	Key Actions	Progress 2016/17	Target 2017/18
	and two falls assessment tools	to pharmacy increased. Level one falls tool tested and implemented.	agree targets for 2017/18.
Support residential and care homes to have easy and appropriate access to primary care services and routes for escalation - Focus on reducing the number of hospital admissions from care homes	Develop a co-ordinated approach to District Nursing and treatment room services for residential care homes population	Delivery of agreed process for care homes re access to DN & Treatment Room - Established	Level 2 falls form to be implemented New home (Leithland) opening in 2017/18 Detailed work on interventions and training to be commenced to reduce unplanned admissions (following agreement with acute colleagues)
Implement the Dementia Strategy locally	Work with Acute and care homes re admissions and support provided to Care Homes	Reduction in number of care home admissions – Initial data collection completed	Agree roll out across Glasgow
Deliver on early intervention and person centred approaches to care for those with a mental health diagnosis	Disseminate information re 8 pillars pilot and contribute to evaluation	Numbers of staff trained / given information – 8 Pillars evaluation complete	All staff to be trained in person centred approach.
	We will raise awareness and understanding of dementia amongst our staff and the general public and to promote timely access to dementia diagnosis	Information on Dementia Strategy shared via South Locality Engagement Network (300 contacts) / newsletters x 3 / specific Twitter activity around dementia Public event on Older People and Primary Care	Completed More general awareness sessions to be arranged Continued implementation of dementia strategy through 2017/18

Priority	Key Actions	Progress 2016/17	Target 2017/18
		Services featuring input on Dementia Strategy (Spring 2017)	
	We will evaluate the outcomes of the '8 Pillars' approach, centred on a Dementia Practice Co-ordinator role and implement good practise across all services.	Review agreed performance targets / progress at OP planning Group	Review performance in 2016/17 and set targets for 2017/18
	Progress a consistent model of Dementia Post Diagnosis support and progress to tender and implementation. Continue to monitor and review waiting times	Delivery of agreed measures for waiting times through dashboard measures - PDS support out to tender. Additional posts in place to address waiting list	Deliver action plan and targets. Monitor Altsheimers contract to provide PDS to all patients with a dementia diagnosis
	CMHT Framework to be implemented Continue to develop the quality of environment to meet the needs of people with dementia in hospital settings in accordance with the 10 Point National Action Plan described in the National Dementia Strategy,	CMHT Operational Framework implementation by Mar 2017 -Benchmark and action plan complete Delivery of agreed environment targets for March 2017 - Meeting agreed targets within CMHT	Action plan to be completed Further development as part of National Dementia Demonstrator site. Completion of action plan. Benchmark and evaluate performance data.
	Glasgow City Dementia Strategy and Integrated Dementia Services	Commitment 11 action plan complete	Develop and agree actions to continue to meet targets across CMHT and In

Priority	Key Actions	Progress 2016/17	Target 2017/18
	Framework for Residential and Day care services and with Commitment 11 of the Strategy.		Patient settings
	Deliver access to Psychological Therapies in accordance with the HEAT target.	Performance data not currently available as new system being introduced.	905 of referrals to be seen within 18 weeks
Continue to lead and implement on the polypharmacy / mindful prescribing agenda to ensure safe, effective and patient centred use of medicines in OP as per South Sector Prescribing action plan	Reshape current prescribing support team commitment to focus on polypharmacy reviews	Prescribing support reviewed and changes implemented by March 2017	Delivery of Prescribing Action Plan 2017/18 aiming for continual improvement in the use of medicines in a patient centred, clinically effective and cost effective way, with a focus on older people.
Deliver services that are safe, efficient, effective and value for money Deliver services within budget; identify areas of further efficiency and areas requiring development, investment or disinvestment with reference to the Quality Strategy. Establish mechanisms for monitoring and reviewing performance against agreed KPIs across health and social care	Ensure close budget monitoring to address any financial challenges Included on the agenda of the OPPC planning group and Management Team agenda quarterly	Budget targets – savings or achieving balanced budget at specific service level - Continues Agreed performance monitoring framework by March 2017 for locality - Completed	Continue to review budget to achieve a balanced position at the year end. Continue to monitor performance against targets and take corrective action as appropriate
Planning for the Future Ensure that staff within OPPC are well informed about policy, strategy and emerging issues and are given opportunities to contribute to contribute to the shape of future services	Locality events being planned May/June and autumn 2016 Organise shared learning events, briefings and developmental opportunities	Two events held and more planned Completed by April 2017	Engagement event with the Locality Engagement Forum planned for June. Further opportunities to be arranged throughout the year.

Priority	Key Actions	Progress 2016/17	Target 2017/18
	throughout the year Consider other models of service including for treatment room provision as part of the city wide review		

Homelessness

Priority	Key Actions	Progress 2016/17	Target 2017/18
Putting in place the architecture of Integration Embed the community homeless service in the locality	• Work to improve the interface with all care groups. Provide shadowing opportunities for staff and Community Homeless Team Managers to attend Management Meetings for all care groups. • Increase access to preventive services • Undertake a review of the Housing Options approach. Monitor the number of referrals and the outcome of these referrals to preventative services, welfare rights and mediation. Review outcomes for Service users that are dealt with through a Housing Options Approach, measure repeat homelessness. All information is recorded on I world.	• Plans to attend management meetings for all care groups by summer 2017 • shadowing opportunities between CHT and RSL staff undertaken • Engagement with health and social care partners and RSLs to prevent homelessness using a Housing Options approach. • Outcomes for service users and level of repeat homelessness being investigated • Integration has led to improved work between care groups to prevent homelessness, particularly addictions and mental health	• By August 2017 • Continuing into 2017/18 • Review of housing options ongoing • Report on outcomes in September 2017
Match local service delivery against agreed priorities Homelessness prevention mediation service Improve provision for those leaving prison We are introducing this to the Prison Casework Team, this is a service that is	• Monitor implementation • Examine ways of reducing homelessness on leaving prison. Work with SPS to monitor and collate appropriate information to measure outcomes. Prison Casework	Monitoring underway Prison homeless team are now dealing with all registered sex offenders Workers from the prison homeless team now cover duty in the South	Review and report on implementation in 2017/18, identifying key issues that need addressed

Priority	Key Actions	Progress 2016/17	Target 2017/18
currently available through housing options.	Team to work more closely with Community Homeless Teams to improve the service provided for prisoners on release. • Continue to reduce the length of time that service users spend in bed and breakfast accommodation. Monitored weekly through B and B monitor meeting. • Aim to resettle people as quickly as possible following a period of homelessness	to improve working relationships CHT staff dedicated to resettling people/families and working with Local Letting Communities to secure permanent lets	 24 people/families per week
Improve the quality of accommodation available to homeless service users.	• Agree a new service user involvement framework to ensure service users views are fed into planning and service delivery • Ensure services to refugees continue to be effective	A service user engagement session was held CHT will continue to get smarter at gathering service user views to inform service delivery	Further Service User review and engagement planned during 2017/18
Improve our arrangements for service user involvement	• Continue to ensure access to cost effective interpreting services • Carry out annual survey on access to health and social care services	Services accessed as required Completed and submitted to South Executive Group	Update report as appropriate in 2017/18 including survey findings
Support the development of services to refugees and new communities	• Ensure staff have access to up to date guidance for homeless applicants with no recourse to		• Ongoing

Priority	Key Actions	Progress 2016/17	Target 2017/18
	public funds • Community Homeless Team to work closely with Children and Families Roma Team to support Roma families to secure appropriate accommodation to meet their needs • Continue to examine opportunities to develop access to private rented sector.		

Priority	Key Actions	Progress 2016/17	Target 2017/18
Focus on and develop service capacity particularly in relation to prevention and early support Strengthen the focus on homelessness prevention Mitigate the effects of welfare reform	• Continue to support the Housing Options approach, work closely with the Registered Social Landlords to prevent homelessness. • Attempt to improve links with the private rented service in conjunction with DRS to improve private rented accommodation. (This is connected to the above in relation to this is the approach that the Scottish Government are guiding us to use) • Improve joint work with law centres • Support delivery of the single outcome agreement Housing and Homelessness work stream • Continue to monitor the impact of welfare reform • Continue to ensure staff can signpost	• Housing Options now implemented in 16 sites in the South. • All sites have named contacts in every care group to help with tenancy sustainment • HSCP to help maintain the Housing Options approach and update named contacts • Health and Homeless Lead acts as a single point of contact to Housing Options' sites for access to HSCP and other services	Additional Housing Option Site to commence mid-2017. Review and update Continue to develop housing options approach
Deliver services that are safe, efficient, effective and value for money Strengthen tenancy sustainment activity Improve outcomes for multiply excluded homeless service users Ensure effective service pathways for vulnerable people	• Work with housing associations to ensure effective referral pathways to all HSCP and other services • Develop innovative approaches to accessing housing support services • Improve access to homeless prevention services to tenants	The new homelessness housing support tender has been awarded to Turning Point Scotland for South Glasgow. The tender will allow for some prevention of homelessness work	Build links with Turning Point during 2017/18

Priority	Key Actions	Progress 2016/17	Target 2017/18
	in private rented sector • Review and develop pathways for vulnerable adults and children		
Planning for the future Ensure commissioned services continue to be strategically relevant, meet the needs of service users and the wider community. Access to employment, health and education	• Work with GCC Commissioning Team on a review of commissioned services, including housing support and Bed and Breakfast accommodation.	Close links established with the commissioning team	Continue to work closely with the commissioning team
Support implementation of self-directed support	• Improve homelessness service links with Bridging Service • Monitor progress of the self-directed support pilot	Close links established with the bridging service	Report on pilot during 2017/18

6. Health Improvement and Inequalities

Priority	Key Actions	Progress 2016/17	Target 2017/18
Less difference in healthy life expectancy between neighbourhoods and groups **Thriving Places:** Contribute to the development of a place based approach to community capacity building and neighbourhood regeneration through partnership working in Gorbals, Priesthill/Househillwood and Govan.	Actively support the Gorbals Regeneration Group develop the Thriving Places agenda, including the development of a communications strategy A number of community engagement 'creating conversations' activities undertaken with local communities in Gorbals and Priesthill/Househillwood thriving places. Support the selection process to ensure the appointment of anchor organisation for Priesthill/ Househillwood. Resources allocated to appoint a Community Connector to the anchor organisation in Priesthill/Househillwood. Continue to work with partners to develop the Thriving Places approach in Govan.	130 local people involved in numerous community engagement activities / events undertaken in Gorbals, including a series of pop up community engagement consultations in key locations including the community garden spaces and Gorbals Art Strategy. Anchor organisation appointed Development of neighbourhood forum, in Priesthill/ Househillwood, task group and thematic groups to progress Thriving Places agenda. Steering Group established and discussion progressing on appointment of anchor organisation.	Continue to support Gorbals community events and promote engagement activities for all ages / groups Development of communication strategy including approach to community budgeting in PH/HW. Approach to Thriving Places in Govan and delivery of priorities with partners as

Priority	Key Actions	Progress 2016/17	Target 2017/18
	Support the wider community planning agenda and requirements for the development and delivery of Local Outcome Plans.		per Locality Outcome Plan. Appointment of the local Anchor Organisation and Community Co-ordinators Post. Support the development and implementation of priorities agreed for community Planning in new Locality outcome Plans for the Thriving places Inc. Govanhill.

Priority	Key Actions	Progress 2016/17	Target 2017/18
Govanhill Neighbourhood: Responding to the diverse needs of Govanhill community	Recruitment of additional peer educators for Roma Peer Education Programme and implementation of capacity building programme for peer educators.	Cohort 2 (phase 2) of Peer Educators trained (8 in total) and delivering Peer Education sessions locally (5 sessions with 24 peers in attendance). Peer Educators delivering sessions on an ongoing basis (from both cohorts 1 & 2). Cohort 3 – currently recruiting for cohort 3 which commences end of January 2017. Peer Educators from cohort 2 will assist in training of Peer Educators within cohort 3. Partnership with Daisy Chain to target Roma community with oral/health improvement intervention Training adapted/ modified to reflect on key issues emerging i.e. immunisation uptake Staff input to Govanhill ESOL classes around specific health themes.	Continue supporting Peer Educators to deliver Peer sessions. Develop further role of Peer Educators and their links to other activities/programmes locally. Meetings set up between HI OHD and local HVTL to explore other OH input/interventions.

Priority	Key Actions	Progress 2016/17	Target 2017/18
Reduced exposure and use of tobacco Smoke: Support the Implementation of the Glasgow Tobacco strategy	Target our smoke free services to patients in SIMD 1 & 2 to ensure new HEAT Target is reached.	Continued development of work in 4 targeted areas of high deprivation. Using data available new services are being taken forward in partnership with several pharmacies in Castlemilk and Pollok areas. Extra marketing and work with primary care, pharmacies, health professionals and third sector organisations are supporting clinics in Govan and Gorbals areas with the aim of providing the highest quality service to more of the population living in these areas. Targeted work with BME groups in Govanhill, and local community mental health support organisations is ongoing. Extra marketing and resources have been made available, and local health professionals and third sector organisations are being visited and offered information and training.	<15% women smoking during pregnancy (<20% in most deprived quintile) Target for 2017/18 to be agreed
Rebalanced relationship with alcohol and reduced drug use: Support the implementation of the Single Outcome Agreement for Alcohol and the Alcohol & Drug Partnership Strategy	Train local partners in Alcohol Brief Intervention. Increase the number of people participating in 'Recovery with Rangers' and other recovery programmes.	ABI training delivered across sector Inc. selected New Gorbals Housing Association staff 32 people involved in Recovery with Rangers Citizens' programme over 2 courses and deliver positive outcomes Two Community Alcohol Campaigns in Govan and Ibrox delivered	ABI training available to local partners. RwR will target 32 local people and aim to link with other sectors to scope out feasibility to roll out programme.

Priority	Key Actions	Progress 2016/17	Target 2017/18
		Ripple Effect baseline completed and reports produced	Community Alcohol Campaigns and Ripple Effect to be merged into a joint local working group
Reduce Poverty and Build Aspirations Deliver financial inclusion services including income maximisation, financial capability and debt management.	Increased referrals to financial inclusion services. Peer support group established.	Service continued in 2016/17. Service demand continued to increase. Peer Support and Advocacy Project for isolated patients experiencing financial difficulty and sanctions / risk of sanctions operated successfully with collaboration form Govan HA	Resources secured to deliver the service in 2017/18. The service will continue in 2017/18. Resources to sustain the project beyond 2017 being sought.
Employability	Deliver employability services through the Bridging Service.	209 people accessed Bridging Service in quarter 1 & 2. (Figures for full year not available yet). Management of the Bridging Service now sits with Momentum.	Continue to promote the service with Primary Care and Adult Services including criminal justice to increase referral rates.
Deliver actions to address poverty including food poverty and the stigma of living in poverty for our patients and communities.	Deliver food and nutrition programmes.	8 food and nutrition programme delivered in 2016/17. Investigation of the Food Insecurity Scale explored in 2016/17.	We will work collaboratively with all sectors to explore food insecurity and promote a range of health improvement programmes to address issue of food poverty e.g. update of school meals, cost of the school day and deliver 8 nutrition programmes across communities.

Priority	Key Actions	Progress 2016/17	Target 2017/18
Creating a Culture **For health in the city (alcohol drugs smoking and obesity)** Promote breast feeding and healthy early years (NHWO 1,2,3,5,7,9)	UNICEF baby accreditation awarded.	Reaccredited by UNICEF in 08/2017. Work programme and regular audit delivered. Baby café/Breast feeding group delivered in Govanhill	Continue with UNICEF prescribed programme Welcome award and BFFN to be targeted in localities with lowest breastfeeding rates and highest BME communities.
		25 Weaning Fayres run in local community areas HI Programmes delivered in all participating EYE. Family support provided in local communities by 3rd sector organisations.	Continue to deliver 25 Weaning Fayres in local communities. Explore the use of technology to deliver HI programmes more efficiently
	Number of programmes/ local residents involved in BME early years programmes.	Daisy Chain pilot programme to improve the oral health of local children particularly Roma and the baby Café to increase uptake of breastfeeding.	Continue to deliver family support programmes with 3rd sector partners(investment required)
	Continue to support the Child healthy Weight programme.		Delivery Child Healthy Weight programmes in Govan and Priesthill/ Househillwood.

7. PROMOTING EQUALITY

The South Locality will contribute to the delivery and actions and priorities set out within Glasgow City HSCP's Equality Plan 2016-18. Key actions and priorities for the South include:

- roll out of ' Checking It Out' Toolkit across services;
- staff awareness raising sessions to improve uptake and referrals to interpreting services and use of accessible information for patients;
- maintaining accessibility audits and Equality Impact Assessments for new buildings;
- participation in Equality Impact Assessments of cost savings, service redesigns, service developments and policies;
- hate crime awareness and reporting;
- routine enquiry money worries, gender based violence (GBV), employability and appropriate onward referral;
- participation in age discrimination audits as required;
- responding to findings of the Fairer NHS staff survey alongside staff training priorities (Asylum seekers & Refugees, Poverty e-learning module, key care groups including Roma and GBV;
- meeting the requirements of the HSCP's participation and engagement strategy including equalities monitoring of community engagement;
- analysing performance monitoring and patient experience by protected characteristics as required; and,
- provision of a programme of equality and diversity training for South staff and local organisations.

Gender Based Violence

Priority	Key Actions	Progress 2016/17	Target 2017/18
Putting in place the architecture of Integration Embed the work of the South GBV Implementation Group in the locality	Improve liaison with HSCP care groups	• GBV features in Locality Plan • HSCP staff offered multi-agency GBV training • HSCP care groups represented on GBV Implementation Group	Training to continue in 2017/18
Match local service delivery against agreed priorities Concentrate effort in 'hot spots'	Work with partners such as the Police to target activity where required	• Daisy Project covers whole of the South • Police are members of the GBV Implementation Group and its sub-groups • 16 Days activities targeted in Govan hotspot	December 2017
Focus on and develop service capacity particularly in relation to prevention and early support Promote attendance at multi-agency, multi-disciplinary awareness raising training	• Early notification of dates • Wide communication of objectives and benefits	• Training timetable shared with HSCP staff and partner organisations • Tailored sessions delivered to housing staff • 4 lunchtime drop-in sessions for HSCP and acute sector staff held during 16 days	Further training opportunities to be offered in 2017/18
Deliver services that are safe, efficient, effective and value for money	• Advertise availability of local and city-wide services • Annual diary of events, particularly 16 Days of Action • Continue to deliver annual programme with £6k IGF and 'in kind' input • Locality staff continue to participate in MARAC	• Women Where to Go leaflet shared widely during 16 Days of Action • GBV stall at Mental Health Awareness community session • Full 16 Days' programme delivered in 2016 • Locality staff took part in the review of MARAC and participate	Ongoing December 2017 Programme to be delivered in 2017
Planning for the future	• Ensure services in the South are strategically relevant	• GBV Implementation Group has an overview and links into the GVAWP	Ongoing

Priority	Key Actions	Progress 2016/17	Target 2017/18
	• Work with Community Planning Partners	for a city-wide view • Hotspots and equity of service discussed with Community Planning partners • Inequity in specialist Police services across the South for historic reasons but would require funding to address • Generic Police services across South take GBV seriously and will address it	

8. RESOURCES

Accommodation

Services are delivered across a wide range of locations in the South locality. Our vision is that we will focus our health and social care services around our four main centres in Gorbals, Castlemilk, Govan and Pollok supported by other smaller centres across the south. We will take forward a programme to improve our accommodation and support the delivery of integrated health and social care services to the people of South Glasgow. We have begun a major project to assess the scope for increasing clinical space, making better use of our non-clinical areas through the introduction of agile working, and improving facilities for staff and patients.

Work has commenced on a new health and care centre in the Gorbals to replace the existing Gorbals Health Centre, the Two Max building and the South Bank Centre for Specialist Children's services. This is due to be operational in autumn 2018. We will also begin during 2017/18 to make significant moves in Rowanpark so that this becomes a hub for children's and families services serving the South West, and remodel Govan health centre and Elder Park Clinic as one of four bases in the South for our new integrated teams for older people. We are currently assessing space in both Castlemilk health centre and Castlemilk social work office to better support integration. During 2017/18 we will also be exploring options for a new HQ.

Human Resources

We have a total of 1,858 staff working in the South – 1,353 NHS staff and 505 social work staff. We have undertaken a programme of staff engagement to raise awareness about integration and what it means for staff and teams, and the challenges facing the HSCP. Each care group has also undertaken staff engagement sessions to explore specific issues of relevance to them. Supporting staff through training and other personal development opportunities will be a priority for us going forward. We are also conscious of the current sickness absence rates for NHS and social work staff, are currently above target.

Finance

The budget for the locality in terms of net expenditure in 2017/18 is set at £232.7m as shown below by care group.

South Locality Budget by care group 2017/18

GCHSCP - South	**2017/18** £
Children and Families	14,625,900
Prisons Healthcare and Criminal Justice	2,375,900
Older People	36,159,500
Addictions	3,700,900
Carers	570,800
Elderly Mental Health	8,551,000
Learning Disability	19,773,700
Physical Disability	5,067,100
Mental Health	27,488,400
Homelessness	1,178,900
Prescribing	47,517,500
Family Health Services	59,339,800
Hosted Services	0
Other Services	6,433,700
Total	**232,783,100**