Item No: 8

Meeting Date: **Monday, 29th August 2016**

Glasgow City IJB
Executive Committee

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

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LOCALITY PLANS

Purpose of Report:	To advise the IJB-Executive Committee of the HSCP locality plans for 2016/17.

Recommendations:	To consider the locality plans for 2016/17 and recommend consideration of the plans by the IJB at its September meeting.

Implications for IJB:

Financial:	The locality plans will be taken forward within the resources available within each locality.
Personnel:	The locality plans include workforce information.
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
Equalities:	Each locality plan sets out the equalities issues and plans to address these.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None
Risk Implications:	None

1. Introduction

1.1 The HSCP Strategic Plan approved by the IJB in March 2016 included a section describing the three localities that make up Glasgow City HSCP, the key priorities for each locality and highlighted that locality plans would be developed later this year. Scottish Government issued guidance in 2015 on localities that included the production of locality plans.

1.2 The purpose of locality plans was to show how:

a) the HSCP 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 were to be a one year plan focused on the key actions localities were to take forward during 2016/17 and be held accountable for delivery.

2. Locality plans progress to date

2.1 The three localities have each undertaken a programme of engagement with key stakeholders, including community planning partners, GPs and housing, staff, service users and carers to consider the key local issues for health and social care. The engagement programme was undertaken within the context of the HSCP Strategic Plan, and followed up on local consultation on the HSCP Strategic Plan last year.

2.2 To ensure consistency the plans follow a similar format, and Heads of Service have collaborated to ensure that care group locality plans are implementing the relevant key priorities agreed at a city level in the HSCP Strategic Plan. Locality plans also include key performance indicators and improvement targets (where relevant) as part of the HSCP's wider performance management arrangements.

2.3 The development of the draft plans has been overseen by each locality's senior management team and the Operational Management Team, and the implementation of actions will be the responsibility of each locality management team.

2.4 Each locality plan also identifies the key issues raised by users and carers through the engagement process, and how these will be taken forward. Localities have given a commitment to report annually and feedback locally on progress as part of an

ongoing process of engagement and involvement, and within the framework of the HSCP's participation and engagement strategy.

2.5 Locality plans will be circulated widely to local stakeholders (a summary version will be produced) including elected members, community planning partners, third and independent sector partners, community groups, PPF, Voices for Change, housing, GPs and others.

3. Recommendation

3.1 IJB-Executive Committee is asked:

To consider the locality plans for 2016/17 and recommend consideration of the plans by the IJB at its September meeting.

North East Locality
Glasgow City Health and Social Care Partnership

Draft Locality Plan
2016-17

Draft as at August 2016

FOREWORD

Health and Social Care Partnerships have been established across Scotland to improve how we use our resources (people, money, buildings) to help people make long term improvements to their lives and to enhance their life chances.

The North East Locality is committed to responding to the significant challenges faced by people living in the North East. The high levels of poverty and multiple health problems experienced by local residents seriously impacts both on their quality of life and their life expectancy. Addressing these inequalities requires us to consider the changing population, the data available that informs us about health and social care outcomes and importantly, what we know directly from local people, our staff and organisations about health in the North East and how that feels in terms of lived experience. We also have some great opportunities to engage with our population and our staff to improve how health and social care services are delivered to better respond to the needs of our community. By really listening to the ideas people have and the initiatives they think we should take to make positive changes, I believe that we can truly make a meaningful difference to people's lives.

We will continue to focus on developing our partnership working with local people, with other agencies and service providers. We will be challenging ourselves from the outset to change whatever needs changed; to try new ways of working; to take risks when we need to and not to retreat to the status quo if something does not work out; to be as efficient as we can be in our use of public money; to be accountable for everything we do and most of all to keep listening and responding to what people tell us about our services.

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

1. Introduction

Glasgow City Health and Social Care Partnership (HSCP) is responsible for the provision of primary care and community services for the people of Glasgow and for promoting health and wellbeing.

Glasgow North East Locality is one of three localities within the HSCP and has a management team responsible for service delivery and co-ordination, as well as ensuring implementation of the HSCP policies and plans at a local level.

North East locality covers the following Local Area Partnerships:

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

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

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

In the North East Sector we employ over 2,000 staff across area based services. We also support several hundred staff working as independent contractors in medical and dental practices, and opticians and pharmacies. Our human resources and learning & development priorities are agreed across the city but we will ensure that this is implemented in a way that ensures our staff are informed and prepared for any service changes and new policies that arise. Priorities for the coming year include:

- Cross team learning and building relationships with new colleagues in the HSCP
- Support GP practices in the development of GP Cluster Quality Groups
- Continue to support the induction process for staff and managers to ensure Personal Development Planning/Review is in place in order that staff skills meet organisation, service and locality needs.
- Continue to support learning and development around the public protection agenda and legislation
- Work with service leaders to support service redesign and workforce change

2. Our Services

The North East locality is responsible for delivery of health and social care services to the people of North East Glasgow. These services are delivered by a single organisation with services managed within a single management structure. Our total budget for service provision is approximately £220 million . We provide a range of services covering:

Children's Services

- Children and families social work services
- Health visiting and school nursing services
- Community paediatrics and child and adolescent mental Health
- Criminal justice social work services

Adult Services

- Adult mental health services in-patient and community both health and social work services
- Addiction health and social work services
- Learning disability health and social work services
- Adult social work services

Older People's Services

- Adult Community Nursing Services
- Older people's Social Work Services
- Community rehabilitation services
- Older people's mental health services
- Allied Health Professionals (for example occupational therapists, physiotherapists and podiatrists)
- Physical Disability Services

Primary Care Independent Contractor Services

- Community pharmacies
- Optometry practices
- Dental practices
- GP medical practices

Health Improvement Services

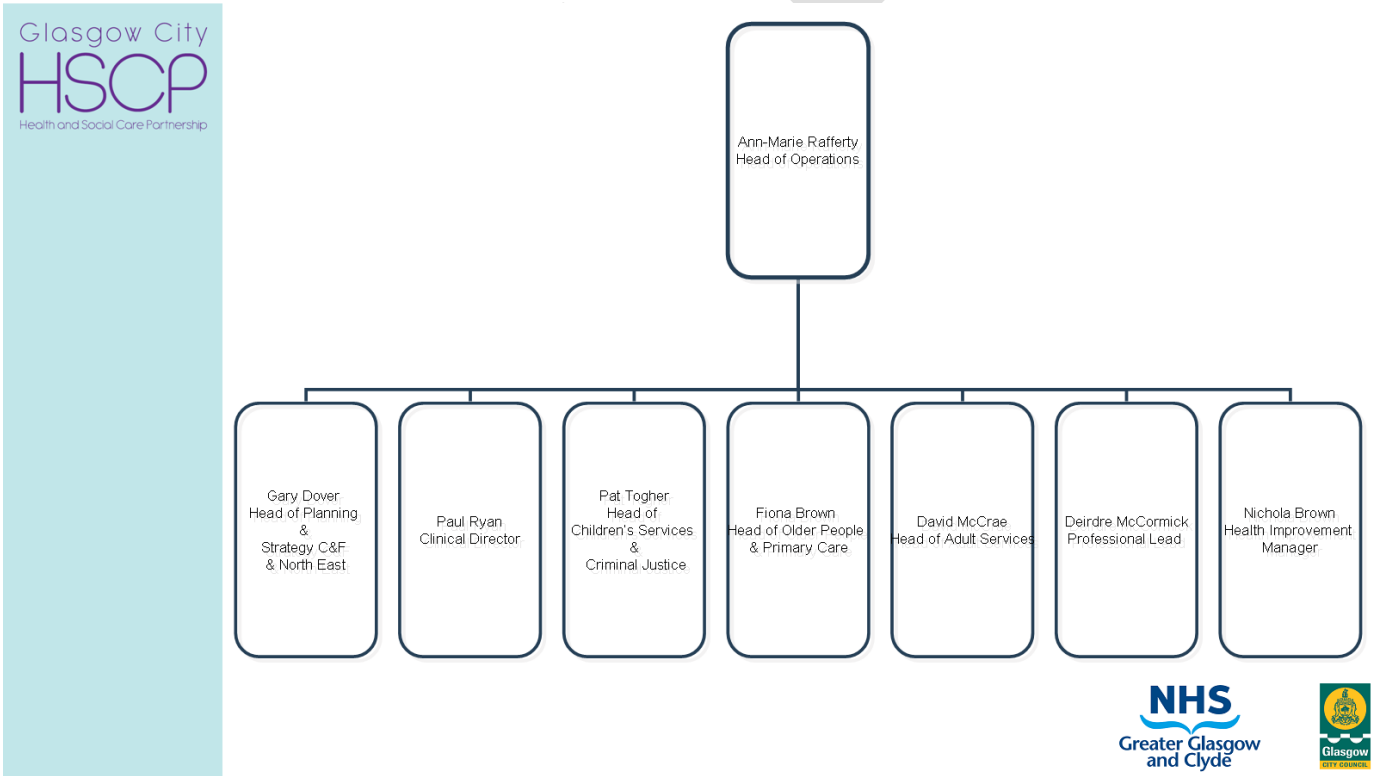
- Working with communities and planning partners to help address health inequalities
- Working with services to promote positive lifestyle choices and access to financial inclusion and employability services
- Promoting health improvement to our local population, including the uptake of screening programmes

3. Management arrangements

The overall leadership for the Glasgow City Health and Social Care Partnership is provided by the Corporate Management Team and is accountable to the Joint Integration Board. Glasgow North East locality has a management team responsible for service delivery and co-ordination, as well as ensuring implementation of the HSCP policies and plans at a local level.

The Management structure for North East locality is set out below:

NORTH EAST SENIOR MANAGEMENT TEAM



Within the North East there are 44 GP practices, 38 dental practices, 51 pharmacies and 36 optometrists. As part of new arrangement for primary care we are in the process of developing Clusters of GP practices to take forward quality improvement work. We have a GP Forum which enables us to engage on a regular

basis with general practice and we are embarking on the development of locality-based arrangements, to promote good partnership working with all primary care contractors based in the North East Sector.

The Sector locality involves residents in planning services through the Public Partnership Forum, Voices for Change and through a wider network of service user and carer groups. During 2016/2017 we will review our existing arrangements for engaging with the public and service users to ensure we have an effective approach to involving people in discussions about how health and social care services can be improved. We will involve local people in this review.

We engage with our health staff through the city wide Staff Partnership Forum and through involving them in our management team and in key re-design and planning groups. We have commenced on a programme with our senior managers and frontline staff to promote engagement with all staff across the North East. We also work in partnership with a wide range of statutory and voluntary organisations to ensure that our planning and service delivery operate in joined up ways.

We held a number of engagement events with our local partners, stakeholders and residents to consider our local issues and priorities and to set out the aims and objectives of the Glasgow City HSCP's Strategic Plan. Some of the feedback we received from these events is listed below:

- Involvement of local people and voluntary sector in shaping and deciding services is crucial to its success and relevance
- Parkhead seems to be losing out and health centre requires investment and modernisation
- Support for thriving places but needs to build on local assets and strengths
- Need to look across area at all community resources and identify those not being used at particular times of day and use these for community meetings and events
- Improve supports to children's residential settings that result in positive and meaningful outcomes for children and young people
- More opportunities for children and families to be together
- Intergenerational work is important
- Ensure people are tracked to see progress, for example preventing people taking methadone over a number of years
- More mobile cancer screening available (for example at local Tesco, Asda)
- Need to reduce jargon and simplify language
- Enhanced support for carers to ensure they keep well
- Ensure young people are heard
- Ensure HSCP are involved in ongoing tenancy sustainment

In addition Glasgow Disability Alliance (GDA) organised an event on our behalf for disabled people who live in the North East locality. Almost 150 people attended the event and the aim of the day was to explore the opportunities and challenges presented by health and social care integration and to discuss ways to improve the well being of disabled people in the local area. Some comments and feedback from this event are listed below:

- Concerns around some local services with regard to access (stairs, heavy doors, broken lifts)
- Lack of accessible information on services and support, with particular concerns over visually impaired people not receiving appointments in accessible formats
- Lack of weekend, drop-in and/or urgent appointments for people in crisis, particularly those using mental health services
- Increased charges for services, and newly implemented charges, e.g. meals at day services

Those attending this event were also asked what they would prioritise or change if they were in charge:

'I'd have a bigger health and social care centres where people could assess as many services as possible under one roof. This would include social workers, housing officers, citizens advice, carers support and space for community groups to advertise their services'

'Although some of us have conditions that require no medication, I would like to see services that maintain and preserve wellbeing, like continuing physiotherapy, hydrotherapy, stress management and so on'

4. Profile of the locality

Glasgow's North East Locality is historically where health is most challenging due to severe levels of poverty, even compared to Glasgow city as a whole. The Scottish Index of Multiple Deprivation (SIMD) measures deprivation by neighbourhood every four years and produces a ranking of deprivation by housing neighbourhood areas. An analysis of Glasgow's 56 neighbourhoods using information from the 2004, 2008 and 2012 SIMD data showed that of the 25 neighbourhoods with the worst position (in child poverty, income deprivation, and lowest levels of male and female life expectancy) 11 were in the North East Locality. This presents huge challenges for improving health and wellbeing. It also requires us as service providers to ensure that we recognise the difficulties faced by people in the North East on a daily basis.

The 2015 NHSGGC Adult Health and Well Being Study results show some encouraging findings, as well as where there is more work to do.

The study showed that 1 in 4 people in the North East have a long term condition or illness that affects daily life, and in the Thriving Place boost area* this rose to 1 in 3 people. Compared to Glasgow city, we also have more smokers, more people with caring responsibilities and more people who receive any of their household income from benefits.

The Thriving Place boost highlighted significant differences within the North East. Taking the boost as a proxy for our poorest areas, very concerning data emerges, in comparison to the overall North East. In the boost area, 47% of people are receiving treatment for at least one condition, 61% of people are exposed to second hand smoke, 32% of people are receiving all their income from state benefits and 61% of people would have difficulty in finding £100 to fund an unexpected expense such as repair or emergency. The expected impact of welfare reform added to this will create more pressures for people already struggling.

Despite all of this, the Study showed where there are real positives. Compared to Glasgow city, people in the North East are more likely to have two alcohol free days a week, more likely to participate in walking for leisure and are more likely to feel valued as a member of the community.

A resilience index developed using six indicators (such as feeling valued as a member of the community, feel that by working together can influence decisions affecting the community, agreeing that people look out for each other) showed that people in the North East, consistently even in the Thriving Place boost area,

had very high resilience levels. (Glasgow city, 66% of people had high level of resilience, this rose to 72% in the NE overall and 65% of people in the Thriving Places boost had high resilience.) This suggests that despite many challenges affecting health and wellbeing, people in the North East are positive and this is evident in the richness of community rooted activities and initiatives that take place. This gives the staff of the HSCP many opportunities to build upon, to work with people locally to create better conditions for improved health and wellbeing.

The NHS Greater Glasgow and Clyde (NHSGG&C) Youth Health and Well Being Study is conducted every three years within secondary schools. The 2014 report, just published, surveyed over 11, 000 pupils from S1 to S6. It highlights some positive health trends as well as aspects of concern. Fewer pupils reported this time (as compared to 2010) that they ever drink alcohol, and numbers of pupils who smoke continues to fall. More pupils report drinking water at lunchtime but this is strongly related to deprivation, with pupils in more deprived schools more likely to consume fizzy drinks and buy lunch from a shop or van.

There has been a sharp fall in the numbers of pupils who don't eat breakfast, with the highest drop in North East Glasgow(10.1% reduction since 2010).

More young people report having caring responsibilities (14%) , with a third of them saying that no-one knows about this. Nine percent of pupils report having a long term condition that affects their health.

The 2014 study asked more questions than in previous surveys around mental health and well being. One in four pupils was shown to have a high level of difficulty on the Strengths and Difficulties Questionnaire (SDQ) which formed part of the survey. Higher SDQ scores were found in pupils with caring responsibilities and in those who reported being unsure about their sexuality or attracted to the same sex. Girls' SDQ scores indicated higher levels of emotional difficulties whilst boys' SDQ difficulties more related to conduct issues.

5. Local performance information

Glasgow City HSCP reports on performance to Glasgow City Council and NHS Greater Glasgow and Clyde on a range of key performance indicators and targets. The HSCP will publish an annual performance report which will show the progress of the HSCP towards meeting the national health and well being outcomes. Each locality contributes towards the overall performance of the HSCP and the following table shows some examples of where the North East is performing well and where improvement is required. Areas for improvement have been highlighted as priorities by our services later in this document.

Where performance is improving and/or achieving target

Reduction in the number of delayed discharges of people in hospital over 14 days
Number of reviews carried out for older people receiving home care
Improvement in the number of Direct Payments
Waiting times for access to Child and Adolescent Mental Health Services (CAMHS)
Percentage of children looked after at home with family/friends (LAC) with a primary worker
Percentage of criminal justice community placement orders (CPO) work placements commenced within 7 days
Breast Feeding at 6 – 8 weeks (exclusive) – all new mothers across the whole of North East area
Alcohol Brief Interventions
Number of complaints handled within timescales

Where improvement is required
Psychological Therapies - Number of people starting treatment within 18 weeks
Primary Care Mental Health Team – number of people referred to first appointment within 28 days
Primary Care Mental Health Team – number of people referred to first appointment within 63 days
Percentage of children looked after at home (percentage of the total looked after)
Percentage of young people receiving a leaving care service who are known to be in employment, education or training
Alcohol Related Emergency Admissions (per 100,000)
Three month reviews of Community Placement Orders (CPO)
Smoking in Pregnancy
Bowel Screening Uptake Rates
Cervical Screening Uptake Rates
Breast Feeding at 6 – 8 weeks (in 15% most deprived areas) – all new mothers residing within 15% most deprived areas of North East locality
Breast Screening uptake

6. Service area priorities

The Glasgow City Health and Social Care Partnership's Strategic Plan focuses on the key actions to be taken forward across Glasgow City to improve the health and wellbeing of the people of Glasgow, and improve the quality of services we provide. The following section provides information on the key activities and actions that will be taken forward by the North East Sector locality in 2016/2017.

Children and Families

The Children and Young Person (Scotland) Act 2014 intends to introduce the named person concept in and will result in changes to the way we work together ensuring children and young people receive appropriate care and support in response to the Getting It Right for Every Child (GIRFEC) principles and values. As a service we will continue to develop local strategies in response to neglect and ensure effective early intervention and prevention models are instilled in practice and locality planning. This approach will build on the success of north east kinship care strategy and ensure that all opportunities to remain within extended family members remain our key objective.

Local Priorities	**Activity planned to deliver priority**	
Early and effective intervention aiming to give all children and young people the best possible start in life	Review of North East early years Joint Support Teams (JST). Expand remit to discuss well being concerns by Named Person as of September 2016 Reduce the number of children placed on the Child Protection Register and the length of time of registration. Embrace the Achieve Change Together (ACT) programme and validate via test for change models Engage third sector to assist us to provide a range of family support services across the locality	August 2016 Review progress by March 2017 Continuous
Involve children in decisions that affect them, have their voices heard	Maintain and develop Have your Say, Talking Mats and Viewpoint for all Looked After/Looked After and Accommodated Children (LAAC) 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	Ongoing and review by March 2017 November 2016
Work with families to improve 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	Engage with partner agencies and third sector organisations Promote parenting programmes and ensure targeted supports Continue to engage and consult with kinship care groups with a view to redesign of kinship care services ensuring full range of supports are delivered timeously Implement family group conferencing and promote extended family network searches for children on the cusp of care Ensure staff undertake training to align with service and practice developments (for example new universal pathway, collaborative working, identifying needs early)	Continuous Review numbers attending by March 2017 Fortnightly community kinship forums and city wide events Training delivered in September 2016 and implementation thereafter All Health Visitors will be trained in the first three named person core elements by September 2016. Training related to

		the new universal pathway will be offered following NHSGGC agreement on the implementation plan

Criminal Justice

Local Priorities	Activity planned to deliver priority	
Better Access to Addiction, Mental Health and homelessness services for Criminal Justice Service Users	Local liaison meetings to be set up involving social work, health managers from criminal justice, addictions and mental health services	Commence September 2016
Promote interface, communication and information sharing with Children and Families services in response to child protection concerns	Local liaison meetings to be set up involving social work and health managers form criminal justice, addictions and mental health services Develop assessment tools focussing on the 'impact of parental offending behaviour' on children involved in child protection procedures	Commence September 2016 November 2016

Adult Services

North East Adult Services includes learning disability, mental health (community and inpatients), homelessness and alcohol and drug services. North East is managing the re-design of NHS learning disability services for Glasgow City. We also have a responsibility to ensure vulnerable adults who are deemed to be at risk are protected through the use of Adult Support and Protection legislation and procedures

The community addiction teams are implementing a re-design of service and will be re-launched as the Alcohol and Drug Recovery Services. There will be a far greater emphasis on people with problematic alcohol and drug use moving into recovery and reintegrating with their communities. Service users require intensive support and harm reduction advice at the start of their treatment, and we hope to engage families more effectively in this process. Service users will be encouraged to consider the goal of recovery from alcohol and/or drugs from the first point of contact with the service, and throughout their time with the service. The service will continue to provide support and development opportunities to the Recovery Communities, to ensure that individuals maintain their recovery once they move on from treatment and formal services.

- **Alcohol and drugs**

Local Priorities	Activity planned to deliver priority	Targets/Timescales
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 Senior Medical Officer to take lead on monitoring of HIV presentations across HIV	Complete by June 2017 By June 2016, review on a six monthly basis. Measure increase HIV testing – target of increase by 25% by June 2017

	Regular feedback from ADP drug and alcohol death prevention sub group	Quarterly feedback by July 2016
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 Recovery planning from initial contact and throughout treatment and care, assisted by implementation of new model Ongoing training for recovery Support and develop Recovery Communities and Recovery Hubs	September 2016 Fully implemented by September 2017.Target of 100% service users with recovery plans Programme of training June 2016 – June 2017. Target of 100% social care, nursing and medical staff to receive recovery training Launch Recovery Hubs October 2016. Target of 20% increase in service users accessing recovery hubs by July 2017

- **Learning disability**

Local Priorities	**Activity planned to deliver priority**	**Targets/Timescales**
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	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	
Partnership approach to remodelling of some of our social care provision to meet changing needs and financial challenges	Continue to work collaboratively with social care providers and community/voluntary sector to improve access to a broad range of community based activities	
	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	Has commenced and will be completed by September 2018

- **Adult mental health**

Local Priorities	Activity planned to deliver priority	Targets/Timescales
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 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 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	Continues to be a priority area of work that will be reviewed every three months
Continue to improve waiting times to access Primary Care Mental Health Team	Improve call back system in response to initial referral Continue to improve staff skills & mix, using learning opportunities and reviewing posts when vacancies occur. Maximise clinical time by best use of Anvil Centre	Ongoing and reviewed by March 2017 Commenced early 2016 and reviewed by March 2017
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 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	During 2016/2017
Ensure effective transfer of wards on Parkhead site to Stobhill Site	Ensure effective communication with staff, patients and carers	Ongoing and transfer complete by August 2017

- **Homelessness Services**

Local Priorities	Activity Planned to deliver priority	Targets/Timescales
Improve interfaces with housing providers to increase access to settled accommodation	Actively participating with Housing Access Operation Group Attending the Local Letting Communities forums to achieve targets on settled accommodation Ensure staff inform service users of likely available accommodation to reduce waiting times and maximise the allocation of settled accommodation.	December 2016 September 2016
Increase throughput in temporary and emergency accommodation to settled accommodation	Improved approach to case management through joint working leading to quicker and better outcomes	Target 20% increase in homeless applications being progressed to Section 5 referrals by July 2017
Improving tenancy sustainment through early support and identification of need.	Ensuring Housing Options approach is fully embedded in practice with registered social landlords and Community Casework Team Deliver Housing Options, case management training to improve assessment Continue to improve access to third sector support services Improve access and interface with Health and Social Care Partnership services for people at risk of homelessness	March 2017 Ongoing and completed by March 2017 Four development sessions to be delivered to housing providers and partners during 2016/2017

Older People's Services

North East locality provides a range of services to support older adults and their carers to ensure they can live at home or in a homely setting for as long as possible. Key service priorities include supporting older adults and their carers to have good health, independence, wellbeing and quality of life. We aim to ensure timely support is available at times of crisis and key service objectives include the promotion of self- care, reablement, rehabilitation, hospital admission avoidance and supported discharge arrangements and the protection of vulnerable adults. We recognise the importance of ensuring service users' views are at the heart of service delivery to ensure choice and control. To achieve this we will ensure ongoing engagements with older adults and their carers when we are providing a service and when planning and reviewing our services. We will ensure good partnership working takes place with other services- including hospital staff, housing providers, voluntary organisations and other service providers - to achieve the best service pathways for older adults and their carers.

Local Priorities	Activity Planned to deliver priority	Targets/Timescales
Further development of intermediate care: Short term improvement of governance in existing	Review of how the local Intermediate Care Service is being delivered, to ensure improvements in the service, service user pathway and quality of care are implemented	October 2016

units and review of existing practice Work with commissioning to establish and embed new model of care	Regular operational interface meeting with Rehab team and Social Work managers to ensure shared approach. Attendance at Acute Older Person's Development forum by partnership HSCP managers Ensure Development, Governance and Operational matters relating to Intermediate Care are embedded in the Older Peoples' and Primary Care Performance Framework and North East Older Peoples' & Primary Care operational and planning meetings and Glasgow City HSCP Hospital Discharge Operational meeting.	Regular meetings scheduled August 2016
Implement the city wide Accommodation Based Strategy in the North East to make sure that local initiatives promote formal and informal care and support	Continue to develop links with local voluntary and community groups including housing organisations Awareness and updating sessions for HSCP staff to ensure staff are supporting more people at home Local commissioning, finance and housing options surgeries are embedded within the team Rehabilitation and reablement intervention supports to be fully optimised by ensuring staff awareness of the relevant services, criteria and access pathways to support older people to remain longer at home	December 2016 June 2016/November 2016 July 2016 July 2016

Health Improvement

Despite the significant impact of poverty and deprivation faced by communities in the locality, there are high levels of individuals and community resilience in the North East, as shown in the recent adult health and wellbeing research. There are also many positive examples of where we are already working with local groups and individuals to create opportunities to improving health and wellbeing. We will build on this, doing so in a way that encompasses:

- Working with partners, local groups and people to build on and enhance the collective strengths that are already present.
- Seeking to support shared ownership of health improvement with HSCP colleagues and other organisations.
- Garnering the evidence from the wide range of programmes that are being delivered, to ensure appropriate targeting of our health improvement resource.

Local Priorities	Activity planned to deliver priority	
Support the further development of Thriving places workstream in Parkhead/Dalmarnock/ Camlachie and in Easterhouse, Springboig/Barlanark	Deliver a range of community led activities to respond to locally identified needs such as loneliness/isolation and food poverty	Easterhouse community Organiser appointed August 2016 funded for two years Practitioners Group established and operational by August 2016 Quarterly Community Breakfasts ongoing in locality. Community Health Contract for capacity building until March 2017
Support individuals and families with health related issues : build positive mental health and resilience, reducing alcohol, drugs, tobacco use and obesity	Deliver stress management services including counselling, groupwork and mentoring to adults and young people Include consideration of mental wellbeing and resilience into all family focussed programmes e.g. family meal homework clubs Implementation of Ripple Effect Consultations and delivery of Community Alcohol Campaigns Continue to roll out targeted area based approaches to smoking cessation services Delivery of the Weigh to Go programme	470 individuals will benefit form counselling services from Lifelink 2016 /2017 340 individuals to benefit from a range of community based groupwork and training delivered by Lifelink 2016/2017 North East Child and Youth mental health working group will deliver an action plan on NHSGGC young person's mental health framework by March 2017 Dissemination of findings by August 2016. Locality acion plans to commence October 2016 NE campaign launched and operational in Parkhead June – December 2016. Ongoing evaluation and roll out to subsequent areas 523 adults successfully quit at 12 weeks (from SIMD 1 and 2) Options paper completed and targets under consideration for new model during 16/17

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 promote referrals into this service	Commissioned service (Greater Easterhouse Money Advice Project) will receive 400 referrals from NHS staff for patients during 2016/2017
	Build poverty proofing approaches into all areas of health improvement team activity and activities with partners	Working group established to consult with staff and develop an action plan by September 2016 Support the development of Cost of the School Day twilight training for education staff and deliver in partnership with GEMAP by June 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	Support the provision of food as part of activities with family work ongoing Bridgeton and Parkhead Family Meals and homework Club ongoing during term time Dalmarnock Summer Programme underway, evaluation by November 2016

Primary Care

Primary care refers to the care given to patients outwith hospital and includes GPs, dentists, optometrists and pharmacies as well as community nursing and health visiting. The HSCP aims to produce a co-ordinated approach to care in the community, linking health and social care agencies as increasingly care will be provided in the home setting as envisaged by NHS Scotland's 2020 vision. There are many challenges in the North East related to deprivation with reduced life expectancy and chronic ill health. It is essential that all agencies work together, both public and voluntary sector, to address this.

Local Priorities	Activity planned to deliver priority	Targets/Timescales
Improve health life expectancy	Improve publicity and ensure health promotion opportunities at all contacts and locations ensuring all contractors are linked in Promote benefits of screening offer support/information to GP practices	Ongoing, continue as part of the new GP contract and will maximise publicity materials April 2017 and in future years
Carers are encouraged to have life outside caring	Increase use of "A Local Information System for Scotland" (ALISS)	April 2017 with ongoing work to promote its use
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	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)	Pilot new ways or working with GP practices Better utilise all members of the primary care team (for example increase access to treatment from community pharmacy and optometrists)	Ongoing preparatory wok with implementation as part of new GP contract April 2017

7. Cross cutting service priorities

Local Priorities	Activity planned to deliver priority	Targets/timescales
Continuing to support the roll out of Housing Options approach across the North East and further development of a strong interface with the housing sector	We will work with the Housing Options team and all registered social landlords to ensure best practice is shared and embedded. We will continue to ensure joint working and best use of resources is delivered by further developing our liaison arrangements with all NE RSLs.	Joint staff meetings o a regular basis during 2016 Ongoing and regular seminars set up for 16/17 with NE Housing Sector and partners
Continue to review all of our accommodation, both leased and owned across the North East to ensure that we have accommodation which	We will operate, as far as possible, from buildings that have health and social work staff delivering a range of community HSCP services based in one building to allow easier access for local people. Identify capital and revenue funding to finance a	Accommodation Strategy Group to be set up during 16/17 and will link with HSCP Strategy Group Regular meetings set up

meets the needs of services users and staff	new health and care hub at Parkhead.	with appropriate senior managers to take forward
Provision of employability support for local people	We will continue to work with Glasgow Kelvin College to provide placements for young people attending courses in health and social care and with the universities for students who are undertaking professional health and social care courses, for example, social work, nursing, physiotherapy and occupational therapy.	Joint post working with NE Locality and Glasgow Kelvin College to set up and monitor placements for local young people
Review local community engagement arrangements to ensure that local people can be fully involved in the planning of services and influencing service change	Consultation on HSCP Participation and Engagement Strategy will include consideration of the North East approach to engagement with local residents.	Sessions with local groups to consider options during 16/17
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 older people, primary care and adult teams to promote carers pathways. Ensure all staff are aware of their roles and responsibilities in identifying and supporting carers.	Regular monitoring via the local Carers Operational Group meetings 300 new adult carer referrals in North East for 16/17
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.	Training sessions to be delivered to staff and contractors across NE Production of schools pack by March 2017 100 new young carer referrals in North East for 16/17

8. Equalities

North East Sector has ensured their local equalities priorities flow from Glasgow HSCP Equality Plan 2016-18. The Sector is committed to maintaining a Staff Equalities Group, with increased representation from social work, to share learning and ensure accountability for local work. Ensuring links to community planning workstreams, such as Thriving Places, is a theme within North East Sector equalities priorities. In addition, the following priorities have emerged:

- Ensuring appropriate access to interpreters and accessible information
- Maintaining accessibility audits of new buildings
- Participation in Equality Impact Assessments of cost savings, service re-designs, service developments and policies
- Hate crime awareness and reporting

- Routine enquiry undertaken by our staff with local people about money worries, gender based violence, 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-module, Key Care Groups: GBV)
- Responding to the requirements of Glasgow HSCP's participation and engagement strategy including equalities monitoring of community engagement
- Reviewing Caring to Ask and Checking it Out staff development initiatives
- Analysing performance monitoring and patient experience by protected characteristics as required

9. Budget - high level budget statement

TO BE ADDED

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.

In addition, a main priority for the North East is 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.

There are 22 registered social landlords (RSLs) in North East Glasgow, the largest of which is the Wheatley Group comprising Glasgow Housing Association (who have nine individual offices within North East), Loretto Care and Cube Housing. The role of housing is key to our work and the delivery of our priorities, in particular when preventing hospital admissions and supporting people to live longer at home. We will continue to work with RSLs through our various structures including the Essential Connections Forum and the Vulnerable Households Forum to ensure we use our combined resources more effectively and to share good practice.

North West Locality
of
Glasgow City Health and Social Care Partnership

Draft Locality Plan
2016-17

Draft 5th August V7

I am very pleased to introduce the first Locality Plan for North West Glasgow, one of 3 Localities that make up the newly constituted Glasgow City Health and Social Care Partnership. Our plan sets out the key priorities and actions we want to progress in 2016/17 to enable us to deliver effective and high standard health and social care services for the communities and people we serve.

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. *Follow weblink to access:* https://www.glasgow.gov.uk/CHttpHandler.ashx?id=32948&p=0

Just as importantly, it has been developed in dialogue with service user and carer representatives, community planning partner organisations, and our staff and services.

While our Locality Plan is a helpful means of communicating our priorities, I am conscious that it only represents one component of effective locality planning in the context of wider community planning activities and City-wide strategies. It is also just the beginning of our engagement with stakeholders. We are therefore committed to continuing to work in partnership with our stakeholders, both to ensure the successful implementation of this plan and also as part of the way we routinely plan and deliver our services. This ongoing dialogue will shape the content of future, annual Locality Plans.

The work to develop General Practice 'clusters' will play an important part in how we develop locality planning within North West. These clusters will provide an opportunity for GPs and their associated primary care services to work more closely to share good practice and identify areas for quality improvement. This will also provide an opportunity to look at how our wider primary and community services can align with the clusters to facilitate more integrated working. Indeed, the key theme of integrated working will be driving principle for all our services as we strive to improve the quality and consistency of services for patients, service users, their carers and families.

Jackie Kerr, Head of Operations,

North West Locality, Glasgow City Health & Social Care Partnership

***Our Vision**

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

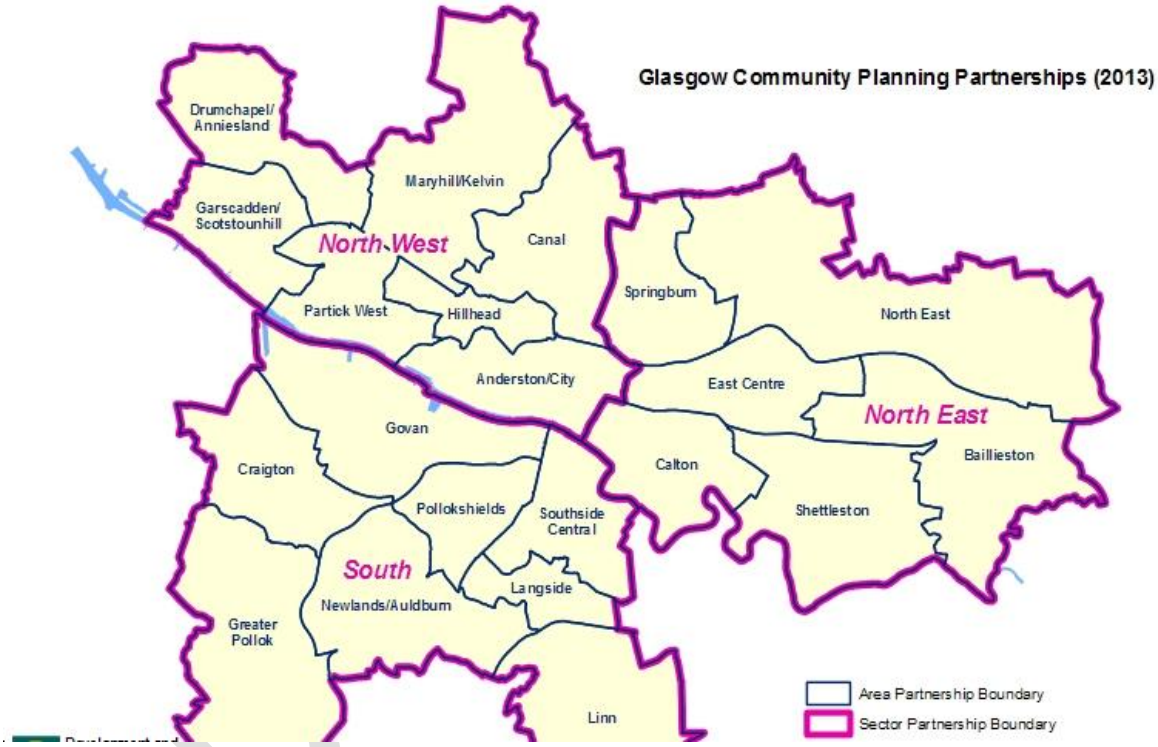
- Focussing on being responsive to Glasgow's population and where health is poorest
- Supporting vulnerable people and promoting social well being
- Working with others to improve health
- Designing and delivering services around the needs of individuals carers and communities
- Showing transparency,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

CONTENTS

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 the 7 Local Community Area Partnership areas of:

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



2. Our Services

North West Glasgow has a total budget for service provision of approximately £245m and directly manages a staffing compliment of approximately 1800 people.

We provide a range of services for our population, broadly categorized under the following service headings:-

Children's Services

- Children and families Social Work Services
- Health Visiting and School Nursing Services

- Specialist Children's Services
- Homelessness Services
- Criminal Justice Social Work Services

Adult Services
- Adult Mental Health Services in patient and community services both Health and Social Work Service areas
- Addiction Services Health and Social Work Services
- Learning Disability Services Health and Social Work Services
- Adult Social Work Services

Older People's Services
- Adult Community Nursing Services
- Older people's Social Work Services
- Community rehabilitation services
- Older people's mental health services
- AHP services
- Physical Disability Services

Primary Care Independent Contractor Services
- 55 community pharmacies
- 40 optometry practices
- 60 dental practices
- 53 GP medical practices that provide services to a combined population of approximately 250,000 (20% more that North West's resident population)

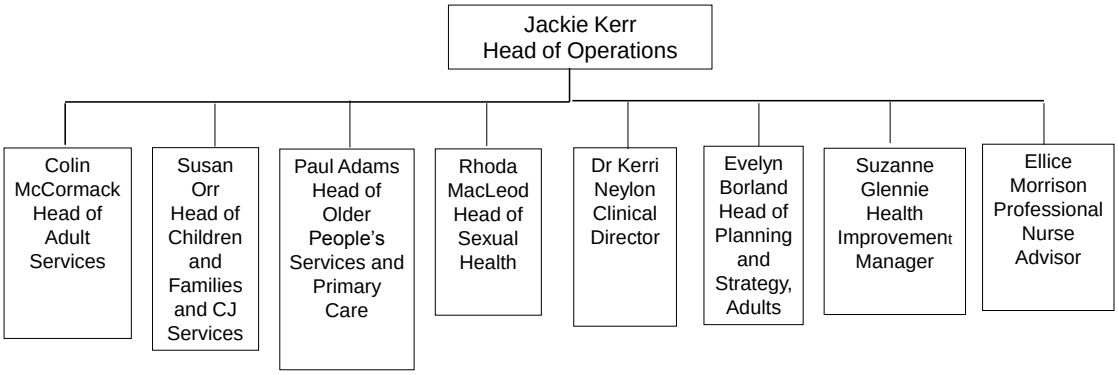
Health Improvement Services
- Working in partnership with local people, communities, organisations and partners to tackle health inequalities through:
- Building mental wellbeing and resilience
- Tackling poverty and raising aspirations
- Creating a culture for health in the city
- Using place-based approaches to work alongside local communities

Sexual Health Services (managing this on behalf of all NHSGGC HSCPs)
- Providing a range of sexual, reproductive and emotional health services from the main Sandyford 'hub' service and from a variety of local clinics and community locations
- The Archway sexual assault referral centre
- Health improvement services

3. Management arrangements

A management structure has been introduced that is consistent with the range of service set out in section 2, above. This is consistent with the management structures established in the HSCP's other localities and also with the HSCP's strategic planning functions. The management structure for North West locality is set out below:

North West Senior Management Team



In addition to service leads, our structure includes a Clinical Director and Professional Lead Nurse Advisor who will provide clinical and professional leadership, along with a Head of Planning and Strategy to lead service redesign and improvement. Our senior management team is led by a Head of Operations, responsible for all Glasgow City HSCP health and social care services within North West.

While our management arrangements have been organised in this way, we recognise the critical importance of working collectively to improve patient / client pathways across our services, with partner organisations and with service users and carers. North West Locality of Glasgow City HSCP is an active member of the North West Community Planning Partnership. This includes working closely with Housing providers, of which there are 21 community based housing associations within North West.

We are in the process of establishing a number of key planning groups within North West Locality to help us co-ordinate and deliver our priorities. These include planning groups for each of our overarching services areas (Children's, Adults and Older People's services), as well as a Primary Care Strategy implementation group and the Essential Connections Forum to oversee the housing and homelessness strategic agenda.

4. Profile of North West locality

The total population of North West Glasgow is 206,483 people, larger than the majority of Health and Social Care Partnerships in Scotland. A breakdown of North West's population by age is shown in the table below:

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

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. Therefore an overview of statistics relating to the entire North West can mask stark inequalities within the locality.

For example, male and female life expectancy is 71 and 77.2 years in North West (compared to a Scottish average of 74.5 and 79.5 years). However there is a gap of 16 years between average male life expectancy in Possilpark compared with Kelvinside, and 12.3 years gap in female life expectancy between Drumry East and Victoria Park.

The minority ethnic population, including black or minority ethnic (BME 11.9%) and other white non UK/non Irish (4.9%) is higher than the overall Glasgow level (BME 11.6% and other white non UK/non Irish 3.9%).

The percentage of the minority ethnic population varies significantly across the North West locality from 8% in Drumchapel/Anniesland to 32% in Anderston/City. There is also a large proportion of people of working age, due partly to the very high numbers of young people aged 16- 24 years (with students representing 13.5% of the total population in North West).

There are 16,332 social work service users (excluding Criminal Justice and Homelessness) in receipt of social care services within North West. North West's social work service user population is broken down by following care groups (A number of service users will be recorded under one or more category):

- older people/physical disability (6,235, 38.2%)
- children and families (3,764, 23.0%);
- addictions (3,437, 21.0%)
- learning disability (796, 4.9%)
- mental health (896, 5.5%)
- adult physical disability (613, 3.8%)
- other adult services (1,613, 9.9%)

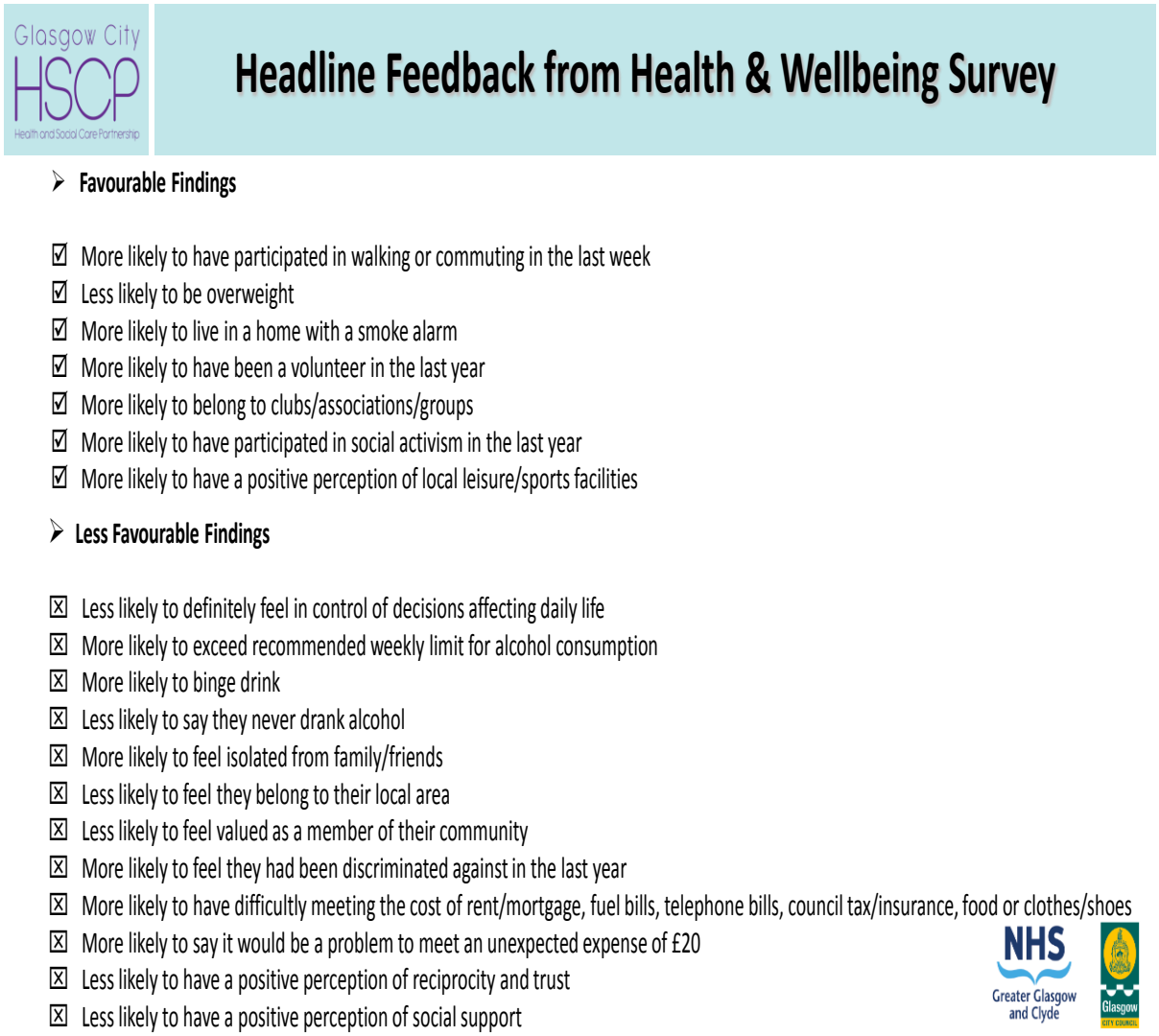
Over half of North West's population live in rented accommodation (above the City average) with 31.2% in social rented accommodation, 20.0% in private rented accommodation; and 0.9% rent free. The estimated percentage of people living with one or more Long Term Condition within North West is as follows*;

- Deafness or partial hearing loss 5.6%
- Blindness or partial sight loss 2.4%
- Learning disability 0.5%
- Learning difficulty 2.3%
- Developmental disorder 0.6%
- Physical disability 7.1%
- Mental health condition 6.3%**
- Other condition 17.4%

**Source: Social Work Area Demographics Data Compendium 2014 based on 2011 census returns (i.e. not based on health and social care service activity data).*

** It is estimated that up to 26,000 (12.6%) people in North West Glasgow experience common mental health problems such as depression or anxiety, with around 2,000 (1%) people experiencing a more severe and enduring mental illness.

Feedback from an extensive health and wellbeing survey undertaken in 2014/15 within North West indicated:



As part of the Community Planning Partnership's strategic objectives, work is underway to address the issues of alcohol, youth employment and vulnerability. Additionally, North West Locality's Health Improvement Team is supporting 'Thriving Places'. This recognises the persistent inequalities within and between communities and is an approach to target specific neighbourhoods with more focused action. The 3 NW neighbourhoods participating in this work are Possilpark/Ruchill, Milton/Lambhill and Drumchapel. It involves working collaboratively alongside communities and partner organisations to make better use of existing resources and assets, focusing on the capacity, skills and strengths of the community to address local issues.

Within the Knightswood areas of North West, the 'Knightswood Connects' project is underway to work with the local community and partner organisations to identify and respond to the key issues faced by our older population, such as isolation, loneliness, frailty, and access to services, including transport availability. The Knightswood area was identified for this pilot work due to the high proportion of older people that reside there. It is hoped that the learning from this pilot project will be of benefit to other communities and from an important part of the wider objective of supporting people to live in their own homes, as independently as possible.

5. Performance

Glasgow City HSCP has formal reports on its performance to Glasgow City Council and NHS Greater Glasgow and Clyde on a range of key performance indicators and targets, many of which are set nationally. In addition, Glasgow City HSCP will publish an annual performance report setting progress of the HSCP towards meeting the national health and wellbeing outcomes. In turn, North West Locality has a range indicators and targets that contribute towards the HSCP's overall performance. The following tables provide some examples of where North West is currently performing well against such targets, along with areas where further improvement is required.

Where we are performing well
Access to specialist children's services
Percentage of children 'looked after' away from home with a Primary worker
Reducing rates of women smoking during pregnancy
Reducing rates of people smoking in deprived communities (although still progress to be made to achieve target levels)
Breastfeeding rates, including in deprived areas
Access targets for alcohol and drug treatments
A reducing annual trend in the number of alcohol related deaths
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 Case Management Plan within 20 days
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)

Where improvement is required
Percentage of children receiving health visitor assessment within 30 months
Percentage of child protection deregistration where family reduced risk
Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review
Percentage of young people receiving a leaving care service who are known to be in employment, education or training
Access and treatment targets for psychological therapies
Purchased Residential Placements for Older People: percentage of older people (65+) reviewed in the last 12 Months
Meeting delayed discharge targets for older people (i.e. discharge within 2 weeks 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
Reducing teenage pregnancy rates in certain communities
Providing women with longer acting reversible contraception (LARC)

6. Service Priorities for 2016/17

The following sections in the Locality Plan set out, by service, our key priorities for 2016-17. This has been informed by a series of stakeholder engagement sessions, consideration of local issues and priorities, as well as the strategic aims set out within Glasgow City HSCP's Strategic Plan. Some of the headline feedback we received from our engagement events on our locality plan is set out in 6.1.

6.1 Feedback from Engagement Events

- Some resources are 'wasted' by people not turning up for appointments – the HSCP need to make better use of new technology. Simple phone call to remind people of their appointment if they live chaotic lives
- Need good communication between services and better working together
- Services need to be better organised and co-ordinated if HSCP want to achieve 'wrapped round services'
- Communication and information strategy should be in place to make sure that people can access to information and getting the right types of support when required
- need to respond to the Health Survey about young people in order to plan the services for young people
- Importance of pre-birth support and support to parents with mental health problems
- Need to avoid personalisation resulting in social isolation

- Concern about reduction in 3rd sector mental health support – people may be more likely to become unwell and could be hospitalised.
- Young carers will need more support about their care responsibilities
- concerns about Kinship carers not getting enough support
- There should be more resources available for the community where they can provide services to support people living independently especially support to older people to reduce social isolation
- More work needs to done in preventing illness, falls, social isolation
- Work in Knightswood to support Older People is important – low level support – keeping people connected in their community. They need to know what is going on and what support in available.
- Issues around homecare such as too many different staff coming into the home and at different times
- More needs to be done to reduce the waiting time for hospital services - makes people more reliant on GP or local services if they have to wait a long time to see a specialist.
- Improved communication needed with Housing Providers to better understand each other's roles and inform how people can better access services

7. Shared Priorities

There are also a number of critical priorities that are relevant across all our services. These shared, cross-cutting priorities are:

- Contributing to the aspirations set out within Glasgow City HSCP's strategic plan, including the overarching partnership priorities of
  - early intervention, prevention and harm reduction
  - providing greater self determination and choice
  - shifting the balance of care
  - enabling independent living for longer
  - public protection
- Working to achieve the National Health and Wellbeing Outcomes (see appendix 1)
- The 3 strategic community planning priorities set out within the Single Outcome Agreement of addressing Alcohol misuse; improving Youth Employment; and achieving better outcomes for Vulnerable People.
- Improve the experience and outcomes for people as they move between our services, including the transition between children's to adult services and adult to older people's services
- Involving service users and carers fully engaged and involved in decisions affecting their care
- Ensuring our services are sensitive to the needs of people from different Equality groups (see section 15 for some specific actions)
- The continuing roll-out of personalisation to give people more choice and control over how they access certain elements of their care
- Ongoing implementation of Patient Centred Care Programme, including review of care assessment, care planning and care review systems
- Promoting financial inclusion and employability
- Improving our interface with Acute Hospitals, 3rd Sector and registered social landlords
- Robust governance arrangements child protection (see Children's services section) and adult support and protection arrangements, including:

- Help to develop a HSCP and locality response to the shared responsibilities in relation to Adult Support and Protection
- Continue to foster a robust interface with the Glasgow Adult Support and Protection Committee and other key partners

- On behalf of Glasgow City HSCP, lead on the implementation for the See Hear Strategy – a strategic framework for meeting the needs of people with a sensory impairment in Scotland.
- Progress the multi-agency priorities within the Glasgow Autism Strategy Action Plan, including work to address:
  - Transitions
  - Early identification, assessment and diagnosis
  - Intervention and support
  - Training, capacity and awareness-building, in mainstream services
  - Effective data collection methods
  - Employment

- Supporting our staff to deliver the standards of care required for our service users
- Ensuring services are delivered in the most efficient and effective way to help meet the financial challenges

8. Children's Services Priorities

Priorities for 2016/17	Key Actions	Target
Support the Wellbeing of Children and Young People through Prevention	• Continue to improve breastfeeding rates in NW Locality particularly in deprived areas.	Achieve at least 80 % in all measures against UNICEF Practice Standards in 3 monthly audits and at revalidation inspection in September 2016. Continue to improve rates in deprived areas
	• Implement programs to deliver on Child Healthy Weight.	Child Healthy Weight Programmes in place in NW Locality
	• Contribute to reducing teenage pregnancies in partnership with Education and Sexual Health services and other key partners.	Continue to reduce the rates of Teenage pregnancies in NW Locality
	• Increase population awareness of parenting support programmes	Continued % increase in numbers accessing programmes
	• Promote income maximisation and financial inclusion to have	Continue to increase

	positive impact on addressing child poverty.	the number of referrals to Financial Inclusion Services
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 • Improve the uptake of parenting support programmes • Work with community planning partners and 3rd sector to develop a family support strategy. • 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	All children will have a care plan in place Continue to increase number of 30 month assessments in NW Locality ongoing Increase referrals Achieve RTT and partnership and family engagement measures
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	Increase uptake of staff training in NW Continue to promote safety campaigns All Kinship looked after children will have an allocated worker. Increased number of permanency plans in place 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. Increase usage of Neglect Tool across health/social care services. Self Evaluation process in place
Raising attainment and	• Every school/establishment has	Ongoing

achievement	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 • Improved transition planning for vulnerable children & young people	Ongoing
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 Service Schools 1,000 one to one appointments in schools (260 young people) Mentoring 220 appts (55 young people) 8 Groups (64 young people) 73 appts (inequality groups) (16 young people) Youth Health Service 600 one to one appointments (150 young people) (all pro-rata as contract starts July16)

8.1 Criminal Justice Priorities

Priorities for 2016/17	Key Actions	Target
The efficient processing of community payback orders (CPOs)	• Ensure all CPO's are reviewed by a Team Leader at the 3 month stage and throughout the order. • Ensure service users are given the opportunity to contribute to the review process.	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. • Ensure all multi agency public protection arrangements (MAPPA) cases are managed within the agreed multi-agency protocol. • Support the transition of violent	100% compliance (evidenced through team leader counter signature) 100% compliance with Protocol standards Staff Briefings by

	offenders into MAPPA.	May 2016. Fully operational by September 2016

8.2 Homelessness and Housing Priorities

8.2.1 Homelessness Service

Priorities for 2016/17	Key Actions	Target
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	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
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	Targets: Provision of 95% of decisions made within 28 days; Completion of Prospects / Resettlement Plan within 14 days of decision; 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, social work, third and independent sectors	• 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	Monitor quarterly: % of closed housing options approaches which progress to homeless application Maintain / improve referrals to money advice / mediation services – quarterly monitoring Enhanced role for housing support embedded in NW

	• Facilitate broader involvement from HSCP services in Housing Options approaches through awareness raising events	from March 2017 Events /dates to be confirmed

8.2.2 Essential Connections Forum

Priorities for 2016/17	Key Actions	Target
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 • Develop a multi-agency training plan • Refine statements of best practice and agree information sharing protocols • Continued development of Housing Options tenancy sustainment activities, working with partners across NW area	ECF by May 2016 VHF by September 2016 By September 2016 By December 2016 Ongoing
A greater focus on prevention and early intervention, supporting housing providers to identify potential need and access appropriate services quickly	• Progress development and implementation of the Housing Contributions Statement • Ensure housing providers are an integral partner in anticipatory care planning and discharge planning • Develop a co-ordinated person centred approach to the provision of aids and adaptations across tenures.	By March 2017 Ongoing Ongoing

9. Adult Services Priorities

9.1 Adult Mental Health

Priorities for 2016/17	Key Actions	Target
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.	Progress in accordance with agreed project plan. Estimated timescale for completion: 2018
Improve access to psychological therapies	• Reduce waiting times for treatment through improved appointment / call-back processes	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 • Support Personalisation of social care for appropriate individuals and ensure outcome focussed assessments are in place. • Improving care pathways between community and inpatient services to maximise the efficient and effective use of resources and opportunities to support people moving through services • Refresh multidisciplinary discharge planning arrangements to explore opportunities for more integrated practice and processes.	By March 2017 Ongoing – review progress and impact at March 2017 Ongoing -report by March 2017 By March 2017 Achieve all hospital discharges < 14 days from treatment completion date ('included codes')
Ensuring older people have appropriate access to the range of mental health service provision	• Remove any age-related barriers that affect older people's ability to access services and ensure pathways are in place that support access	Identify any remaining barriers to access by January 2017 and develop action plan to address
Improving 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	By December 2016
Building mental well-being and resilience across the NW via direct service delivery and capacity building	• Delivery of community based stress service for adults	5267 1:1 counselling appointments 1800 beneficiaries

9.2 Alcohol and Drugs

Priorities for 2016/17	Key Actions	Target
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. • Engage with service users and communities	90% of clients commencing alcohol or drug treatment within 3 weeks of referral Recovery plans in place within 21 days of commencing treatment

	over proposals to locate all NHSGGC addiction inpatient beds and 'Greater Glasgow' NHS day services at Gartnavel Royal Hospital, with enhanced outreach provision.	By March 2017 (Inpatient redesign dependent on timescale for capital funding. Estimated delivery date of 2020)
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	Increase in the number of people supported in shared care (and reduction in community addiction team activity)
Commission 3rd sector Recovery Hubs	• Work closely with existing 3rd sector providers to ensure a smooth transition for individuals into the new recovery hub service	Commissioned by September 2016 Hub performance measures in place by Dec 2016 (to include increase in number of people entering and completing recovery programmes)
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.	Formalise 20 core Volunteers supported by a formal training programme, including coaching/supervision and personal development plan (by March 2017) Formalised role for recovery communities as part of overall Alcohol & Drugs Recovery Service re-design (by Dec 2016) Launch formal constitution (May 2016), office base (Sept 2016), finance sub group (March 2016) and funding strategy by (December 2016)

		Develop administration support; focus on Alcohol Actions from SOA and programme of Alcohol Free Events (by December 2016)
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	Reduction in alcohol related A&E attendances from 2015/16 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.	Reduction in alcohol consumption levels – measured through health & wellbeing survey results

9.3 Learning Disability

Priorities for 2016/17	Key Actions	Target
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.	• Develop a 3 year action plan • Establish integrated team meetings at senior and team lead level • Scope current practice and develop more integrated joint working approaches between social work and health service teams • Review care plans to determine how best to meet people's needs within available resources • Improve access to mainstream services • Identify appropriate models of care and future accommodation requirements, including consideration of: - NHS continuing care and shorter	By October 2016 By May 2016 By March 2017 By March 2017 By March 2017 Ongoing – implementation timescales to be agreed as part of

	stay provision - Building-based respite facilities - Community provision and potential commissioning options • Review of all clients who have personalised packages to allow providers to be paid new framework tender rate • Develop action plan for examining the impact on service provision of the new national minimum wage end • Identify complex cases requiring coordinated health and social care input	Review Action plan to be prepared by September 2016 By September 2016 By October 2016

10. Older People's Services Priorities (including Physical Disability)

Priorities for 2016/17	Key Actions	Target
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. • Support GPs to identify & log people with Dementia on their practice list. • Provide Board-wide leadership for early onset dementia, ensuring Young Onset Dementia Services are integral to implementation of dementia strategy and targets	Ongoing – funded to 2019 NW target 1395 Ongoing – redeveloped team in place by July 2016
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.	By October 2016 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 ensure 24 hr service availability. • Implement a Single Point of Access for Nursing Services, (based at Plean St Clinic and delivering city-wide)	Review October 2016 By December 2016
Deliver timely Speech &	• Complete city-wide review of speech and language therapy partnership services.	By September 2016

Language Therapy interventions within residential settings (care homes/inpatients)	• Develop protocols to ensure robust management of referrals.	By September 2016
Supporting people to live for longer at home, independently	• Implementation of Accommodation Based Strategy • 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 by April 2016 Providers appointed by October 2016 By March 2017 By March 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. • 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. • Support development and delivery of the National 'frailty programme' • Oversee the development of the city-wide Respiratory Service, hosted in NW locality	Project completion by September 2016 Ongoing. Achieve all hospital discharges < 14 days from treatment completion date ('included codes') March 2017 Ongoing Interim evaluation report by October 2016
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	Review March 2017
Support the Provision of community based Health Improvement programmes	• Co-ordinate a review and support a programme of lunch clubs for older people • Provision of a range of activities via Good Moves programme	Process to be agreed by late autumn Glasgow Life to deliver programmes by March 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 • Improve care pathways for people under 65 years with a physical disability • Develop more integrated service	Reduce waiting times for assessments Formalise multi-disciplinary forum for review of complex

	approaches for managing long terms conditions • Work with housing providers to support tenancy sustainment and early intervention • Access to community rehabilitation and reablement services • Explore commissioning opportunities to support service users under 65 to source supported living, respite and appropriate long term care solutions when community living is no longer viable	cases By March 2017, introduce process to notify availability of barrier-free properties and match to assessed need By January 2017 By March 2017

11. Primary Care Priorities

Priorities for 2016/17	Key Actions	Target
Working with GPs and the wider primary care team to develop 'clusters' to improve quality and integrated working	• Agree configuration of clusters within NW • Development of infrastructure to support clusters • Explore potential to align other services with cluster model	By June 2016 By March 2017 By March 2017
Release GP capacity to support core service provision	• Explore potential for direct access to some health and social services • Promote greater use of the community pharmacy Minor Ailment Service and Optometry services (incl Low-Vision Aids dispensing • Explore opportunities to introduce more efficient systems and processes that minimise 'bureaucracy' • Raising public awareness on appropriate access and use of health services • 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	By March 2017 By March 2017 Action Plan by November 2016 Action Plan by January 2017 Additional resource in place Sept 2015. Evaluation ongoing for completion March 2018
Improve the unscheduled care pathway across primary and secondary care	• Establish NW Primary Care Implementation Group • Further develop Anticipatory Care Planning and Intermediate Care • Work to improve primary care / acute	By January 2017 Ongoing By March 2017

services	care interface issues, including discharge planning and reducing DNAs (Did Not Attend hospital outpatient appointment) • Contribute to NHSGGC review of GP Out of Hours services	By March 2017
Developing the role of pharmacy profession within North West	• Extend prescribing role of pharmacists in line with implementation of 'Prescription for Excellence' national strategy	Increase the number of pharmacy led clinics by March 2017
Reducing Health Inequalities	• Review impact of primary care link workers attached to some GP practices in deprived areas • Ensure access to services takes full account of people's communication and support needs	By March 2017 By March 2017

12. Health Improvement Priorities

Priorities for 2016/17	Key Actions	Target
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 Suicide Safer Communities Forum	Training Courses Offered: • Scottish Mental Health First Aid training x 4 • Scottish Mental Health and Wellbeing Training -Young People (SMHFA:YP) x 3 • Safetalk x 6 • Assist x 4 • Mental Health & Wellbeing Forum x 4 x 6 meetings
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. • Delivery of a range of mentoring programmes for young people	Implement a neighbourhood approach to employability and financial inclusion. Embed money advice service model within Possilpark • Midas - 20 young people • Assisted Support - 10 young people • Plus One - 20

	• Lead the delivery of programmes to address Gender Based Violence in NW, including training, capacity building and inter-agency responses. • Support the implementation/ delivery of the Violence against Women awareness raising campaigns:	young people • (and as above under Mental Health priorities - opportunities in School for 55 young people) • Equally Safe local delivery groups x 5 (1 group per multi member ward area) • Gender Based Violence Youth Guideline training x 2 • Violence Against Women ½ day training x 3 • Child Sexual Abuse Awareness Month (Sept 2016) • 16 Days of Action (November 2016) • International Women's Day (March 2017)
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 • Implementation of Ripple Effect Consultations and delivery of Community Alcohol Campaign(s) • Develop Community Alcohol Campaign(s)	<15% women smoking during pregnancy (<20% in most deprived quintile) From 40% most deprived (407 quits at 12 weeks) Dissemination and engagement events x 4. Community action events x 4 Deliver 1 community Alcohol Campaign in 2016. Deliver one campaign over a 6 month period

	• Delivery of Weigh to Go Programme (extended to 13-18 years from 16-18 years)	33 young people by March 2017
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 in 3 Thriving Places communities (Possilpark/Ruchill, Milton/Lambhill and Drumchapel)	By March 2017 In line with annual targets set out within AXIS contract

13. Sexual Health Priorities

Priorities for 2016/17	Key Actions	Target
Reduce new HIV and sexually transmitted infections	• Improve access to Free Condoms • Improve access and frequency of HIV and STI testing particularly in high risk groups • Provide health behaviour change interventions particularly amongst high risk groups	100% (high risk population groups) offered a test within 2 working days. Increase in proportion of MSM attending services. Increase in 3-monthly testing in MSM 100% Clients at Sandyford eligible for SRP Choices are offered a referral.
Reduce teenage conceptions, with a focus on areas where these are statistically high *Focus will be on ensuring coverage in Drumchapel, and Wyndford as the areas in NW with highest teenage conception rates*	• Work with primary care and pharmacy partners to increase access to wider range of contraception in non-specialist community settings • Increase uptake of longer acting reversible contraception (LARC) across Sandyford services	Explore introduction of bridging contraception after emergency contraception provision in pharmacies by March 17. Explore the acceptability of increasing use of self-administration of injectable progestogen contraception by March 17 Increase on 2015/16 numbers

Ensure Sandyford resources are targeted towards people who suffer from the poorest sexual health and services are located appropriately to improve access.	• Review location of hub and satellite services across Glasgow city • Work with Youth Health Service to maximise the use of resources • Engagement with third sector organisations to identify clients requiring support to address sexual health • Improve access for MSM (men who have sex with men) by locating 'Steve Retson Project' within appropriate City centre location and by working with 3rd sector partners to better meet the needs of this population.	By March 2017 By March 2017 By March 2017 By March 2017
Numbers of young people attending Sandyford services increases	• Review times and locations of services currently provided • Review model of service provided to young people • Utilise website and social media to communicate in a measured and targeted way • Ensure workforce adequately trained to meet the needs of young people • Work with Youth Health Service to address any barriers to services	By March 2017 By March 2017 Ongoing Ongoing Ongoing

14. Carers' Priorities

Priorities for 2016/17	Key Actions	Target
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 are the targets and 100 young carers for 16/17. Asset and outcome based training to be delivered in September 2016
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.	Outcome Star Training by August 2016. Further training on Family based approaches to supporting YC is being sourced. Ongoing

	• Support education services to develop a schools pack for identifying young carers	Recruitment exercise for CIS Education worker in progress

15. Staff Learning & Education Priorities

- Support the further development of integrated working and learning opportunities
- Continue to support the induction process and staff and managers regarding Personal Development Planning/Review to ensure staff skills meet organisation, service and locality needs.
- Continue to support learning and development around the public protection agenda and legislation
- Work with service leaders to support service redesign and workforce development

16. Priorities to Promote 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 2016/17 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

17. Accommodation Priorities

17.1 New Health and Care Centres

A new Maryhill Health and Care Centre will open in the summer of 2016 and provide the local community with purpose built, modern facilities. This £12m development will replace the existing health centre and incorporate 3 GP Practices, physiotherapy, podiatry, community dental services, speech and language therapy, district nursing, health visitors,

community mental health services and a youth health service. The community consulting rooms will also provide flexible access to a range of other services, including health improvement, to further improve local access.

Plans are also well developed for a new Woodside Health and Care Centre, which will provide a similar range of services, along with community addiction services, specialist children's services and day care services for older people. A Full Business Case is being prepared for submission to the Scottish Government in 2016.

17.2 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.

17.3 Reviewing Accommodation Requirements

As part of the drive to maximise efficiency and effectiveness, 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. This will include a review of existing social work accommodation needs at Church Street, Anniesland and Gullane Street.

18. Budget - high level budget statement

To follow

19. Service User and Community Engagement

North West Locality has been actively engaging with key stakeholders to identify the top priorities that people think are important for the year ahead. Engagement events have taken place in March with community planning partners and housing providers; our Public Partnership Forum and Voices for Change members, including community group and service user and carer representatives; primary care independent contractors; and with our staff. These events build on the consultation work undertaken for Glasgow City HSCP's Strategic Plan, and has informed the development of a North West Locality Plan for 2016/17. Over 150 people attended our engagement events and contributed to the discussion on our priorities and how we can work better together to address these.

However it is recognised that the production of our Locality Plan only represents the beginning of our engagement with stakeholders, which will continue throughout the remainder of the year and beyond. This engagement activity will meet the principles set out within Glasgow City HSCP's participation and engagement strategy and build upon existing engagement processes with service users and carers and the groups representing them, community groups and partner organisations, and the general public.

APPENDIX 1

National Health & Wellbeing Integration Outcomes

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

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

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

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

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

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being

Outcome 7: People using health and social care services are safe from harm

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

Glasgow City
Health & Social Care Partnership
South Locality Plan
2016/17

July 2016

FOREWORD

Health and Social Care Partnerships (HSCPs) were established this year to take forward the integration of health and social care services, improve outcomes for people who use health and social care services, and improve health and well-being.

In the South of Glasgow we are committed to tackling inequalities and improving people's lives. This draft plan for 2016/17 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 committed to exploring the opportunities presented by the new integrated arrangements to improve services for the people we serve, and work closely with our partners, local communities and organisations.

The draft plan is ambitious but realistic. We will report back on progress as the year progresses and will be keen to hear from users and carers and those we work alongside about how are doing with what we have set out in this plan.

David Walker
Head of Operations South Locality
Glasgow City HSCP

1. INTRODUCTION

Strategic Plan 2016-19

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 (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.

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 South Glasgow (a profile of the area is in section 2). 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 2016 to March 2017. The plan is based on:

- what we know about health and social care needs and demands (see sections 2 and 4);

- key issues that have been highlighted to us at the engagement events we have undertaken, and other information we have on patient, carer and service user views about our services (see section 3);
- our current performance against key targets (see section 4);
- the key service priorities as defined in the HSCP's Strategic Plan (see section 5), including health improvement and what we are doing to tackle inequalities (see section 6); and,
- the resources we have available including staff and accommodation (see section 7).

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

2. SOUTH LOCALITY

Services

The South Locality is a key part of Glasgow City Health & Social Care Partnership, and is responsible for the delivery of health and social care services to the people of South Glasgow. Health and social care services are delivered by a single organisation with services managed by a single management structure. In South Glasgow these services comprise:

Children's Services
- children and families social work services
- health visiting and school nursing services
- specialist children's services
- homelessness services
- criminal justice social work services

Adult Services
- adult mental health services in patient and community services both health and social work service areas
- addiction services health and social work services
- learning disability services health and social work services
- adult social work services

Older People's Services
- adult community nursing services
- older people's social work services
- community rehabilitation services
- older people's mental health services
- AHP services
- physical disability services

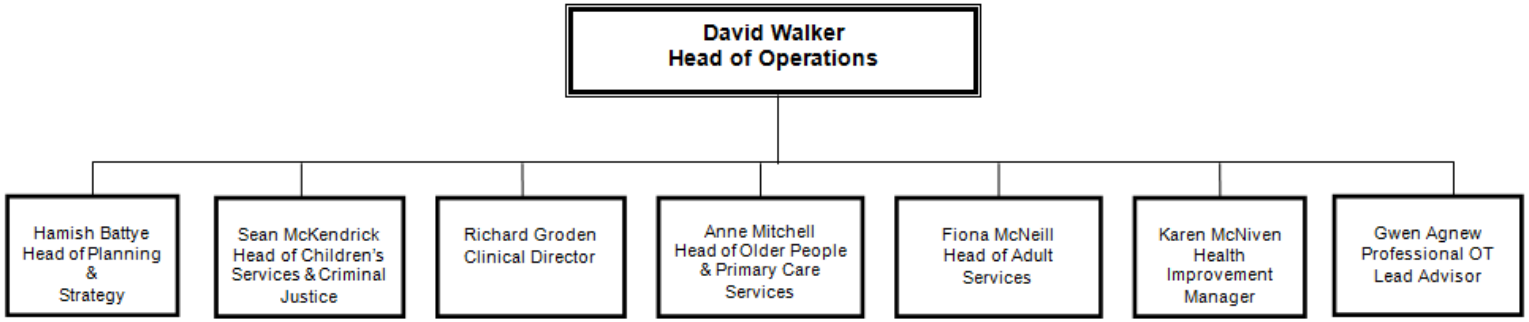
Primary Care Independent Contractor Services
- 60 community pharmacies
- 36 optometry practices
- 32 dental practices
- 51 GP practices that provide services to a registered population of approximately 265,228 (17% more than South's resident population), and eight main health centres where GP practices and other services are co-located.

Health Improvement Services
- working with communities and planning partners to help address health inequalities

- working with services to promote positive lifestyle choices and access to financial inclusion and employability services
- promoting health improvement to our local population, including the uptake of screening programmes

Management Arrangements

A management structure has been introduced that is consistent with the service responsibilities of the locality as set out above. This is also consistent with the management structure in the North East and the North West and also with the HSCP's strategic planning functions. The management structure for the South locality is as follows:



The facilities we manage and the resources we have available to deliver health and social care services are detailed in section 7.

In delivering services to the population of South Glasgow we work closely with a range of other partners to improve health and well-being. We give a description of the key areas we intend to focus on with partners in section 8.

Locality Profile

The South locality comprises the following areas:

- Arden and Carnwadric
- Bellahouston, Craigton and Mosspark
- Carmunock
- Castlemilk
- Cathcart and Simshill
- Corkerhill and North Pollok
- Croftfoot
- Crookston and South Cardonald
- Govanhill
- Greater Gorbals
- Greater Govan
- Ibrox and Kingston
- King's Park and Mount Florida
- Langside and Battlefield
- Newlands and Cathcart
- North Cardonald and Penilee
- Pollok
- Pollokshaws and Mansewood
- Pollokshields East
- Pollokshields West

- Priesthill and Househillwood
- Shawlands and Strathbungo
- South Nitshill and Darnley
- Toryglen

The health and well-being profiles for these areas can be found at: http://www.understandingglasgow.com/profiles/2_south_sector
The total population for the South Locality is 220,216 (2012 data based on 2011 census). The age break down of the population is as follows:

Age	Number	% of population
0-15	38,531	17.5
16-64	150,411	68.3
65-74	16,199	7.4
75+	15,075	6.8

Key population facts

- compared to Scotland as a whole, and to Glasgow City, the South locality has the highest percentage of Black, Asian and Minority Ethnic (BAME) people at 14.2% of the total population of the area (Census 2011), and with some areas, such as East Pollokshields (52.7%), with a significantly higher proportion.
- male life expectancy is noted at 72.9 years (4% lower than Scottish average), and female life expectancy is 78.8 years (2% lower than Scottish average).
- 22.2% of the population state that they are limited by disability.
- in the South there are also pockets of significant deprivation, with 20.7% of the population noted as being income deprived and 29.2% of children identified as living in poverty. (Scottish Index of Multiple Deprivation 2012). 59.3% of the population is deemed to be in employment, with 24.2% claiming either employment support or out of work benefits. (Significantly higher than the Scottish average).
- 16% of households are noted as being overcrowded.
- 36.8% of households are noted as single parent – significantly higher than the Scottish average.

Housing
There are 24 Registered Social Landlords (RSLs) in South Glasgow, the largest of which is the Wheatley Group comprising Glasgow Housing Association, Loretto Care and Cube Housing. All of them manage 34,886 social rented properties and factor many more bought homes. There are 51,350 owner occupied and 21, 925 private rented homes in the South.

The role of housing is important if we are to achieve the priorities set out in the HSCP Strategic Plan e.g. prevention and supporting older people to live longer in their own homes.

3. WHAT PEOPLE HAVE TOLD US

In developing this plan we have held a number of engagement events with users and carers, GPs, staff, voluntary organisations and key partners including local housing associations, all of whom have told us about some of the key issues in the South, and in particular about health and social care services. These events have been written up in separate reports to record what people have said. The key issues to emerge from these events are summarised below, showing what we plan to do in response.

The outcome of these events has influenced this plan. It is our intention to report annually on both how we are progressing with the actions in this plan and responding to the point people have raised at the events we have held.

What people have told us – summary of key points		
Issue	**Key points**	**What we will do**
Older People	• The outcomes within the National Dementia Strategy 2016-19 should be a local priority	• The HSCP launched a city-wide dementia strategy in June that outlines how we are taking forward the national outcomes. We will also be bringing forward a local action plan once the strategy is agreed
Carers	• There should be explicit outcomes for carers within the Locality Plan	• We will ensure that the outcomes contained in the National Carers Strategy are reflected in the Locality plan • We will ensure that the views of, including young carers are represented in our Participation and Engagement Plan
Services for Adults incl. Mental Health, Addictions and Learning Disability	• Mental Health services should offer a wider range of non-medical interventions such as talking therapies and referrals for physical activity • Early intervention, harm reduction and education should be a priority for Addiction	• Primary care mental health services and community mental health services offer a range of services or referral onwards to these services as appropriate for patients as part a wider programme of treatment / therapy. • Early intervention and harm reduction are a priority for

What people have told us – summary of key points		
Issue	**Key points**	**What we will do**
	services in the Locality Plan • Provide opportunities for people to be involved in care planning at the point of accessing the service	Alcohol and Drug services. Community Addictions Teams are responsible for the assessment and delivery of generic and specialist targeted harm reduction interventions and where appropriate onward referral for specialist core alcohol/drug treatment/care and assertively managed engagement with external partner services for individuals requiring education and diversionary input**.** • The involvement of users and carers is a key part of the care planning process in adult services
Children and Young People	• It is difficult to navigate the transition from Children's to Adults services • It is harder for young people to have a voice when it comes to their health and social care needs	• Alongside colleagues in adult services we will review the transition protocol to ensure its effectiveness. We will establish a forum to establish the impact of this review • We will make it easier for young people to tell us what they think about our services. We will ensure that we have appropriate methods for getting involved in decision making and seeking feedback from young people.
Housing and Homelessness	• Improve partnership working between health, social care, housing and relevant others	• The Essential Connections Forum will be promoted as a vehicle for multi-agency partnership working on housing issues • We will continue to support the roll out of the Housing Options model across South Glasgow • The Vulnerable Household Forum will be promoted as a vehicle for multi-agency partnership working on homelessness issues
Health Improvement and Inequalities	• Data from the health and wellbeing survey shows that poverty, lower life expectancy and financial instability are still having a negative impact on health and well being	• We will continue to support the current Thriving Places initiatives, bringing key agencies and the local community together to address inequalities • We will support a third Thriving Places initiative for Govan

What people have told us – summary of key points		
Issue	**Key points**	**What we will do**
	• Physical activity should be a priority as it impacts on a wide range of health and wellbeing outcomes	East, Ibrox and Cessnock • We have a number of physical activity programmes that we are taking forward within the resources we have available
Primary Care Services	• Improve co-ordination between GPs and locally provided health and wellbeing services • GPs would like to be more involved in the governance and decision making process	• We will continue to develop the Pollokshields Community Oriented Primary Care (COPC) and Govan SHIP projects and identify learning that can be shared with others • The development of GP Clusters and the important role of the South GP Committee all provide crucial opportunities for GPs to influence decision making, and we will work with GPs to develop these further
Working With Our Partners	• The Plan should make a strong case for better communication and partnership working, especially with the third sector	• We will set out our arrangements for working with key partners, including the Community Planning Partnership, housing organisations, registered care providers and the third sector • We will continue to support the Thriving Places initiatives as multi agency platforms for addressing inequalities in targeted areas
Communication, Participation and Engagement	• There hasn't been a lot of public facing information about health and social care integration therefore the public is largely unaware of it and unsure how to get involved • Provide information for residents and the wider community on progress with the New Gorbals Health and Care Centre development	• We will produce a local Communications Plan that sets out how we will share information across a range of formats and platforms, including social media • We will produce a local Participation and Engagement Plan that describes our patient feedback and public involvement arrangements • We will produce a series of newsletters providing regular updates on progress with the development • We will attend community events, groups and meetings to provide information, seek feedback and answer questions • We will continue to explore other means of communication to

What people have told us – summary of key points		
Issue	**Key points**	**What we will do**
		share information such as social media
Budgets and Finance	• Partners should use their resources more effectively	• We will work closely with our partners in community planning and the third sector to ensure we have a joined up approach to our respective decisions about the use of resources including accommodation and staff
Scrutiny and Performance	• Service priorities need to be based on data that is accurate, current and with common agreement on interpretation • The data for South Glasgow within the Locality Plan should be presented in a format that enables benchmarking against the rest of Glasgow	• The draft service priorities will be shared for a further round of feedback prior to being finalised in the Locality Plan • Our Participation and Engagement Plan will describe a range of opportunities for scrutinising our performance
Other Issues	• Transport to the new QEUH is not available from certain parts of the South Locality • Govanhill should be a priority area as there are significant issues affecting health and wellbeing • The third sector is experiencing a high level of budget cuts and this will impact on the capacity of the sector to deliver services	• We will work with our colleagues in the Community Engagement Team to provide information on transport options to the new hospital • We are working closely with local partners, GPs and others to respond to the specific needs in the Govanhill area. • We are aware of the pressures on the third sector and will take this into account when working with local groups and organisations

4. PERFORMANCE INFORMATION

This section summaries our performance against key targets and indicators

Where we are performing well
Psychological Therapies – number of people starting treatment within 18 weeks
Primary Care Mental Health Team – referral to 1st appointment - % within 28 days
Primary Care Mental Health Team – referral to 1st treatment - % within 63 days
Addiction - Percentage of Parental Assessments completed within 30 days (new indicator for 2015/16)
Looked After Children - recording of the employment status of young people leaving care
Looked After Children - Percentage of children looked after at home with family/friends (LAC) with a primary worker.
Reducing Smoking in Pregnancy
Primary Care - percentage able to book an appointment with a doctor in advance
Breast Screening uptake – more to do but performing best across the City
No of carers who have started an assessment in last quarter
Access to specialist CAMHS – longest wait in weeks
Young people leaving care who are in employment, education or training
Number of open OT activities at assessment stage assigned to a worker or team
% of Community Payback Orders with a case management plan in place within 20 days

Where improvement is required
Older people - Review of people in purchased homes
Older people - Review of people in home care
Further improvement to Occupational Therapy assessments and activities
Improvement to direct payments
Reduction in delayed discharges
Reduction in acute bed days lost due to delayed discharge – including Adults With Incapacity (AWI)
Alcohol Related Emergency Admissions (per 100,000)
Waiting times for Child and Adolescent Mental Health
Looked After Children - percentage of children looked after at home (% of the total looked after)
Criminal Justice –– percentage commenced within 7 days
Community Payback Orders - 3 month reviews
Alcohol brief interventions
Smoking Cessation Quit rates in the 40% most deprived areas
Bowel Screening uptake rates
Breastfeeding at 6-8 weeks in 15% most deprived areas (exclusive)
Numbers reported on dementia register
Cervical Screening uptake rates

5. SERVICE PRIORITIES

In this section we describe the key priorities and actions for each service / care group we will be taking forward in 2016/17 to implement the HSCP Strategic Plan, and how we intend to respond to local needs and demands. We will be reporting back on progress towards the end of the year.

Shared priorities – taking forward integration

There are a number of key actions and priorities that are shared across all services, and we will be taking forward as a team:

- taking forward the priorities set out in the HSCP's strategic plan, including the nine national health and wellbeing outcomes that support integration;
- working with partners to take forward the three community planning priorities set out in the Single Outcome Agreement i.e. addressing alcohol misuse, improving youth employment, and achieving better outcomes for vulnerable people, including taking forward the Thriving Places initiative in Gorbals, Greater Govan and Priesthill Househillwood;
- improve the experience and outcomes for people as they move between our services, including the transition between children's to adult services, and adult to older people's services;
- ensuring service users and carers are fully engaged, and involved in decisions affecting their care;
- ensuring our services are sensitive to the needs of people from different equality groups;
- continuing the implementation of personalisation to give people more choice and control over how they access certain elements of their care;
- implementation of the patient centred care programme, including review of care assessment, care planning and care review systems;
- improving our interface with secondary care, the third sector and registered social landlords;
- ensuring robust governance arrangements are in place for child protection and adult support and protection;
- supporting our staff to deliver the standards of care required for our service users; and,
- ensuring services are delivered in the most efficient and effective way to help meet the financial challenges, including making best use of our accommodation.

In addition we will:

- establish integrated management teams across all our care groups;
- establish integrated local care group planning arrangements with partners to take forward the HSCP Strategic Plan in the South, and implementation of the actions in this locality plan, including reporting on progress;

- agree a programme of work to better understand the needs of our local population including the black, Asian and minority ethnic community; and,
- take forward local care governance arrangements within the framework for the HSCP.

1. Primary Care

Priority	Action	Delivery	Target
Improving GP Premises	While considerable progress has been made in improving GP surgery premises there remain some significant issues that require resolution.	We will work with the GP practices concerned to agree plans for improvement.	All GP surgery premises assessed as being compliant with agreed 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	GP clusters in place by late 2016, and quality leads identified.
Oxygen	Each GP practice to have oxygen supplied as per the national guidance.	As per national agenda	By March 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 to have discussed ACP quality improvement by end of March 2017.
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 CSS. Continue to monitor rates of new accident & emergency attendances by GP referral to improve management of unscheduled care.	Discuss with clinical leads, the most appropriate interface mechanism. Rates to be monitored via Practice Activity Report and GP clusters	Mechanism to be in place by March 2017. No target set.
Improved Healthy Life Expectancy for Men & Women	Support the delivery and development of Community Orientated Primary Care within East Pollokshields.	Continued discussion with East Pollokshields practices to support introduction of COPC	COPC to be introduced in East Pollokshields by Dec. 2016.
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 an agreed action plan.	All action plan actions implemented by March 2017.

Priority	Action	Delivery	Target
Govan SHIP	The HSCP will continue to support this Scottish Government funded project. It is seen as a successful model of health to date, but is waiting further evaluation	Continue Senior Management support to Govan SHIP project board.	Evaluation due by March 2017.
Social Care Residential Unit	We have built good links and communication with new unit Orchard Grove. We will continue this relationship to ensure good care for residents and good relationships between the unit, the south locality and General Practices in its catchment area and use learning experience for new unit in 2017.	Set up an operational group to look at opportunities to improve service delivery	End March 2017.
Immunisations	There are specifications regarding immigrant communities and immunisation uptake rates in the Govanhill area. We will work with Public Health, Social Work and local practices to attempt to improve the rate of uptake	This becomes part of the Govanhill Action Plan.	End March 2017.
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	Increase in uptake in key practices by end March 2017
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.	A balanced prescribing budget and improvement in prescribing indicators. Secured Primary Care investment in GP Practices by end March 2017.

2. Carers

Priority	Action	Delivery	Target
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.	•	• 300 adult carer assessments completed by end March 2017
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	•	• Production of schools pack by March • 100 new young carer assessments completed by end March 2017

3. Children and Families and Criminal Justice Services

Priority	Action	Delivery	Target
Match local service delivery against agreed priorities	Develop an understanding of the diverse needs of the population in the locality.	Work underway and are due for pilot in South.	
	We will publish information on health and care needs of the population of the health and care needs of the south agree priorities areas	Our planning team will provide the report by end of December 16	Report prepared by December 2016
	We will report on the success and uptake of JST referrals and ensure we increase our HV referrals t these structures by of a minimum of 5%	Ongoing management of referrals and uptake of support	5% increase in family support from baseline numbers as at May 2016
	We will produce an analysis of the gap between provided family support and estimates of anticipated need		
	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	Two social work teams in South to look at transforming way services delivered - pilot	Efficiencies and system change report available April 2017
	• 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. • ?Community Planning engagement up to end March 17 – new arrangements in place to manage criminal justice.- City wide – ? to remain in the plan?	Community Planning at a city level.	Locality launch event January/February 2017

Priority	Action	Delivery	Target
	• % of unpaid work (UPW) requirements completed within timescale		
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. 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.	Roll out of named person policy procedures and process. Locality planning structure	Information to HSCP children's staff Roll out of communications to all staff by March 2017 Increased availability of family resource from 678 places

Priority	Action	Delivery	Target
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.	Attendance at city wide Children and families core management team. Connecting with city wide transformation projects. Ongoing review process and attention to management information	Monthly review through senior management team
	Roll out the universal health visiting pathway	Engagement with central team ongoing training recruitment and supervision	Commence implementation process from October 2016
	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.	Locality children and families governance structures agreed and implemented by August 2016
	Establish mechanisms for monitoring and reviewing performance against agreed KPIs and ensure mechanisms are present to rectify and .	South to pilot Children and Families/CJ Key Performance indicators. Identify key supporting factors.	Key children and families data dashboard developed by August 216
	Increase the number of people on unpaid work orders getting into unpaid work within 7 days by 10%		Using criminal justice as a baseline 10% increase from previous year
	Reduce the cost of high cost placements by 10% compared to last financial years	Implement new process for oversight	10% expenditure decrease On previous year spend

4. Adult Services

Priority	Action	Delivery	Target
Match local service delivery against agreed priorities	Develop our understanding of and relationship with registered social landlords, third and independent sector providers and identify opportunities to develop community capacity.	For housing progress through the essential connections forum, for the third sector explore this through the south east and south west voluntary sector networks, and for the independent sector explore through locality links with Scottish Care	Options / proposals to develop community capacity produced by March 2017
Focus on and develop service capacity particularly in relation to prevention and early support	Implement the changes to Learning Disability Out of Hours Service in line with GG&C 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. Complete a self-assessment against the Adult Mental Health Community Services Framework requirements for all community mental health services across South Glasgow.	To be progress through the learning disability planning group. Review pathway at locality planning groups. Scrutiny of delayed discharges at operational management level on weekly basis 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.	Changes to be implemented by March 2017 Pathway reviewed by December 2016 and opportunities for improvements identified. Delayed discharges targets achieved by March 2017 Completed by January 2017.

Priority	Action	Delivery	Target
	Review links between Primary care Mental Health Teams and Community Mental Health Teams with GP practices	Review undertaken through locality planning group	Review completed by March 2017.
	Maintain psychological therapies 18 weeks performance, and improve percentage of first referrals seen within 28 days.	Implementation through on-going monitoring and review	18 weeks target 90%. Percentage seen within 28 days target 100%
	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	Implementation complete by March 2017
	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 over seen by locality addictions group.	Roll out completed by March 2017
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.	Increase by 10% By March 2017
	Implement the recommendations of the Community Addiction Team review across south Glasgow.	Implementation to be taken forward by addictions management team	Implementation complete by March 2017.
	Participate in the work of the Learning Disability Tier 4 redesign process.	To be taken forward by city-wide learning disability planning group.	Redesign to be completed by March 2017.
	Consider options for learning disability day	To be taken forward by city-	Options to be identified by

Priority	Action	Delivery	Target
	care provision for the South. Work with third sector care providers, Commissioning and Finance to meet the challenges of rising costs of social care particularly in 24 hour services.	wide learning disability planning group. To be processed through the adult services management team	September 2016. Initial agreements by October 2016
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. Develop a contingency response procedure for replacement care if a Provider exits the social care market – all care groups	To be progressed through adult services management team meeting, locality planning groups and forums. To be processed through service modernisation and commissioning	Evidence of shared understanding demonstrated by March 2017. Increase in direct payments to achieve target of 15% by quarter 2. Draft required by October 2016
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.
Reduce poverty and build aspirations	Deliver financial inclusion services including income maximisation, financial capability and debt management.	Deliver Peer Support and Advocacy for people with poor mental health at risk of adverse sanctions.	Implementation of programmes ongoing.
Build mental wellbeing and resilience	Develop staff to extend programmes and increase capacity to deliver on the prevention and early intervention agenda for early years targeting interventions to the local BAME and vulnerable population's (NHWO 1,3,5,8)	Support staff who work directly with vulnerable families to include health improvement to their practice by providing training and support to staff	Implementation of programmes ongoing

Priority	Action	Delivery	Target
		working directly 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.
		Build capacity for Peer Mentoring approaches in the south through local Mental Health Support networks.	Completed by March 2017
		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
		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.

5. Older People's Services (including Older People's Mental Health, physical disability and long term conditions)

Priority	Action	Delivery	Target
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. Establish Locality Governance structures for OPPC that connect to wider HSCP, Health Board and Glasgow City Council arrangements.	Set up and agree TORs for schedule of meetings and agree arrangements for cascade of information to and from all staff 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. Develop training and awareness arrangements for NHS staff on ASP	Integrated Management Team Established March 2017 Older People Locality Planning Group meeting four times by March 2017 with formal reviews of locality plan progress Confirm increased NHS input/ attendance at ASP meetings Increase in referral numbers / AP1s from baseline by March 2017
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	Specific local actions to deliver these to feature on the agenda of the OPPC planning group and management group. Report on progress against agreed	Review of OP progress - through agreed action plan and performance

Priority	Action	Delivery	Target
	Maps).	outcome measures/targets at the OPPC planning meetings and locality and HSCP management structures	measures against outcomes / HEAT.
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 support early discharge from hospital, contributing to the ongoing development of Intermediate Care and the accommodation based strategy	Numbers of anticipatory care plans against target of Anticipatory Care Group Delivery of process changes with Anticipatory Care.
	Agree Falls pathways and models of care to reduce falls	Develop, test and evaluate effectiveness of level one and two falls assessment tools	Delivery of outputs of Fall project Falls referrals to pharmacy. Reviews against 2015/16 baseline
	Support residential and care homes to have easy and appropriate access to primary care services and routes for escalation.	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

Priority	Action	Delivery	Target
	Focus on reducing the number of hospital admissions from care homes	Work with Acute and care homes re admissions and support provided to Care Homes	Reduction in number of care home admissions
	Implement the Dementia Strategy locally	Disseminate information re 8 pillars pilot and contribute to evaluation – as per agreed communication strategy?	Numbers of staff trained / given information
		Implement the Dementia Strategy locally	Information on Dementia Strategy shared via South Locality Engagement Network (300 contacts) / newsletters x 3 / specific Twitter activity around dementia
	Deliver on early intervention and person centred approaches to care for those with a mental health diagnosis	We will raise awareness and understanding of dementia amongst our staff and the general public and to promote timely access to dementia diagnosis	Public event on Older People and Primary Care Services featuring input on Dementia Strategy (Spring 2017)
			Review agreed

Priority	Action	Delivery	Target
		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.	performance targets / progress at OP planning Group
		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.
		CMHT Framework to be implemented	CMHT Operational Framework implementation by Mar 2017
		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, Glasgow City Dementia Strategy and Integrated Dementia Services Framework for Residential and Day care services and with Commitment 11 of the Strategy.	Delivery of agreed environment targets for March 2017
		Deliver access to Psychological	Performance

Priority	Action	Delivery	Target
		Therapies in accordance with the HEAT target.	against agreed target
	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 Continue to engage with GPs on 'mindful prescribing agenda' through ongoing engagement	Prescribing support reviewed and changes implemented by March 2017
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.	Ensure close budget monitoring to address any financial challenges	Budget targets – savings or achieving balanced budget at specific service level
	Establish mechanisms for monitoring and reviewing performance against agreed KPIs across health and social care	Included on the agenda of the OPPC planning group and Management Team agenda quarterly	Agreed performance monitoring framework by March 2017 for locality
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	Events completed – reviewed by March 2017
		Organise shared learning events, briefings and developmental	Evaluation of learning events

Priority	Action	Delivery	Target
		opportunities throughout the year Consider other models of service including for treatment room provision as part of the city wide review	undertaken by march 2017 Review of models considered by OP group and agreed by March 2017

6. Homelessness

Priority	Action	Delivery	Target
Putting in place the architecture of Integration	Embed the Community Homeless Service in the Locality	• Improve interface with HSCP care groups • Increase access to preventive services • Review Housing Options approach	January 2017 October 2017 September 2016
Match local service delivery against agreed priorities	Homelessness Prevention Mediation Service Provision for Prison Leavers	• Monitor implementation • Examine ways of reducing homelessness on leaving prison	Ongoing March 2017
	New build emergency accommodation	• Liaise with Portman Street • Review Service Provided by Bellisle Street Women's Emergency Accommodation Service which opened in December 2015. Continue to reduce the length of time Women spend in Bed and Breakfast Accommodation.	August 2016 December 2016
	Service user involvement	• Agree SUI framework • Ensure SU views fed into planning service delivery	January 2017 January 2017
	Services to refugees and new communities	• Ensure services to asylum seekers and refugees continue to be effective • Continue to ensure access to cost effective interpreting services • Ensure staff have access to up to date guidance for homeless applicants with no recourse to public funds • Community Homeless Team to work closely with Children and Families Roma Team to support Roma families to secure appropriate accommodation to meet their needs	Ongoing January 2017 December 2016 December 2016

Priority	Action	Delivery	Target
		• Continue to examine opportunities to develop access to private rented sector	April 2017
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 • Improve joint work with law centres • Support delivery of GCC SOA Housing and Homelessness work stream • Continue to monitor the impact of WR • Continue to ensure staff can signpost	Ongoing April 2017 Ongoing Ongoing Ongoing
Deliver services that are safe, efficient, effective and value for money	Strengthen tenancy sustainment activity Improve outcomes for multiply excluded homeless service users Effective service pathways	• Work with housing associations to ensure effective referral pathways to HSCP and other services • Develop innovative approaches to accessing housing support services • Improve access to homeless prevention services to tenants in private rented sector • Enhance cross care group interface • Review and develop pathways for vulnerable adults and children	October 2016 April 2017 August 2016 April 2017 August 2016
Planning for the future	Ensure commissioned services continue to be strategically relevant Access to employment, health and education Self-directed support	• Work with GCC on a review of commissioned services • Improve homelessness service links with Bridging Service • Monitor progress of SDS pilot	Ongoing Ongoing May 2017

7. Health Improvement and inequalities

Priority	Action	Delivery	Target
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.	Using co-production approaches support and enable communities to influence service delivery and develop responses to locally identified priorities and needs. Contribute to and support the role of Anchor Organisations in each of the Thriving Neighbourhoods. Specific focus on proposals to extend the Govan Thriving Places boundary thereby increasing the neighbourhood demographic.	A number of community engagement 'creating conversations' activities undertaken with local communities in Gorbals and Priesthill/Househillwood thriving places. Resources allocated to ensure the appointment of Community Connector to anchor organisation in Priesthill/Househillwood. Support the selection process to ensure the appointment of anchor organisation for Priesthill/Househillwood.
Govanhill Neighbourhood:	Responding to the diverse needs of Govanhill community	To support the implementation of the Govanhill Action Plan in conjunction with local partners. Using co-production approaches support and enable communities to influence services and develop plans that support community engagement and deliver initiatives that respond to locally identified	Recruitment of additional peer educators for Roma Peer Education Programme and implementation of capacity building programme for peer educators.

Priority	Action	Delivery	Target
		priorities and the needs of the diverse community. Deliver in partnership with Govanhill Community Development Trust the second phase of the Roma Peer Education Programme and to support the development of the ESOL Café. To support and develop work emerging from the RomaNet Multi Agency Working Group. To further develop and enhance Health Improvement links with Primary Care and wider services to improve the health and well-being of the local community. Explore the potential to develop the Community Orientated Primary Care Model as a vehicle to respond to diverse needs.	COPC model established within Govanhill Health Centre.
Reduced exposure and use of tobacco Smoke: .	Support the Implementation of the Glasgow Tobacco strategy	Ensure the on-going delivery of preventative tobacco work with young people & adults. Support the implementation of NHS&GGC smoke-free policy and smoke free places and events within South Locality. Promote & deliver smoking	Target our smokefree services to patients in SIMD 1 & 2 to ensure new HEAT Target is reached.

Priority	Action	Delivery	Target
		cessation services and increase referrals from a range of providers & services including Primary Care, Pharmacy, Addictions, Mental Health, and Criminal Justice & Housing Associations.	
Rebalanced relationship with alcohol and reduced drug use:	Support the implementation of the Single Outcome Agreement for Alcohol and the Alcohol & Drug Partnership Strategy	Work towards reducing the availability & acceptability of alcohol with adults & young people through partnership delivery of local Community Alcohol Campaigns, utilisation of the 'Ripple Effect' Findings and strengthening the community role in the alcohol licensing process. Contribute to community recovery within South Locality and further develop & deliver South Locality 'Recovery with Rangers' and 'Recovery with the Citizens' programmes.	Train local partners in ABI. Increase the number of people participating in 'Recovery with Rangers' and other recovery programmes.
Reduce Poverty and Build Aspirations	Deliver financial inclusion services including income maximisation, financial capability and debt management. Deliver employability services through the Bridging Service. Deliver actions to address poverty including food poverty and the stigma	Work to increase referrals to financial inclusion services across the south sector. Deliver Peer Support and Advocacy for people with poor mental health at risk of adverse sanctions. Work with local residents to develop training and awareness materials for	Increased referrals to financial inclusion services. Peer support group established. Community engagement group established to develop

Priority	Action	Delivery	Target
	of living in poverty for our patients and communities.	partners to raise awareness of the issue of poverty and stigma. Deliver a range of food & nutrition programmes across South.	materials, and number of staff trained in resource. 8 food and nutrition programmes delivered.
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)	Support the Organisations re-accreditation of UNICEF baby friendly standards across all staff groups and partner organisations. Promote and help support breastfeeding mums/families targeting BME Deliver oral health improvement programmes based on local population need targeting BAME and vulnerable communities, within budget; identify areas for further efficiency and areas requiring development, investment or disinvestment with reference to the SHANARRI indicators. (NHWO 1,2,3,5,7,9)	UNICEF baby accreditation awarded. Number of programmes/ local residents involved in BME early years programmes.

8. RESOURCES

Accommodation

Services are delivered across a range of locations in the South locality.

We continue to keep our accommodation portfolio under review, and will shortly be undertaking 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. We will have a property and accommodation plan to support integration developed by March 2017, including our contribution to regeneration plans in the South.

Recent developments include the Shields Centre, a £2.7 million health and care centre in East Pollokshields that opened in January 2015. This has won significant awards around design and sustainability and has on-going community engagement and development through a community garden project.

We are also well advanced in developing 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 and which is due to start on site in October 2016.

Human Resources

We have a total of 1,858 staff working in the South – 1,353 NHS staff and 505 social work staff.

Finance

The budget for the locality is as follows:

9. PARTNERSHIP WORKING

Arrangements for partnership working e.g. community planning, RSLs etc. and key issues e.g. SoA, housing options etc.

Housing

There are significant links with housing providers in the South locality through:

- Essential Connections Forum– a joint forum between the HSCP and housing providers / Registered Social Landlords.
- Vulnerable Household Forum – a joint forum between third sector providers and the HSCP to support tenants, especially those identified as vulnerable and those affected by homelessness
- Housing Options – the HSCP plays a key role in supporting the roll out of Housing Options. Housing Options is a model which offers those seeking social housing a full assessment of their options including a private rent, buying a property and mediating with parents for a young person to remain at home. It also aims to support vulnerable tenants to maintain that tenancy and prevent homelessness/crises
- Single Point of Contact – a key role of the Housing, Health & Homelessness lead for the locality, escalating concerns and co-ordinating support for vulnerable individuals.
- Community Casework Team (CCT) –assessing homelessness and identifying housing for those deemed homeless, exploring potential for making full use of the new Local Letting Communities comprising clusters of Social Landlords. There is a need to develop a shared understanding of the new CCT model and ensure successful implementation of planned devolved responsibilities
- Project around 415 Nitshill Road with the Wheatley Group – a project which seeks to support older people in their homes to prevent admission to hospital or long term care. The project covers a population of around 12,500 people, 17% of whom are of pensionable age, in the Nitshill, Priesthill and Househillwood area. .

Priorities for the HSCP around housing and homelessness include working with partners around:

- Essential Connections Forum to be re-invigorated and re-launched: where does it fit in with other forums e.g. Vulnerable Household Forum;
- Using resources more effectively: sharing good practice e.g. Housing Options and the 415 App;
- Improving partnership working between housing, social care, health and relevant others: capacity of officers in partner agencies; and clarity of roles; and,
- Integration of the homelessness function with the Health and Social Care Partnership South Locality

Community Planning

In South there are strong connections with partners through community planning arrangements, and clear agreement about the key priorities for statutory agencies in taking forward the Single Outcome Agreement for the City. This is evident in the work underway to take forward the Thriving Places programme in Gorbals, Priesthill / Househillwood and Govan, and the partnership working in Govanhill.

Third Sector

Interface arrangements with the third sector are in development with a South East voluntary sector network established last year and a network in South West set up recently. The HSCP has supported both networks and will continue to contribute to developing positive working relationship across the voluntary sector in South Glasgow. Examples of areas of joint working include the community connectors programme based with Southside Housing, and work with Nan MacKay Hall on personal foot care.

Annex A – Map of South Locality