

North East

Locality Plan 2018/19

Summary



Introduction

This Plan represents an update of the North East (NE) Locality Plan 2017/18. The plan aims to provide an overview of the progress made during 2017/2018 and to identify our priorities and actions for 2018/2019.

Over the last year, we have taken opportunities through a diverse range of forums to engage with community representatives, the housing sector and third sector colleagues in what we do and what we want to achieve. A significant focus of our engagement strategy has also been to focus on meeting our staff and hearing from them what opportunities Health and Social Care integration gives us to improve the services we are responsible for delivering in the North East of the city. I am delighted to report that we have achieved performance improvement in a number of areas (detailed later in this report) and this is directly attributable to the efforts of our frontline staff and managers who are focused on really making a difference to the lives of the people who use our services.

Our aim is to continue this across our services in the coming year. We know the impact that poverty and deprivation has on the lives of people in places like the North East of Glasgow and we have worked on a number of initiatives to tackle poverty including the significant investment in financial inclusion and the Thriving Places approach across the North East area. Again, our aim will be to keep focused on that work.

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

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

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

Where We Are Performing Well

Older People:	Addictions:
Open OT activities : % over one year	% of service users with a Recovery Plan
	% commencing treatment within 3weeks of referral
	%Parental assessments completed within timescale
Continence Service – Waiting Times	Primary care:
Home Care: % Reviews	Numbers on GP practice dementia registers
Reablement: % requiring no further home care support following reablement	Unscheduled Care:
number of Anticipatory Care Plans in place	Bed Days Lost to Delayed Discharge (Older People 65+)
number of Residential Care Reviews	Health Improvement:
number of referrals to Telecare	Breastfeeding: 6-8 weeks (exclusive)
Deaths in Acute Hospitals 65+ and 75+	Nos of Alcohol Brief Intervention deliveries
Homelessness:	
Number of individual households not accommodated over last quarter	
Prescribing Costs:	Carers:
Compliance with Formulary Preferred List	Qualitative Evaluation Question: Improved your ability to support the person that
Annualised cost per weighted list size	Number of Carers who have completed an Assessment during the
Children:	Business Processes:
Access to specialist Child and Adolescent Mental Health Services (CAMHS) services – Waiting Times	% of elected member enquiries handled within 10 working days
Nos of referrals to healthier and Wealthier Children’s Services	NHS complaints within agreed timescale
	SW Complaints - % handled within agreed timescales
% of HPIs allocated	
	Human Resources:
	Social Work Sickness Absence Rate

Where Improvement Required

Older people:	Health Improvement:
	Number of 0 – 2 year olds registered with a dentist
Reablement: % receiving a service following referral	Alcohol brief intervention delivery (ABI)
Intermediate Care :	Smoking quit rates at 3 months (40% most deprived areas)
Average length of stay	Breast Feeding 6 – 8 weeks (exclusive) in 15% most deprived areas
Unscheduled care:	
Delayed discharge: No. of patients over 65 breaching the 72 hour target	Criminal Justice:
No. of patients over 65 classed as AWI breaching the 72 hour target	% of CPOs with a Case Management Plan within 20 days
Adult Mental Health patients breaching the 72 hour target (Under and over 65 including AWI patients).	% of Unpaid Work (UPW) requirements completed within timescale
Adults under 65 breaching the 72 hour target.	% of Community Payback Order (CPO) work placements
Children:	% of CPO 3 month reviews held within timescale
% of young care leavers in employment, education or training	Homelessness:
	Number of households reassessed as homeless or potentially
	% decision letters issued within target after initial presentation
	% of live homeless applications over 6 months duration at end of
	Human Resources:
	NHS Sickness absence rate
	NHS staff with an e-KSF

A SUMMARY OF NORTH EAST LOCALITY PRIORITIES FOR 2018/19

Primary Care

- Continue to identify 'vulnerable' population and ensure they are linked into appropriate services through using Anticipatory Care Plans and Chronic Disease Management
- Work with Clusters and Cluster Quality Leads (CQLs) to promote training/signposting to other organisations/health professionals/community infrastructure
- Better utilise all members of the primary care team (for example increase access to treatment from community pharmacy and optometrists)
- Support integrated/multidisciplinary working across Clusters and neighbourhood teams

Carers

- Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams
- Continue to identify and support young carers (YC) through a family based approach
- Ensure all NE carers partnership staff are aware of the role and responsibilities in complying with the new Carers Act

Children & Families

- Early and effective intervention aiming to give all children and young people the best possible start in life
- Work with families to improve the life chances for children, with a specific focus on family resilience, health improvement, educational attainment and reducing the number of children looked after away from home
- Involve children in decisions that affect them, have their voices heard
- Review duty services and redesign services which target families sooner and reduce need for statutory services
- Reinvest funding from high cost residential care into developing a robust community based infrastructure in partnership with the third sector

Adult Services

Adult Mental health

- Continue to improve waiting times to access primary care and community mental health teams
- Support people to live as independently as they can within their own home with support
- Improve how we work across the HSCP and the voluntary sector to ensure that the spectrum of need from mild to moderate mental distress/illness to acute chronic and enduring mental illness is addressed.

Alcohol and Drug Recovery Services

- Implement further Hepatitis clinics within the Alcohol and Drug Recovery Service (ADRS) to support more patients to access Hepatitis treatment alongside Opioid Replacement Therapy (ORT) prescription
- Access team to engage service users who require treatment quickly, identify vulnerabilities and complex needs, and outreach to the harder to reach population. Deliver harm reduction advice and support as a core task
- Continue to Support and develop Recovery Communities and Recovery Hubs.

Criminal Justice

- Quarterly liaison meetings to continue between Criminal Justice and Addiction teams to monitor and address local issues
- Organise development sessions with the mental health team to look at improving joint working between teams
- Continue to raise awareness of the information sharing tool and ensure it is used appropriately. Evaluate impact of the tool in the Child Protection process

Homelessness

- Increase homelessness referrals for permanent accommodation
- Continue to improve access to third sector support services
- Improve knowledge, access and interface with Health and Social Care Partnership services for people at risk of homelessness

Learning Disability

- Ensure that all service users are assessed through personalisation, and appropriate funding
- agreed commensurate with their level of need
- Develop Outcome Based Support Plans (OBSPs) in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible
- Continue Collaborative work with providers and HSCP in relation to service users profiles and modeling appropriate health and social care provision

Older People's Services and Physical Disabilities

- Ensure effective use of intermediate care (IC) and service user outcomes via the development and implementation of the Intermediate care Performance Plan

- Continue to build the numbers of service users who have an anticipatory care plan to reduce unscheduled admissions to hospital with a particular focus on a reduction of admissions from care home settings
- Continue to Increase the number of service users with a diagnosis of dementia on the GP Dementia register and ensure effective delivery of post diagnostic Support
- Develop the agenda and implement Neighbourhood Teams for Older People and Adults affected by disability, including the implementation of the Occupational Therapy Review and Home is Best (Hospital Discharge) service.

Health Improvement

- Provide financial inclusion services delivered in a range of settings across North East Glasgow and influence other service areas and primary care to make referrals into this service
- Alleviate food poverty through the provision of programmes which include, as part of a wider activity, the provision of food e.g. extend the network of breakfast clubs in the North East for school aged children
- Continue to support the development of Thriving Places
- Include consideration of mental wellbeing and resilience into all family focussed programmes e.g. family meal homework clubs

Promoting Equality

- Participation in Equality Impact Assessments and promoting inequalities sensitive practice
- Promoting initiatives to address gender based violence (GBV) and support financial inclusion
- Meeting the requirements of the HSCP's participation and engagement strategy including equalities monitoring of community engagement

Further Information

For further information and a copy of the plan please contact Tony McKay Community Engagement Officer NE Locality 0141 553 2861 or Tony.McKay@ggc.scot.nhs.uk