

North West Locality Plan Engagement Report 26 February 2019 in Partick Burgh Halls

Introduction

On 26 February 2019 in Partick Burgh Hall over 40 representatives from the NW Locality Engagement Forum, 3rd Sector Projects, the wider community and HSCP officers participated in an engagement session focusing on the NW Locality Plans.

Robert Smith (Chair of NW LEF) opened the meeting by introducing Jackie Kerr, Assistant Chief Officer (NW Locality & Adult Services) and the programme for the day. Jackie's presentation covered the purpose of the Locality Plan, detailed the HSCP priorities and the key Locality achievements in 2018 – 19. She provided information on some of the challenges facing the HSCP detailing some of the plans and actions that would address these service challenges over the coming year.

Janet Hayes, (Head of Planning and Strategy - Adult Services and North West Locality) gave a presentation on the Locality performance against targets – 'where we are performing well' and 'what we need to do better'. She finished by highlighting key actions to improve services and performance.

Suzanne Glennie's (NW Locality, Health Improvement Manager), presentation focused on the work Health Improvement Teams are doing to improve health and tackling health inequalities. She illustrated the capacity building activity around tobacco and financial inclusion, the work of the Youth Health Service and the contracts to 3rd Sector partners that fund projects tackling health inequality. She detailed the individual work taking place in the three Thriving Places areas in NW Locality – Possilpark/Ruchill, Drumchapel and Milton/Lambhill/Cadder – which is making a positive impact on these communities.

Summary of Group Discussion

Alcohol and Drug Recovery Services – Janice Gough

In NW Locality there are three main Alcohol and Drug Recovery Service offices – Drumchapel, Possilpark and Possilpark Health and Care Centre – providing alcohol and drug care and treatment services to approximately 2,500 people. The majority of referrals are for alcohol dependency and tend to be shorter term interventions such as detox, protective medication etc. Service users with drug dependency will require longer interventions – usually though substitute prescribing-methadone or suboxone and recovery support. There are a number of smaller teams within the service – Parents in Recovery, Access Team, Core

Team and Criminal Justice Team. The Parents in Recovery Team also has a gender based violence worker and youth addiction worker who will work with young people up to the age of 25 (Leaving Care).

The service works with Criminal Justice service, the Drug Courts (which are an alternative to a custodial sentence) and the recently set up Alcohol Court which support people with long term alcohol problems which can result in criminal behaviour.

It is a self referral system to the service and there is not a waiting list.

In NW Locality there is a large Recovery Community made up of volunteers with 'lived experience' who are motivated to 'give something back' to the community. They successfully use ROSC (Recovery Oriented System of Care) which is a co-ordinated network of alcohol and drug services, recovery hub, recovery community, local services and supports that is person centred and builds on strengths and resilience of individuals, families and communities. The monthly ROSC seminar (last Tuesday of every month) in Whiteinch Resource Centre is well attended by service users, volunteers, families and local services.

The Alcohol and Recovery service works with third sector organisations such as Add-action and Drink Wise, Age Well who support service for people aged over 50 with alcohol addiction or issues.

There is a new initiative as part of the new Alcohol and Drug Partnership additional funding – nurses will be going into 'deep end' GP Practices to support and work with patients with alcohol dependency who do not access specialist services over the next 24 months. A new homework club is being planned which will work with families, children and young people after school into the early evening to reduce the impact of parental substance use and providing opportunities to learn to cook and enjoy a meal together, provide space to do homework in order to raise the educational attainment for young people or just enjoy supported family time.

A third of service user using the Addiction and Recovery Service are women and a recent review of services highlighted the need for more services for women with addiction issues. The new Woodside Health and Care Centre will provide an opportunity to expand and develop services for woman.

A number of points noted from discussions include:

- Participants questioned the benefits to health for those service users who are on the methadone programme – some members of the group felt that the programme had a detrimental effect on the long term health of individuals, was a costly intervention and not that effective in helping people to 'get free' from addiction.
- There are areas that still need to be improved as deaths from drugs and alcohol is still rising.

- Changing behaviour of older people with alcohol addiction is sometimes very challenging – is there enough investment and priority given in this from the HSCP?

Housing and Homelessness Service – Anne Marie MacDougall (Senior Homelessness Worker)

Homelessness

Homeless presentation's across the city is approximately 1200 per year in North West Locality. North West Locality homeless presentation profile is similar to North East Locality. Details were given on the various services who work in partnership with Community Homeless service including the homeless prison team.

The Homelessness team take on an advisory role to potential homeless service users and carry out preventative work to help maintain people in their current tenancy. It was noted that Welfare reform, particularly Universal Credit, is a huge issue and challenge to support and maintain people in their homes. The process and housing support offered after assessment from Flexible Homelessness Outreach Support Service was explained to the audience.

The usage of temporary furnished flat and Bed and Breakfast accommodation as a solution to homelessness is being looked at and details around rapid re-housing initiative was provided to the audience.

It was noted that through the work with local letting communities are looking at supply and demand. Team actively support the most vulnerable service users away from homelessness by joint work with partners in health and wider social care services.

Comments and concerns recorded:

- Shortage of smaller houses for single people.
- Need for greater support for vulnerable tenants.
- Barriers to services due to the location of homeless teams/services – it is difficult for service users, from other areas such as Knightswood, who are struggling to maintain their tenancy to travel to Possilpark to access the service. Need to think where services should be located for easy access.
 - The group were advised a year after the Drumchapel team merged with North team at the Possilpark office the statistics were collated to look at levels of presentations from the areas that would have accessed the Drumchapel site. While it is accepted that it is not as accessible a site, there was no difference in the numbers and if there is a person is particular vulnerability, staff can carry out home visits.
- Request for the numbers of 'repeat' homeless presentation - tenancy breakdowns around Section 5s substantially higher – this need to be given some attention.
 - It was noted that the figures for 'repeat homeless' presentation was not available at this time but the service is reassured by the fact that year on year, tenancy sustainment in lets to homeless households (via Section 5) is higher than with lets achieved via waiting lists.

Mental Health Service – Michael Keyes (Lead Nurse), Tom MacKay (Hospital Service Manager)

Gartnavel Royal Hospital has 187 beds providing services to the residents of NW Glasgow, West and East Dumbartonshire. There are 12 intensive care beds, 80 admission beds, 30 rehabilitation beds, 65 Older People Mental Health beds and a Dementia assessment unit.

There are four Resource Centres covering the area – Goldenhill (Clydebank), Riverview (Partick), Shawpark (Maryhill) and Arndale Centre (Drumchapel) which provide accommodation for a number of teams/services including the Crisis team and Community Psychiatric Nurse (CPN) teams. The Adolescence Unit is based at Stobhill Hospital.

Referrals to Gartnavel Royal come from the Resource Centres, Crisis Teams, Court and prison service, acute hospitals/A & E and GP's. The hospital is at 100% occupancy for most of the time.

There is need to modernise the service to meet the increasing demand but we have to look at providing services in a different way – developing more services in the community would allow a further reduction of the number of beds. Developments such as home treatment as an alternative to hospital, place of safety, out of hours facility/crisis cafe to prevent hospital admission – as often this lead to life being 'put on hold' or it the start of a life sequence.

There are a number of aspect of the service that need to be improved including - reducing short term admissions (1- 3days), modernise services for older people, reduce delayed discharge, improve rehabilitation service, care packages to prevent hospital admissions and develop alternative to hospital care. There is also work need on provide appropriate care for people with complex needs – for example a person with a learning disability who is in crisis/ poor mental health, or a young person with dementia and is displaying aggressive behaviour etc.

It was noted that the changes to the patient profile over the years - there is rarely an 'easy diagnosable case' compared to 30 years ago. Often today people present with personality disorders or emotional distress, are at point of crisis, may have addiction issues (often with unknown drugs) or substance misuse and are not known to the service. It's very difficult treat service users with complex needs.

Some of the points noted from the discussion were:

- 3rd sector providers and families need to know what support services are available and how to access them.
- there needs to be more services in the community – places like Kirkton Flats in Knightswood where there is high need, is in the top 5% of SMID but have very little outreach services.
- Participants queried on whether the proposed savings in the 5 Year Mental Health Plan was realistic and could be achieved.

- It was agreed that a lack of a social network and daily structure was often a common feature of a person who experiences severe and enduring mental health. Projects, services and positive activities in the community are invaluable providing support to improve the overall well being of individuals with poor mental health. Concrete Garden and the Backgarden at Possilpark H& CC provide opportunities and support for people who have experienced poor mental or are in recovery from addiction. It was noted the Applefield Project in the grounds of Gartnavel Hospital and therapeutic activities are vital as an aid to recovery
- Pressure on 3rd sector funding and a clear referral pathway was discussed and could be improved.

Sexual Health and Prison Health Services – Rhoda MacLeod (Head of Sexual Health Services)

Sexual Health Services

Rhoda MacLeod gave details of current review of Sexual Health services and the range of services provided across the city. Sandyford has the only gender identity service in Scotland. It was noted that sexual assault examinations standard has been set for Scotland.

Some sexually transmitted infections are on the increase and Sandyford works jointly with GPs re developing sexually transmitted infections treatment plan for individual patients. Rhoda highlighted that Glasgow has highest HIV numbers across the Greater Glasgow and Clyde Board area but new medications are advancing treatment options for patients.

Prison Healthcare and Police custody

The new a 24 bedded Community Hub for women at the old Maryhill Health Centre was discussed. The different profile of male and female offenders was explored. Women in custody are more likely to be on their own, have no family supports and more likely require social care support when re-entering the community compared men who offend who are more likely to be supported by mums or wife's etc. The Scottish Prison service has some workers to support transition but throughcare work requires investment.

The following issue was raised:

- Discussion took place around mental health detention at police stations – there is a need for support in terms of assessment and support for people affected by poor mental health or are distressed and have been detained at a police station. Rhoda advised funding has been agreed around mental health support for police custody.
- There was discussion around drug misuse and in particular SPICE in prison and what can be done to reduce or stop it.

Children's Services – Peter Orr (Service Manager) and Paul McGeough (Service Manager)

Participants were informed of the efforts being made to shift the balance of service provision from purchased services towards alternative local supports, where possible and appropriate to do so. It was clarified that purchased services, which are often very

expensive and out with Glasgow, do not necessarily result in better outcomes for the child or young person. The emphasis will be on trying to provide local options that offer more stability and continuity for children and young people, thereby reducing the potential for disrupted, multiple placements and the negative outcomes associated with this. To support this work, funding released from high cost placements is being redirected into alternative provision.

In taking forward this, NW staff and services are contributing to 3 overarching strands of work relating to Family Services, Foster Care and Residential Services. This involves investment in Kinship care and extending the network of family support. There is development of an 'edge of care team' aimed at intervention at an earlier stage to support children and their family. For residential care units provided by Glasgow city HSCP, we are looking to try and reduce the size of these facilities (max of 8 children per unit) to provide a better, more homely environment.

Issues covered in the table discussions included:

- Noted the over-representation of people in prisons and in homelessness services who have experienced childhood trauma.
- A need to work in partnership with other services including Education and the voluntary sector.
- Although there are efforts to reduce out of area placements, the service will take the needs of the individual into account – do not want to disrupt existing placements that are working.
- 'Permanence' of placement is a priority.
- Within Glasgow, kinship carers now receive payments in line with payments made to foster carers.
- Scope for more joint working and training across health and social care staff (although acknowledged that social workers, health visitors and school nurses interact on a daily basis to co-ordinate the care needs of people).
- Sometimes out of area placements are in the best interest of the child or young person, to minimise a particular risk.
- Noted that all care leavers aged 19 – 26 will be entitled to request assistance from their local authority.
- Overall, services are working hard to identify vulnerable children as early as possible and mobilise support.

Older People and Primary Care Services – Paul Adams (NW Locality - Head of Older People and Primary Care Services)

Paul Adams opened the discussion by asking for comments on: what was included and gaps in last year's plan; and what should be included in next year's. The following is a summary of points made over the 4 workshops.

- There are inconsistencies around the hospital discharge process even within the same hospital.
- Communication is poor around going into hospital. Closer links are required with the ambulance service.
- Do frontline hospital staff know that it is a statutory duty to consult with carers on a patient's care and discharge? Some patients arrive home when their carer did not know they were getting home.
- The new neighbourhood model for older people's services will encompass all areas of North West Glasgow including Knightswood and Hamiltonhill. Each neighbourhood will have an integrated health and social care manager who will look to understand the needs of their local communities.
- Cordia/Home Care staff are good but not all understand mental health. There should be more training around this subject.
- Work around social isolation and loneliness is implicit in all areas of the Locality Plan. It needs to be more explicit.
- Agencies in the West which are trying to alleviate loneliness are working against each other. The HSCP could enable greater collaboration.
- Health improvement is implicit in all areas of the Locality Plan and needs to be explicit. The plan needs to capture early intervention and prevention. Suzanne Glennie and Paul Adams to come up with a form of words which covers people looking after their own health and wellbeing.
- Social prescribing should be part of that action.
- Intergenerational work should feature in the Plan e.g. NG Homes' work with the local nursery. Local services with ideas around intergenerational work should approach an HSCP Service Manager like Paul Adams with ideas.
- Older people can offer a wealth of resources and experiences. Plans can focus on the needs of older people and not mention the resources they offer communities.
- Why is there no third sector input into anticipatory care plans? These are owned by the person concerned. Hospital passports can be ignored. Staffs have been trained in completing AC Plans and permission is being sought to share information on EKIS. This would allow people's GP and hospital staff to see a summary of their AC Plan.
- Palliative care requires a vast number of interventions. Many do not require to be done by officers from the HSCP.
- Jordanhill and Westland Drive in particular, does not have the services which other parts of North West have. Robert Smith of Active Seniors offered to speak to the Community Council about the services on offer across North West

Summary and Close

Jackie Kerr thanked the audience and speakers for their participation, lively contributions and attendance at the engagement session. She proposed a follow up session in 6 months, to give an update on the progress with our key priorities and provide patients, service users, key stakeholders, partners and the wider community an opportunity to discuss service ambitions and challenges.