

## Glasgow City Health and Social Care Partnership (HSCP) **North West Locality Plan 2019 – 22** **Engagement Event**

Do you want to find out about and influence our health and social care service priorities and plans in your area - North West Glasgow - for the next 3 years?

- Are you interested in shaping mental health, housing and homelessness, alcohol & drug recovery or disability services?
- Do you want to influence the service priorities for older people, those affected by dementia or carers?
- Are you interested in services and support priorities for Children, Families and Young People?
- Do you wish to have a say on Sexual Health, GP/Primary Care and Criminal Justice services?

**Tuesday 15 October 2019**

**The Albany Centre**

**44 Ashley Street, Glasgow G3 6DS**

**9.45am – 12.45pm**

For more information or to become a member of NW LEF contact: May Simpson, email: [May.Simpson@ggc.scot.nhs.uk](mailto:May.Simpson@ggc.scot.nhs.uk) or Tel 0141 314 6263.

To register for the 15 October 2019 event and advise us of any support or dietary requirements contact: [Stephanie.Moore@ggc.scot.nhs.uk](mailto:Stephanie.Moore@ggc.scot.nhs.uk),  
Tel: 0141 314 6241 by Friday 11 October 2019

## North West Locality Plan 2019- 22 Engagement Event

Tuesday 15 October 2019

9.45am – 12.45pm

in

The Albany Centre

44 Ashley Street, Glasgow G3 6DS

### Agenda

- 9.15 – 9.45**                    **Registration – Tea and Coffee**
- 9.45 – 10.00**                **Welcome and Overview**  
(Jackie Kerr, Assistant Chief Officer Operations NW Locality and Adult Services)
- 10.00 – 10.10**                **NW Locality Profile** (Janet Hayes, NW Locality, Head of Strategy and Planning)
- 10.10 – 10.40**                **Adult Services Locality Priorities – Sexual Health Services, Police Custody Prison Health Services** (Rhoda McLeod, Head of Adult Services)
- 10.40 – 11.10**                **Children’s Services - Locality Priorities** (Karen Dyball, NW Locality, Head of Children’s Services)
- 11.10 – 11.25**                **Tea Break**
- 11.25 – 11.55**                **Adult Services - Locality Priorities – Mental Health, Alcohol and Drug Recovery Services, Learning Disability Services** (Colin Mc Cormack, NW Locality, Head of Adult Services)
- 11.55 – 12.25**                **Older People’s Services and Primary Care Locality Priorities** (Paul Adams, NW Locality, Head of Older People’s and Primary Care Services)
- 12.25 – 12.45**                **Criminal Justice and Homelessness** (Jim McBride, Head of Adult Service)
- 12.45**                            **Closing Remarks and Thanks**
- Sandwich Lunch and Refreshments**



## North West Locality Plan 2019 – 22 Engagement Event Report

15 October 2019 in Albany Centre, 44 Ashley Street, G3 6DS

### Introduction

On the 15 October 2019 in the Albany Centre, 34 representatives from the NW Locality Engagement Forum, 3<sup>rd</sup> Sector Projects, the wider community attended an engagement event with Glasgow City HSCP – North West Locality senior management team to consider and discuss the North West Locality Plan 2019 -22.

The session was opened by Jackie Kerr, Assistant Chief Officer (NW Locality & Adult Services), with a presentation covering the HSCP Strategic priorities and the challenges facing the partnership along with some of the plans and actions that would address these challenges over the 3 years.

Janet Hayes, (Head of Planning and Strategy - Adult Services and North West Locality) provided the audience with a profile of the area, a breakdown of North West Locality annual budget and achievements, so far, in the first year of the plan. Julie McCarthy (NW Locality, Health Improvement Lead) then detailed the work and key priorities of Health Improvement Teams to tackle health inequalities and improve health.

There were four presentations were on key service priorities

- Adult Services Locality Priorities(1) – Sexual Health Services, Police Custody Prison and Health Services (Rhoda McLeod, Head of Adult Services)
- Children’s Services - Locality Priorities (Karen Dyball, NW Locality, Head of Children’s Services)
- Adult Services Locality Priorities (2) – Mental Health, Alcohol and Drug Recovery Services, Learning Disability Services (Colin Mc Cormack, NW Locality, Head of Adult Services)
- Older People’s Services and Primary Care Locality Priorities (Paul Adams, NW Locality, Head of Older People’s and Primary Care Services)

The comments, questions and feedback from the facilitated discussions on each of the service areas are detailed in the next section of this report.

All the power point presentations from the session are available at:

<https://glasgowcity.hscp.scot/north-west-locality-engagement-forum> and draft Locality Plan 2019- 22 Report is available at:

<https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2012%20-%20Draft%20HSCP%20Locality%20Plans%202019-22.pdf>.

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### Summary of Group Discussions

#### Sexual Health Services, Police Custody Prison and Health Services

##### Comments

- The move to an online service for services is positive.
- Important to have more flexible opening times for younger people to attend sexual health services so they don't have to miss school. Welcome return to a service that was previously available to young people.
- Good that there is a focus on improving services for young people and good idea re young people's services and social media.
- Discretion and privacy of access to services important.
- Consultation important and has worked well around sexual health services.
- More information on the real numbers attending services, how many under 18s access the service, who uses services from deprived areas and what is the criteria etc would give a better understanding of sexual health service demands.
  
- Mental health workers in police stations is very good development.
- Community unit for women is a really positive development and will hopefully reduce mental health issues and avoid criminal justice trajectory for some of those who will be accommodated in the unit.
- Trauma informed working - Glasgow Council on Alcohol are planning to develop support to work with people in Police Custody Prison

##### What is missing/discussion points noted

- The work with Archway looks really positive but would like more detail in the plan about 'wrap around' service for vulnerable group of people.
- Removal of sexual health service from Drumchapel will be missed.
- Obligation of community to look after themselves – with the support of Health Improvement services.

**Q** What is the community engagement plans with local people regarding the building of new Community Custody Unit at Maryhill?

- Consultation required around Women's custody unit.
- The new unit will be more open and work with women in an integrated 'throughcare' approach to reduce risk of re offending.
- Custody needs to be joined up a two way process as offenders, especially women offenders, are a really vulnerable group of service user.

**Q** Do the police link with youth service re offending and is there working going on in schools to build resilience in youth people?

- Former offenders with lived experience can offer peer support to change behaviour.
- Need to reform and improve prison – Barlinnie is not fit for purpose – traumatising. We need to address addictions in prisons, provide health improvement and pathways into health services for people leaving prisons.

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- Importance of good communication between services in the community and the prison service to improve aftercare.

### Children's Services

#### Comments

- Q** Is the reduction in 'out of Glasgow' placements for purely financial reasons? Do we have the infrastructure within the city to support that change?
- There are 140 places in 8 bedded HSCP managed children's units in Glasgow which helps with bringing 'looked after' young people back into Glasgow and save money. The HSCP also hopes to reduce the number of young people being 'looked after'.
  - Priorities look good – we need to make sure young people remain in their community.
  - Positive feedback re the work being done around keeping children at home and in their own communities avoiding residential care (2 similar comments)
  - On paper you couldn't argue with the priorities – the approach re person centred, real figures, trying to achieve personal outcomes and keeping children in their own community is all good.
- 
- 3<sup>rd</sup> Sector has a lot to offer/Good work being done across the third sector
  - We are heading in the right direction and should continue to take on board what voluntary organisations can provide.
  - Communication is critical - we need to break down our own barriers / perceptions. Making links is challenging and requires having the time / capacity to do so. It was noted that there is sometimes a reluctance to share good practice – especially regarding the voluntary sector organisations wanting to retain knowledge to support future funding. Need more in the way of locality forums to share learning, and it should be a funding requirement to attend / participate. Barriers to involvement need to be reduced.

#### What is missing/discussion points noted

- Q** Can Health Visitors ease the role / scale of Social Work input – they are such different roles? Is there a risk that in fact greater need for Social Work input will be identified?
- It was noted that the HSCP have funding to employ more health visitors but due the age profile of the workforce (staff retiring) and not enough suitably qualified staff. The HSCP had to 'grow' the work force through training and working with colleges/universities.
  - Emphasis should be on positive parenting.
  - Its good there are plans that the HSCP plan to work closely with 3<sup>rd</sup> sector but the 3<sup>rd</sup> sector need resources as often voluntary projects are first to lose funding.
  - The use of heroin has reappeared – mostly in the South of the city – especially in young people. Third sector funding cuts resulted in a Health and Prevention team being cut.
- Q** Does it require a 3<sup>rd</sup> sector map within the plan and updated regularly?

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- 'A journey' not a quick fix. Should aim to reduce referrals to Children's Panel – emphasis on family support.
- Q** What resources are being put into helping young people getting involved in criminal or violent behaviour? There is partnership work with 3<sup>rd</sup> sector to work with and support families/young people. Health visitor also support vulnerable families.
- Q** What is the wrap around service connecting adult support and support going to children – they have to be linked.
- Q** How do the HSCP work with third sector youth projects? It was noted that the HSCP work with the 3<sup>rd</sup> sector Consortium and recently carried out a consultation with voluntary sector re Family Support service. It was felt that although the HSCP are freeing up resources through in having more 'looked after' placements in the city the money re invested (support at the weekend and in the evening for 12 + years) is awarded to larger 3<sup>rd</sup> sector (Bernardo's Includem and Action for Children) – not smaller local projects working in communities support families and vulnerable young people. There were also worries about the administration costs, time taken to make these funding awards and short term funding was also expressed.
- Often young adults are referred into services and it is clear that they have not had help timeously in their adolescence – it is key to address this issue to support what is truly preventative work.
- Q** CAMHS – significant waits for service – do they need additional funding? Are there other services for children in the way that there are alternatives for adults?
- There is no specific service or counselling for young people whose parents are affected by alcohol.
  - Concern that there is not enough counselling services or there are waiting lists for counselling services for young people too long. Lifelink only work with young people assessed with 'mild to moderate' needs but young people assessed with moderate to approaching crisis needs have a very long time to wait for a service via CAHMS. It was noted that there is money for counselling service but the HSCP have to 'grow our own' as there is not enough suitable qualified counsellors.
  - The HSCP should work in partnership with the 3<sup>rd</sup> sector more as they often offer/support counselling courses. This type of partnership also contributes to promoting employment and addressing poverty in our communities.
  - It was noted that 3<sup>rd</sup> sector organisation find it relatively easy to attract money for training but don't have the funding to employ permanent counsellors once they have been trained. 3<sup>rd</sup> sector have to employ counsellors on a sessional basis which make it harder to retain staff and provide continuity of service. It was noted that there is often the expectation that trained voluntary counsellors will provide a service on a voluntary basis but this expectation is not realistic.
  - Many statistics and studies have shown that poverty plays a huge part in family breakdown which can result in children being looked after away from the family home. If there was better access to counselling services and family support – this may reduce the number of children requiring a social worker and reduce the number of children being 'looked after'.
- Q** What are we doing about counselling – a lot of primary school children now need this – do we know why?

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- It was noted the Scottish Government has just announced there will be £2M directly allocated to the Education Departments in Scotland for counselling for children from Primary 6 to secondary school age. The funding will be available this year 2019-20 and the aim is that every school in Scotland will have access to counselling services.
  - The HSCP works in partnership with the Education Department - joint money – to support young people and improve educational attainment.
  - More information around 'Looked After Children' and difficulties regarding educational attainment and links to youth homelessness and is there a difference from care system and kinship care attainment?
  - Specialist Children services info missing such as CAMHs and Physical Disability children services is missing from the plan
  
  - Inequity across HSCPs at Board level – e.g. in the way resources are allocated – therefore need to address postcode lottery of some services.
  - Recognition of 'adverse childhood experiences' (ACES), deprivation and inequalities – impact the have on children
  - Hidden need in affluent areas – isolation, hidden poverty.
  - Political solution required - have to be mindful of wider societal issues
  - Inequality gaps – generational (endemic in certain areas of Glasgow)
  - Have to tailor services to meet diversity of population
  - Services should be needs-led not age-led.
- Q** Should be an option to not take a baby box?
- Homecare – not easy to complain and don't receive feedback
  - Carers at home with those they care for – need more advice
  - The mention of transition to Adult services within plan is needed.

### **Mental Health, Alcohol and Drug Recovery Services, Learning Disability Services**

#### **Comments**

- The move away from hospital beds to community support is a good thing.
- The increase in Community Link workers should improve the links with primary care and therefore access to mental health services.
- Mental Health - peer-led service development is a good idea.
- Happy that the plans for the crisis cafe with an outreach service are on schedule to be in place before the end of the financial year. The location has not been identified yet as it will depend on which provider which secures the commission.
- It would be helpful to qualify what 18 week response to service means? Is it first appointment or first treatment for treatment?
  
- Re- assured that there is continued funding for Recovery Communities

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### What is missing/discussion points noted

- Mental Health services - there is nothing in the plan about young people transitioning into adult services – why not?
  - Transition from Adult to Older People's Mental Health services should be mentioned in the plan.
  - We should be aiming for good support services and good access - 24/7 – not just focusing on the 'out of hours'.
  - We need to make service fit people – not the other way around
  - Mental Health 5 year plan priorities and ambitions – are too ambitious – it was felt the HSCP was setting itself up to fail and that some of the priorities were not achievable in 5 years.
  - If GP's find the referral and pathway for Mental Health services difficult to navigate – it will be difficult for the general public to access services. Need to make access more straight forward.(2 similar comments)
- Q** Is there a training package for GPs / other referrers in relation to services available?
- GPs should prepare patients before accessing services.
  - Communication of / about services is a major issue – people do not know what is available or how to access it – whether as patients or referrers.(2 similar comments)
  - IT systems should be linked with each other – so there is an assessment/basic information.
- Q** Is there one referral list for Adult services and Older People's Mental Health services? It is harder for older adults to access Mental Health services
- Need transport to get people to services that are in our communities – to avoid isolation and loneliness.
  - Do we over medicalise care and treatment – more emphasis on other forms of intervention.
  - Third Sector – appropriate and positive that we work with them to keep people at home.
  - Access to services for people with co-morbidity should be detailed in the plan as a priority in order to ensure person is not being moved from pillar to post.
  - Support workers in Learning Disability need to be valued more – the salaries are too low and organisations find it difficult to recruit and retain staff.
  - Third sector find it difficult to retain staff due to the short term funding structure and low wages for staff - the impact is no continuity of care. For someone with a mild learning disability with minimal support a common experience is that care workers/voluntary organisation keep cancelling support sessions as they are not seen as a priority.
  - The HSCP say the third sector is a really important partner but don't pay the full costs for the service they want to provide.

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- Some preventative services – for example Fortune Works – are being taken seriously as they form part of the engagement of service users who may not otherwise engage with HSCP services.
- Positive feedback with regard to our work re carers from Enable Glasgow
- If third sector have more innovative ways to help people - then that is positive and the HSCP should support and pay for to allow to happen.
- Can see the value in what the HSCP are doing as the 'experts' but partnership with voluntary sector is crucial.
- People with learning disabilities are disenfranchised due to lack of support – they want to be a part of society.

**Q** Do we still have a needle exchange and if we do, is the service as accessible as it should be?

**Q** Is there scope for this service to be provided by pharmacists?

- Services have been reduced as funding has decreased, so gaps in services and support has increased. Referrers need more time to navigate between the available services. Access needs to improve.
- Drugs and Alcohol levels need addressed – affecting local communities.
- Addiction can be visible and invisible to the community.
- Many people in Barlinnie have drug related crimes.

**Q** Is legalising drugs a solution?

**Q** Why are people on a methadone programme - kept on it for so long – what are we doing about this?

### Older People's Services and Primary Care

#### Comments

- Working in neighbourhood model is a good idea (2 similar comments).
- Older people discharged for hospital – there needs to be more investment in the community supports offered by both small and large organisations. The greatest asset is the community and the supports they offer – as demonstrated by Knightswood Connects.
- There has been a loss of services in some areas but we can use other assets – for example the lunch club at Lambhill Stables, local church halls etc.
- Services need to be more integrated.
  
- Welcomed engagement with partners (e.g. Housing etc) to raise awareness with communities on how to use health and care services.
- Services should be needs-led rather than age-led, e.g. how do services reflect the premature aging effect in areas of deprivation?
- Importance of health promotion and positive lifestyle choices.
- HSCP sometimes put money into areas but more individuals should 'do it for themselves'
- It is positive that the delayed discharges targets (apart from patients with capacity issues) are they being met.

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- Need to make sure figures in the Locality Plan are understandable.
- The idea to take routine work away from GP's is good but need change in culture and behaviour of public and have appropriately trained/qualified workers in place.
- Q Difference in residents and GP registrations – how is this accounted for in planning and funding services?
- Q More 'links-type' workers are needed and could the benefit of these resources be shared amongst clusters or more widely across neighbourhoods – e.g. the learning and knowledge they have of local assets?
- Q What is the evidence base for some of the service priorities e.g. the Community Links Workers, and also how they are allocated – postcode lottery?
  
- Q What benefits from austerity - can you use and learn for in the future as landscape changes?

### What is missing/discussion points noted

- Target to reduce delayed dis-change is a good aim but need good communication and appropriate supports in the community in place to make it work well.
- ROAC – very few older people attend the Recovery Communities – the emphasis is still on drugs and not alcohol. Drink Wise, Age Well is it final year of funding. Is there a stigma attached to older men seeking help with their alcohol addictions.
- Dementia diagnosis – should be a trigger for Anticipatory Care Plan. Important to have Anticipatory Care Plan's accessible for services.
- There are gaps in dementia trained staff in care homes and hospitals.
  
- Lots of pilot projects are successful but never rolled out – example- Knightswood Connects. Why don't the HSCP decide what they want to do, make a plan and implement the plan - rather than pilots that don't get rolled out across the city?
- Knightswood Connects flagging up that older people access service differently – it was noted that the roll out the Neighbourhood model for older people services will use the expertise and learning gathered in Knightswood Connects project.
- If the move is to a Neighbourhood model for older people services and it works – it should be adopted by other services such as Mental Health, Children's services etc.
- All services should be provided in all areas – not necessarily in exactly the same way, but there should not be services that are simply not available to some residents of the city.
- Need consistency of model over time - services / structures change all the time and this can be de-motivating for staff and for partner organisations.
  
- Transport is still a big issue for older people in accessing services – the bus routes don't go into the schemes - they go the main roads. My Bus is OK but there is a lack of them and the criteria is quite restrictive. It was noted that transport is always the number one issue identified in any survey carried out by Community Planning Partnership/Area Committee.

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- Need for more community facilities – Men’s Sheds in NW Glasgow, libraries etc
- More tailor support to individuals
- Elderly carers has been assisted/better support with the introduction of emergency planning - a positive step
  
- Still wait too long in some GP surgeries to get an appointment.
- Need to free up GP capacity – scope for technological solutions.

### General Comments

Feed up with continual reviews – the HSCP should just get on with the job. These continual reviews must have an impact on staff morale.

Some local organisations disappointed that they are not always included in discussions the HSCP have regarding local services – for example, Thriving Places, food poverty discussions.

Priorities listed are largely as expected and reflect national and local strategies / polices, but priorities do not always lead to positive change on the ground. Really need to know more about the underlying detail of actions / processes.

The shortfall in budget and budget pressure should be made more explicit to give people a better understanding of pressures the HSCP is facing.

### Summary and Close

Jackie Kerr thanked everyone for their participation and involvement in the lively group discussions and advised the audience that the report of the engagement session will be sent out to all participants along with the link to the draft Locality Plan 2019 -22.

# North West Draft Locality Plan 2019-22 Engagement Event

**Jackie Kerr**  
**Assistant Chief Officer**  
**NW Locality & Adult Services, Glasgow City HSCP**

# Our High Level Priorities

- Early intervention, prevention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public protection

# Key Challenges Ahead

- The changing age profile of our population (projected increase of c18% in people aged 65 years and over between 2013 and 2022)
- The complexity and vulnerability of our service users
- The impact of Health Inequalities – NW Glasgow a mixture of some of the most affluent and most deprived communities
- Ongoing budget pressures and level of savings required

# How will we meet those challenges?

- Delivering on a service reform programme to redesign services to meet future needs within available resources
- Striving for better, more integrated working practices that will reduce duplication, deliver efficiencies and improve outcomes for service users and carers
- A greater focus on prevention, early intervention and recovery to improve the chances of good health and wellbeing
- Ensure staff are trained and supported to deliver the best care possible
- Working closely with partner organisations to find joint solutions and share good practice

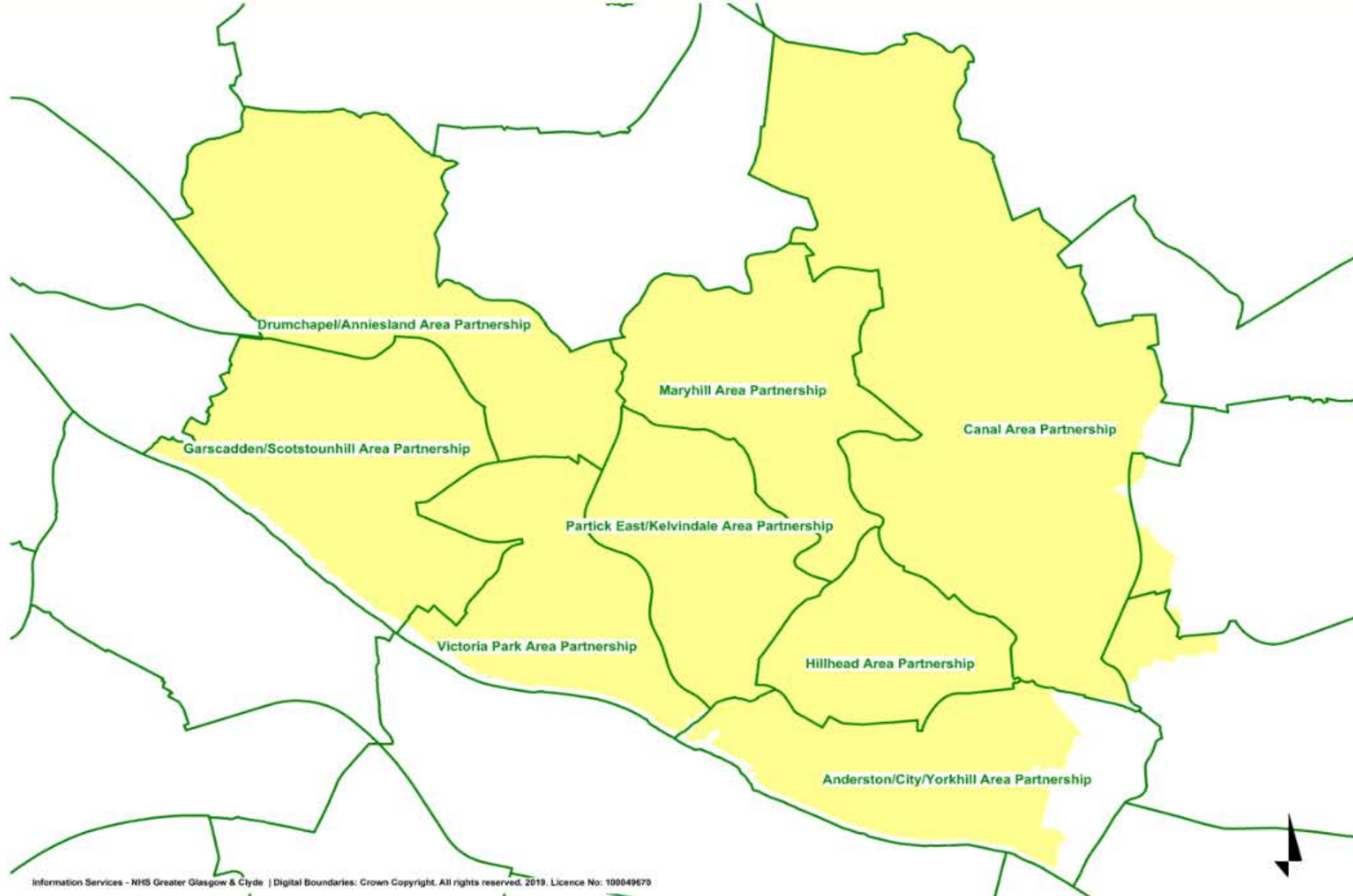




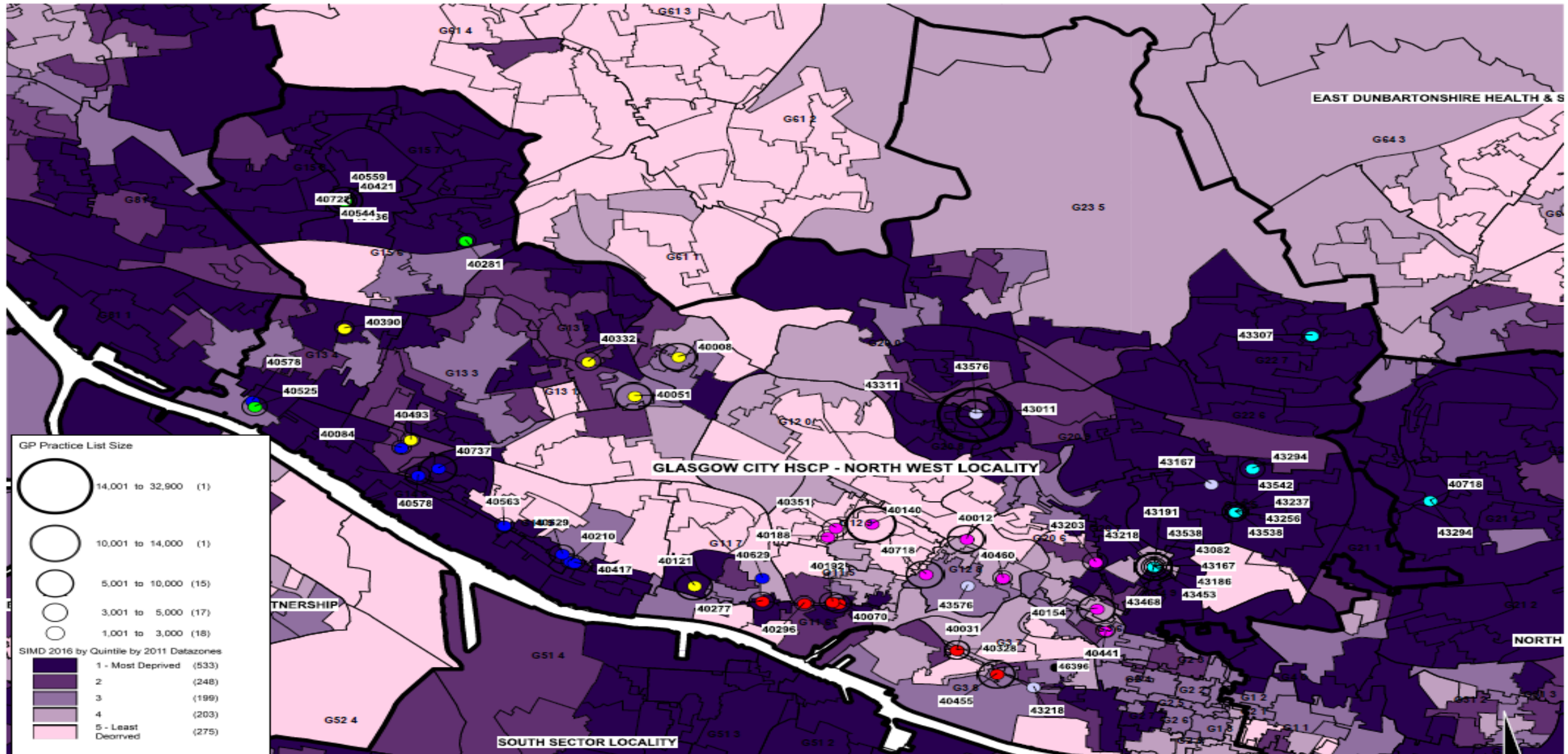
# North West Locality Profile

**Janet Hayes**  
**Head of Planning & Strategy**  
**Adult Services & North West Locality**

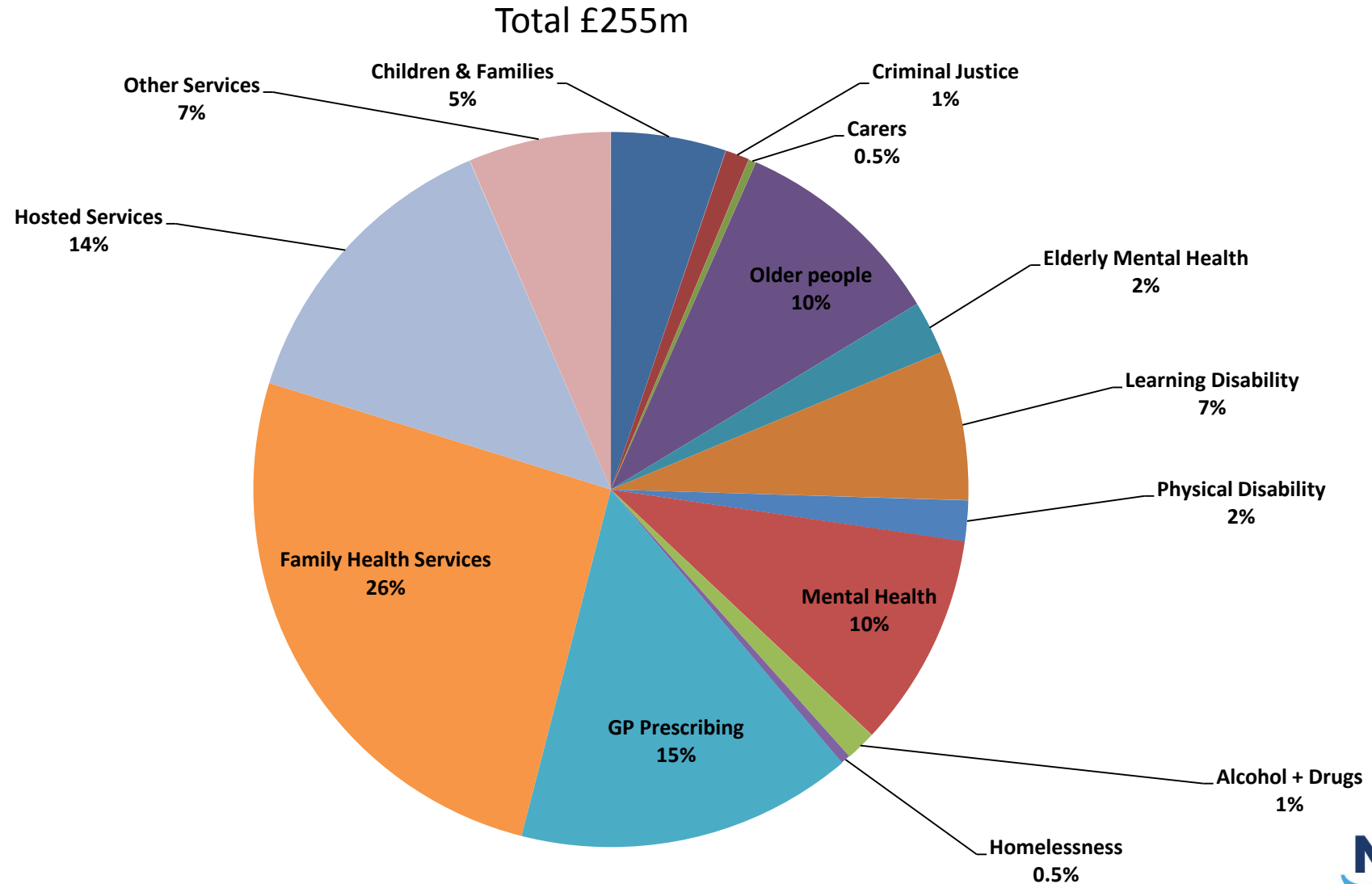
# North West Locality – Population 206,483



# 7 GP Clusters across areas in NW with marked differences in Socio-economic circumstances and Health Inequalities



# North West Locality Budget 2019/20



# 2019 highlights so far...

- New Woodside Health & Care Centre opened July 2019
- Ongoing development of GP Clusters and Neighbourhood Teams
- Achieving the majority of waiting time and access targets
- Increased numbers of carers being supported through an adult carer support plan or young carers statement
- Contributing to Health Board and City-wide initiatives and reviews
- More people being supported to live as independently as possible at home and in the community

# Equalities & Health Improvement

## Equalities

- Pilot providing mental health service for BSL users - via Lifelink
- Youth Health Service achieved LGBT Charter status

## Health Improvement

- 2018/19 - 4400 people took part in Training & Capacity Building programmes
- IJB agreed to the roll out of the Youth Health Service across the city(NW is only area currently with service in 3 venues: Drumchapel, Maryhill, Possilpark)
- HI funded programmes of community budgeting in all 3 Thriving Places
- Primary care: significant programmes supporting the Community Link Worker programme and mental health mental health in primary care setting

- Health Improvement Annual Report <http://hdl.handle.net/11289/580115>



# Adult Services

Rhoda McLeod

NW Locality

Head of Adult Services & Sexual Health Services

# Sexual Health Services

- Once approved, implementation of the recommendations from the Sexual Health Service review (Applicable NHSGGC wide)
- Reduce number of newly acquired HIV and sexually transmitted infections.
- Reduction in unintended pregnancies
- Development of Archway Sexual Assault and Referral Centre (ASARC)

**North West Locality Specific** - explore finding alternative, suitable accommodation for Sandyford Service to improve access.



# Prison Healthcare and Police Custody

- Develop a service improvement programme for Prison Healthcare
- Continue to provide a combined high quality Police Custody healthcare service, including delivery of Forensic Medical Service provision
- Development of Community Custody Unit for women

# Children's Services

**Karen Dyball**

**NW Locality**

**Head of Children's Services**

# Children's Services

- Doubled the number of Health visitors in the NW
- Currently 94 HV
- Commitment to fully implement the Universal Pathway/working closely with maternity to include pre -birth visit
- Increase update of immunisation clinic city wide

# Children's Services continued

- Continue to build on the 30 % reduction in looked after children in the NW
- Support children to remain in their own communities (6 in 10 looked after children are out of the city)
- Invest in family group decision making and lifelong links in the NW (more money for families)
- Work closely with the Third sector to develop preventative infrastructure

# Adult Services

**Colin McCormack**

**NW Locality**

**Head of Adult Services**

# Mental Health

5 year strategy to modernise services (Boardwide)

Key elements:

- Make better use of inpatient sites and wards
- Make community services easier to use for all
- Promote recovery through user (peer) led services
- Increase 'out of hours' and 'crisis' services
- Any 'savings' reinvested in the service

# Alcohol and Drugs

- Continue to support 'shared care'
- Maintain recovery communities
- Address drug deaths
- Address HIV outbreak
- Review inpatient/hospital based services

# Learning Disability

- Promote technology for care services
- Transition for older people in services
- Promote 'key for life'
- Explore better community alternatives



# Older People's Services and Primary Care

**Paul Adams**

**NW Locality**

**Head of Older People's and Primary Care Services**

# Older People & Primary Care Services (OPPC)

Includes:

- Social work, District Nursing, Older Peoples Mental Health, Rehabilitation & Enablement, Intermediate Care, Respiratory, OP Psychology & Young onset Dementia, Treatment Room and Specialist Nursing Services.
- OPPC also works closely with GPs and other independent contractors to deliver Primary Care services as part of Multi Disciplinary teams MDTs

# OP Service Priorities

- Develop the Neighbourhood delivery model with partners (GP Clusters, Housing, 3<sup>rd</sup> & Independent sector, community planning)
- Develop alternatives to Hospital Admission (inc. e.g. use of Anticipatory Care Plans & Frailty scores, Intermediate care, Telecare, expansion of Respiratory service, enhanced home-based support)

# OP Service Priorities continued

- Develop prevention & early intervention, e.g. Falls prevention/falls strategy/pathway with Ambulance service, Technology enabled care, Respiratory care, Carer services.
- Improve access to Dementia Post Diagnosis Support (PDS) in collaboration with Alz. Scotland.
- Improve Palliative and End of Life Care in keeping with HSCP 5 year plan, including monitoring & developing the NW Palliative Care plan – examples include use of SPAR (identification tool) in Residential Care Homes and partnership work with hospices.

# OP Service Priorities continued

- Minimise Hospital Delays, working closely with acute services
- Continue to review services to maintain an effective alignment to local population needs matched by a forward thinking workforce plan.
- Ongoing staff development to ensure safe, high quality, holistic and evidence based interventions

# Primary Care Services

- Use Locality Primary Care Implementation Group to identify NW priorities.
- Deliver the Primary Care Improvement Plan (aligned to new GP contact) including expansion of primary care services to allow GPs more time to spend with the most vulnerable patients on their list.

**Examples** – Advanced Nurse, Physiotherapy and Paramedic practitioners, increased Pharmacist support, expansion of Treatment rooms, more Link Workers, Phlebotomy service, Vaccination programmes.

## Housing and Homelessness

- Make progress towards meeting the key objectives within the City's 5 year Rapid Re-Housing and Transition Plan (RRTP) 2019-24
- Improve interfaces with Housing Providers to increase access and throughput in temporary and emergency accommodation to settled accommodation
- Develop a sustainable, holistic response to homelessness by ensuring collaboration across housing, health, social work, third and independent sectors

# Housing and Homelessness continued

- Improve links between Alcohol & Drug Recovery services and with housing support services.
- Creating a safer home environment through improving identification of vulnerable older people through Housing and relationship with Registered Social Landlords and Housing Options

## **North West Locality Specific priority**

- Work with Registered Statutory Landlords to mitigate against rent arrears occurring from tenancy start dates and tenancy failures.



- Develop more integrated working practices between Criminal Justice and other services to better manage vulnerability
- The efficient processing of community payback orders (CPOs) and criminal justice social work reports