



Item No: 7

Meeting Date: Wednesday 27th March 2019

Glasgow City Integration Joint Board

Report By: David Williams, Chief Officer

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CONSULTATION ON STRATEGIC PLAN 2019-2022

Purpose of Report:	To update the Integration Joint Board on the outcome of the consultation on the draft Strategic Plan 2019-2022, and to present the revised Strategic Plan for approval.
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Background/Engagement:	<p>The IJB is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan. Legislation prescribes that the plan be reviewed every three years.</p> <p>A report was presented to and agreed by the IJB in March 2018 outlining engagement activity to be carried out in support of development of the new Plan, in line with statutory requirements and the IJB's own Consultation and Engagement Guidelines.</p> <p>The consultation process ran from October 2018 to the end of January 2019, with the Strategic Plan updated to accommodate the feedback and views received. The Public Engagement Committee were remitted to take responsibility for oversight of the consultation process. An update report was taken to the Public Engagement Committee May 2018 to present the Consultation, Engagement and Communications Strategy, with a further update presented in August 2018.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) note the outcome of the consultation process; andb) agree the revised Strategic Plan 2019-2022 for publication alongside the report detailing the action taken to develop the Plan.
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Relevance to Integration Joint Board Strategic Plan:

This report relates entirely to the IJB Strategic Plan.

Implications for Health and Social Care Partnership:

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

Sustainable Procurement and Article 19:	None	
Risk Implications:	The IJB will be in breach of its statutory duties if there is no Strategic Plan agreed and in place beyond 1 April 2019.	
Implications for Glasgow City Council:	The Council’s Strategic Plan was taken into consideration in development of the IJB Strategic Plan.	
Implications for NHS Greater Glasgow & Clyde:	The Health Board’s plans and programmes were taken into consideration in development of the IJB Strategic Plan.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

- 1.1 The purpose of this report is to update the Integration Joint Board on the outcome of the consultation on the draft Strategic Plan 2019-2022, and to present the revised Strategic Plan for approval.

2. Background

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

3. Consultation Process

- 3.1 The consultation process was informed by a programme of pre-consultation activity, including consultation and engagement with IJB Members and Substitutes, and HSCP senior officers. The IJB's development session in April 2018 included consultation on the proposed vision and priorities for health and social care, with Members, Substitutes and senior officers given the opportunity to comment in advance of the session via email, at the session itself and afterwards via an online survey. The draft Plan was also included in the programme for the IJB's development session in August 2018.
- 3.2 Locality Engagement Forums incorporated pre-consultation and consultation engagement opportunities within their existing engagement activity and fed back the views of their members.
- 3.3 It was important that the Consultation was as accessible as possible to ensure wide levels of engagement and the Plan that reflected the views of stakeholders across the City. To achieve this a range of channels were used during the Consultation. These included
- Awareness-raising mailings to various distribution lists held by GCHSCP (with recipients asked to share with their own networks)
 - Public websites (GCHSCP [Consultation and Engagement webpage](#) and Glasgow City Council [Community Council Briefing webpage](#))
 - Online and paper Consultation survey
 - An Executive Version of the Plan and survey (in response to early feedback)
 - Consultation events hosted by the GCHSCP
 - Consultation events hosted by partners
 - Social media GCHSCP, GCC and NHSGGC Twitter profiles and GCC and NHSGGC Facebook pages
 - Articles in the GCHSCP's public newsletter.
- 3.4 The consultation reached a range of stakeholders over and above what is prescribed in the legislation for consulting on the Draft Plan. This included:
- Strategic Planning Groups
 - Locality Engagement Forums
 - Members of the public
 - Patients, service users and carers
 - IJB Members
 - National and local representative groups and forums
 - Third and independent sector organisations and providers and independent contractors
 - Equalities groups
 - Housing associations / RSLs
 - Staff working within Glasgow City HSCP including GPs
 - Other staff of Glasgow City Council and NHS Greater Glasgow and Clyde
 - Elected Members and Health Board Members
 - Community Councils
 - Community Planning Partners and
 - Other Health and Social Care Partnerships.

4. Engagement with the Consultation

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

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

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

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

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

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

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

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

5. Consultation Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Strategic Planning Groups

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

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

7. Housing Contribution Statement

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

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

8. Next steps

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

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

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

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

9. Recommendations

9.1 The Integration Joint Board is asked to:

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

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-7-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	1 April 2019
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated functions covered by the Strategic Plan 2019-22
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to publish and implement the Strategic Plan 2019-22 subject to the approval of the budget allocation outlined in the Medium Term Financial Outlook to be published in March 2019.
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources subject to approval of the Medium Term Financial Outlook to be published in March 2019.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	27 March 2020

Glasgow City
HSCP
Health and Social Care Partnership

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

Flourishing Communities,
Healthier Lives

NHS
Greater Glasgow
and Clyde



INTRODUCTION
FROM CHAIR
AND VICE CHAIR



ABOUT THE
STRATEGIC PLAN
2019-2022



DEVELOPMENT
OF THE
STRATEGIC
PLAN



ABOUT US



PERFORMANCE
TO DATE



VISION AND
PRIORITIES:
FLOURISHING
COMMUNITIES,
HEALTHIER
LIVES



TRANSFORMATION
AND OTHER
PROGRAMMES
UNDERWAY
WITHIN
GLASGOW
CITY



DEMOGRAPHICS
AND CONTEXT





INTRODUCTION FROM CHAIR AND VICE CHAIR

INTRODUCTION FROM CHAIR AND VICE CHAIR

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

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

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

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

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

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

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

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

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

Simon Carr

Chair

Glasgow City

Integration Joint Board

Councillor Mhairi Hunter

Vice Chair

Glasgow City

Integration Joint Board

ABOUT THE STRATEGIC PLAN



ABOUT THE STRATEGIC PLAN 2019-22

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

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

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

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

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

LOCALITY PLANS

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

DEVELOPMENT OF THE STRATEGIC PLAN



DEVELOPMENT OF THE STRATEGIC PLAN

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

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

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

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

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

ABOUT US



ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN SCOTLAND

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

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

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

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

ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN GLASGOW

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

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

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

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

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

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

SERVICES AND FUNCTIONS

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

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

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

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

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

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

ABOUT GLASGOW CITY HEALTH AND SOCIAL CARE PARTNERSHIP AND ITS LOCALITIES

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

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

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



PERFORMANCE TO DATE



PERFORMANCE TO DATE

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

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

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

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

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

ANNUAL PERFORMANCE REPORTS

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

CHILDREN'S SERVICES

2016-2017



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



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

2017-2018



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



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

2018-19 (to Quarter 3)



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



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

ANNUAL PERFORMANCE REPORTS

ADULT SERVICES

2016-2017



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



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

2017-2018



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



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

2018-19 (to Quarter 3)



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



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

ANNUAL PERFORMANCE REPORTS

OLDER PEOPLE

2016-2017



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



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

2017-2018



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



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

2018-19 (to Quarter 3)



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



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

ANNUAL PERFORMANCE REPORTS

HEALTH IMPROVEMENT

2016-2017



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



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

2017-18



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



Breastfeeding rates rose from 26.5% to 27.5%.

2018-19 (to Quarter 3)



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



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



VISION AND PRIORITIES

VISION AND PRIORITIES: FLOURISHING COMMUNITIES, HEALTHIER LIVES

Vision

Our medium- to long-term vision is that:

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

Over the next 10 years we will do this by:

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

VISION AND PRIORITIES

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

Priorities

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

1. Prevention, early intervention and harm reduction

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

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

2. Providing greater self-determination and choice

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

3. Shifting the balance of care

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

VISION AND PRIORITIES

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

4. Enabling independent living for longer

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

5. Public Protection

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

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

What success will Look Like

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

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

VISION AND PRIORITIES

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

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

- Health inequalities within the City will significantly reduce.

Delivering Our Priorities

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

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

VISION AND PRIORITIES

National Health and Well Being Outcomes

Outcome 1:

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

Outcome 2:

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

Outcome 3:

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

Outcome 4:

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

Outcome 5:

Health and social care services contribute to reducing health inequalities

Outcome 6:

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

Outcome 7:

People using health and social care services are safe from harm

Outcome 8:

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

Outcome 9:

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

VISION AND PRIORITIES

1

Prevention, early intervention and harm reduction

2

Providing greater self-determination and choice

3

Shifting the balance of care

4

Enabling independent living for longer

5

Public Protection

A hand is shown placing wooden blocks on a wooden surface. A large purple circle is overlaid on the left side of the image, containing the number 1 and the title text. The background is a light-colored wooden surface with a vertical grain.

1

Prevention, Early Intervention and Harm Reduction

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

The Livingwell Model

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2

Providing Greater Self-Determination and Choice

HELP

ADVICE

ASSISTANCE

INFO

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

Redesign of Homelessness Services to a Housing First Approach

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

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

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

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

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

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

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

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

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

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

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

3

Shifting the Balance of Care



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

Improving the Cancer Journey

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4

Enabling Independent Living for Longer

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

Integrating Occupational Therapy Services

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

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

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

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

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

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

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

ENABLING INDEPENDENT LIVING

FOR LONGER:

WHAT WE'RE GOING TO DO

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

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

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



5

Public Protection

PUBLIC PROTECTION: WHAT WE'RE ALREADY DOING

Working Together to Help Keep People Safe from Fire

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

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

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

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

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

PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

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

PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

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

PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

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

TRANSFORMATION AND OTHER PROGRAMMES UNDERWAY WITHIN GLASGOW CITY



TRANSFORMATION AND OTHER PROGRAMMES UNDERWAY WITHIN GLASGOW CITY

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

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

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

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

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

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

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

OLDER PEOPLE'S STRATEGY

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

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

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



ADULTS STRATEGY

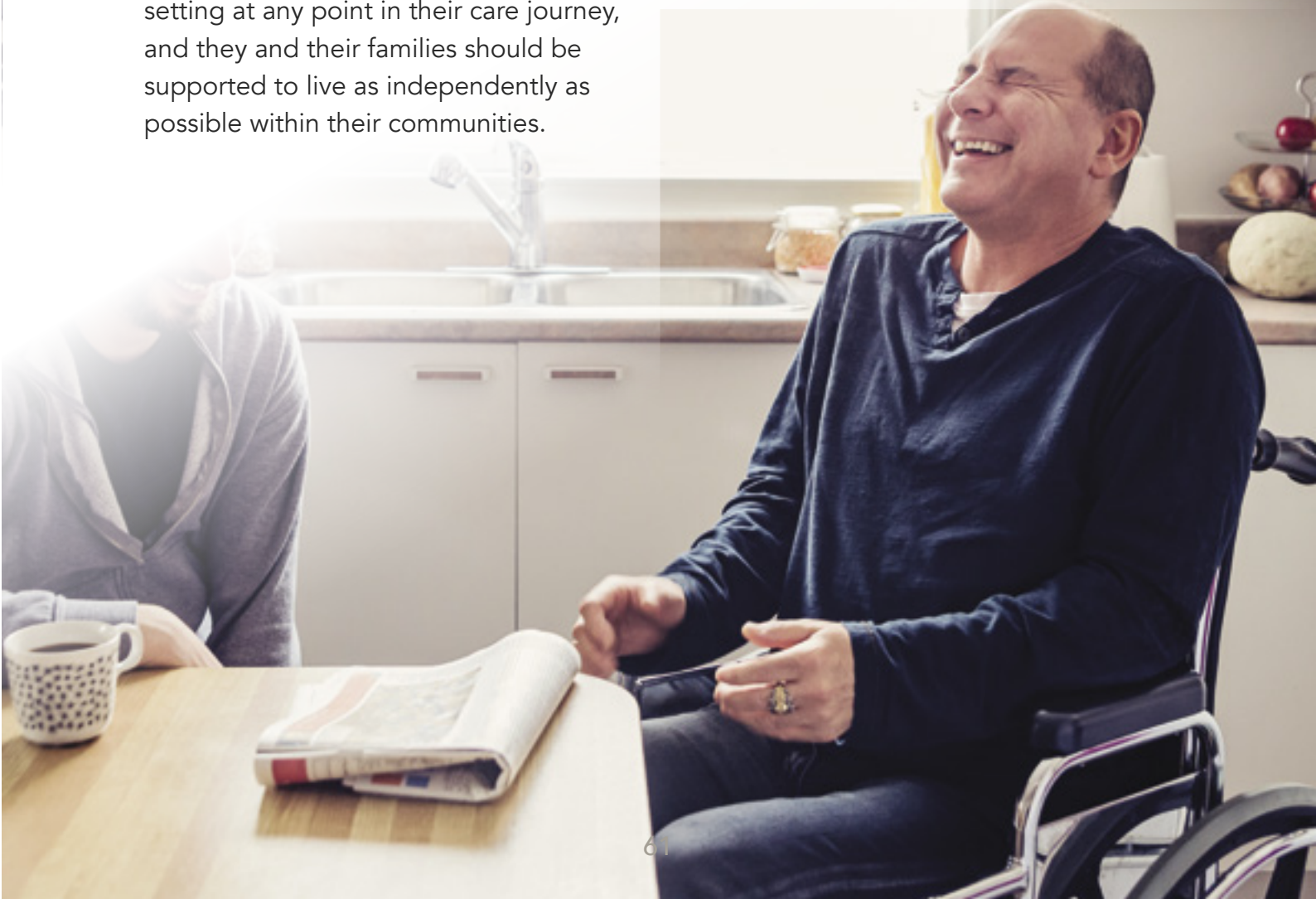
A broad range of services come under the banner of Adult Services across Glasgow City HSCP:

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

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

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

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



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

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

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



OTHER TRANSFORMATION PROGRAMMES

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

Safer Drug Consumption Facility and Heroin Assisted Treatment

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

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

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

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

Mental Health Strategy

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

The strategy identifies priorities for Mental Health Services that include:

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

OTHER TRANSFORMATION PROGRAMMES

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

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

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

Primary Care Strategy

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

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

OTHER TRANSFORMATION PROGRAMMES

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

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

Review of Out of Hours Services

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

daytime and out of hours services.

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

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



DEMOGRAPHICS
AND
CONTEXT

ABOUT GLASGOW

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

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

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





POPULATION AND PROJECTIONS

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

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

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

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





LIFE EXPECTANCY

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

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

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

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





POVERTY AND DEPRIVATION

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

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

In addition

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





DEMOGRAPHIC PROFILE STATISTICS

Health and Social Care Needs Profile

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





DEMOGRAPHIC PROFILE STATISTICS

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



LEGISLATIVE CONTEXT

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

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

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

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

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

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

EQUALITIES CONTEXT

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

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

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

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

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

Equalities Act:

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

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

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

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

EQUALITIES CONTEXT

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

PLANNING CONTEXT

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

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

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

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

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

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

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

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

PLANNING CONTEXT

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

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

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

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

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

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

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

PLANNING CONTEXT

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

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

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

- creating a culture of health for the City.

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

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

PLANNING CONTEXT

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

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

be used appropriately and innovatively to:

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

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

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

COMMISSIONING WITHIN GLASGOW CITY HSCP

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

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

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

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

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

COMMISSIONING WITHIN GLASGOW CITY HSCP

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

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

FINANCIAL AND RESOURCING CONTEXT

Financial Framework

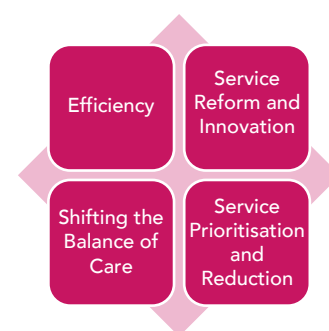
The financial position for public services continues to be challenging and the HSCP must operate within significant budget restraints and pressures. A clear strategy is required to ensure the HSCP remains financially sustainable over the medium term. This will require services to be re-imagined and a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

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

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

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

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



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

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

FINANCIAL AND RESOURCING CONTEXT

sources of income which are available to fund services

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

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

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

Budget Position

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

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

FINANCIAL AND RESOURCING CONTEXT

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

FINANCIAL AND RESOURCING CONTEXT

Transforming Our Services

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

Investment Priorities and Plans

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

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

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

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

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

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

FINANCIAL AND RESOURCING CONTEXT

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

Staffing and Workforce Plan

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

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

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

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

FINANCIAL AND RESOURCING CONTEXT

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

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

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

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

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

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

PARTNERSHIP WORKING

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

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

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

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

PARTNERSHIP WORKING

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

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

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

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

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

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

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

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

PARTNERSHIP WORKING

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

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

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

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

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

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

PARTNERSHIP WORKING

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

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

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

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

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

IJB Strategic Plan 2019-22: Feedback Log

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

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

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

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

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

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

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

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

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

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

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

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

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

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