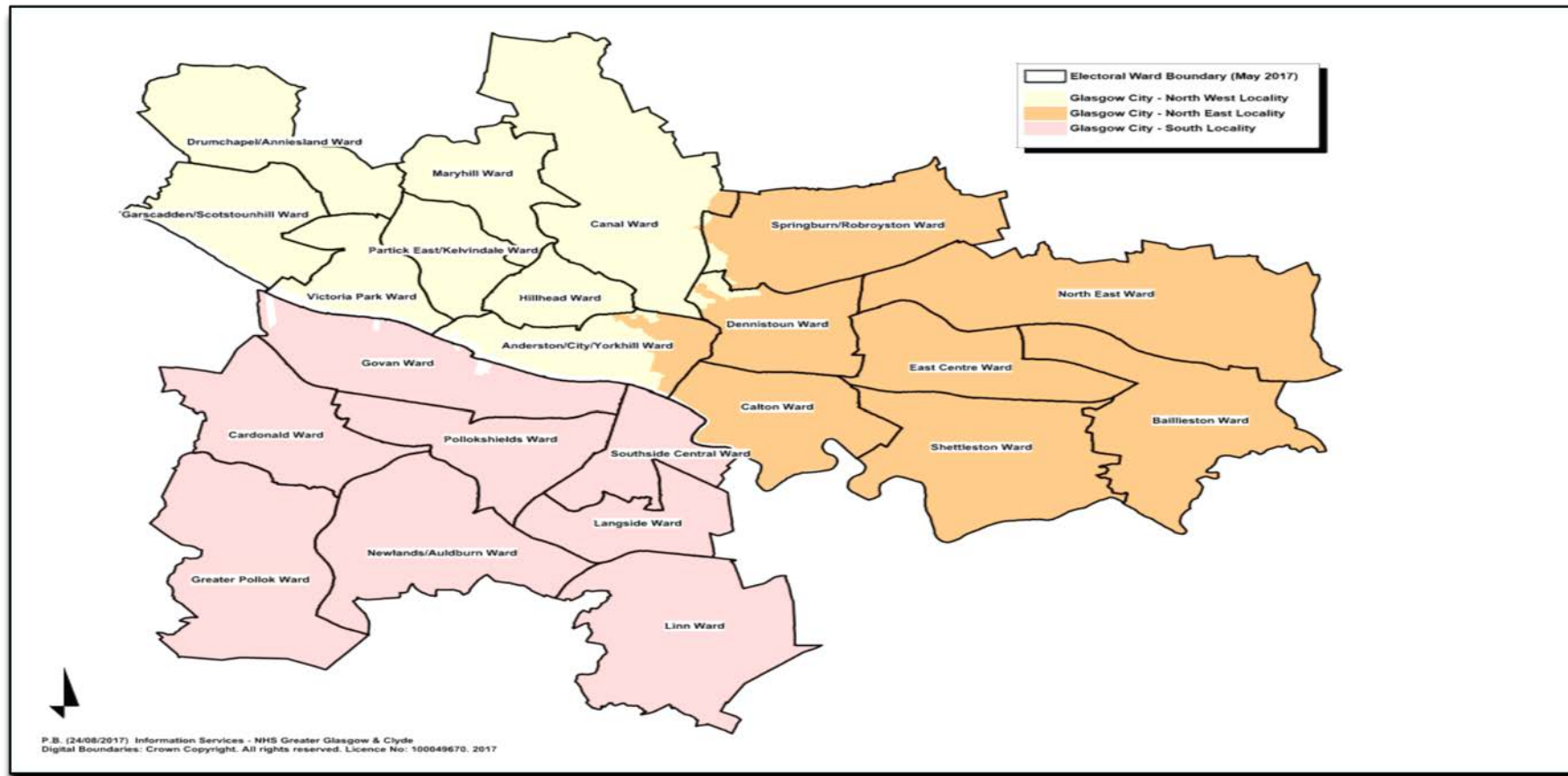


# North West Locality Plan 2018/19



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## FOREWORD



I am pleased to introduce the third Locality Plan for the North West since the establishment of Glasgow City Health and Social Care Partnership (GCHSCP). The aim of this document is to provide a review of progress during 2017/18 and to identify priorities for the area for 2018/19.

Our plan for 2018/19 highlights the priorities and actions that will be progressed in North West to address local needs and contribute to the wider strategic agenda set out within the Strategic Plan of Glasgow City's Joint Integration Board. These will be progressed in partnership with our stakeholders, including service users and carers, 3<sup>rd</sup> sector organisations and community planning partners. We are keen to build on the successes of last year, which includes work commencing on-site to build the new Woodside Health & Care Centre which is scheduled to be completed later this year; the establishment of Neighbourhood Teams for Older People's Services to work more closely with local communities and partner organisations; supporting the ongoing development of General Practice (GP) 'clusters' to provide a greater opportunity for joint working at a local community level as well as providing a more co-ordinated approach for delivering primary care improvements; and continuing to deliver on the vast majority of our performance targets to meet standards and improve access to our services.

The year ahead will undoubtedly continue to bring its challenges as we strive to meet increasing demand within a constrained financial envelope. To meet those challenges we will need to ensure our services are working as efficiently and effectively as possible and targeted appropriately to meet need. The integration of health and social care has provided a platform to do just that and more importantly, to deliver better outcomes for our service users, patients and carers.

Finally, while the actions set out in this plan are numerous, they are by no means exhaustive and cannot capture all the day to day activities undertaken by our services and I would like to take this opportunity to thank all of the staff in North West locality for their continuing hard work and dedication.

**Jacqueline Kerr**  
**Assistant Chief Officer,**  
**Adult Services and North West Locality**  
**Glasgow City Health and Social Care Partnership**

## 1. INTRODUCTION

Glasgow City is the largest HSCP in Scotland by population and budget and is responsible for health and social care provision across 3 localities in the City; North West, North East and South Glasgow. North West locality covers a population of 206,483. Its boundary is coterminous with the community planning boundary for North West Sector, inclusive of 8 Area Partnerships, below:

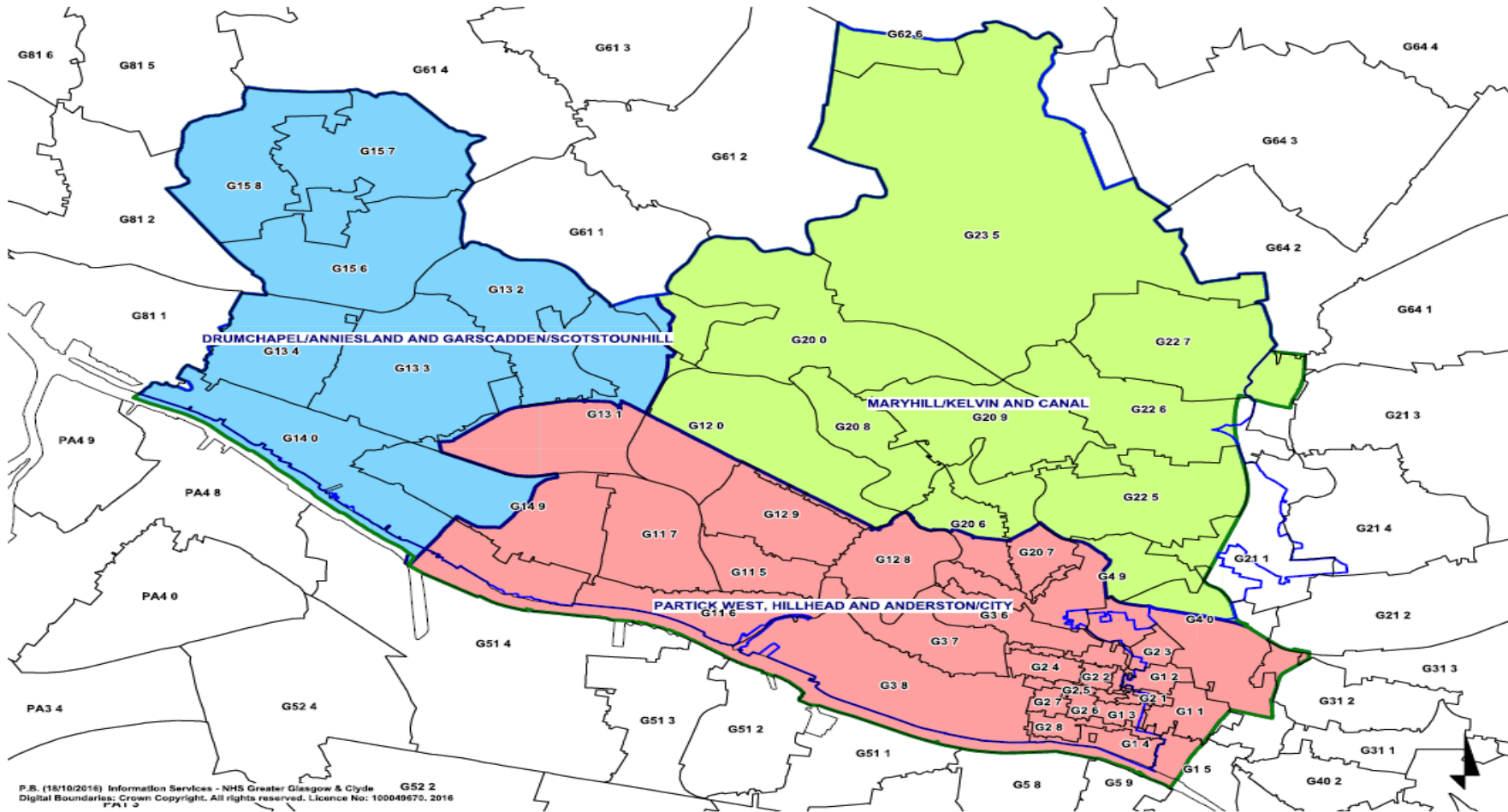
- [Anderston/City/Yorkhill Area Partnership](#)
- [Hillhead Area Partnership](#)
- [Partick East/Kelvindale Area Partnership](#)
- [Garscadden/Scotstounhill Area Partnership](#)
- [Drumchapel/Anniesland Area Partnership](#)
- [Maryhill Area Partnership](#)
- [Canal Area Partnership](#)
- [Victoria Park Partnership](#)

A significant feature of North West locality is the very marked difference in the social and economic circumstances of people living in different areas in the locality, ranging from some of the most affluent areas in Scotland to some of the most deprived. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for North West Glasgow and is guided by the overarching priorities set out in the HSCP's Strategic Plan.

As well as having responsibility for supporting the delivery of the range of services set out within this plan to our local population, the Assistant Chief Officer for North West locality also has a lead responsibility within Glasgow City HSCP for managing all Adult Services. This includes Sexual Health Services that are hosted by Glasgow City HSCP on behalf of all HSCPs in Greater Glasgow and Clyde.

We are keen to ensure that there is a strong and effective connection between our services and the local communities we serve. To further assist this, we have structured our community services for older people into 3 Neighbourhood Teams within North West. This will also help to improve joint working with GP Clusters and other partner organisations, such as Housing providers. These Neighbourhood Teams will broadly work within the 3 boundary areas shown in map overleaf.

### The 3 Neighbourhood Team Areas within North West for Older People's Services



## 2. HSCP KEY PRIORITIES

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and endorsed a three year Strategic Plan for the period up to 2019 (see: <https://www.glasgow.gov.uk/index.aspx?articleid=17849>). In that plan, the IJB set out its vision for health and social care services:

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

It also recognised that delivering 'more of the same' will not be enough to meet the challenges of rising demand, budget pressures and inequalities. Transformational change is therefore needed to the way health and social care services are planned, delivered and accessed in the city, with a greater focus on:

- early intervention, prevention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- public protection

Within Glasgow City HSCP, localities play a vital role in delivering better, integrated health and social care services for the people of Glasgow.

The purpose of this locality plan is to:

- show how we will contribute to the implementation of the HSCP's Strategic Plan 2016-2019; and
- how we will respond to local needs and issues within the North West of the City

The plan is a one year plan covering the period April 2018 to March 2019. The plan is based on:

- what we know about health and social care needs and demands and any changes from our 17/18 locality plan;
- our current performance against key targets;
- our key service priorities, informed by the HSCP's Strategic Plan
- the resources we have available including staffing, finance and accommodation.

Although the detailed priorities and actions set out in this locality plan are grouped under each of the main service delivery headings, we recognise the shared nature and interdependency of many of them.

### 3. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM

North West Locality Engagement Forum (LEF) over the last year has acted as a catalyst for communication, engagement and participation. Local people, community groups and organisations had an opportunity to discuss and give their opinions on a range of Locality topics including:

- North West Locality service priorities;
- Establishment of Neighbourhood Teams for Older Peoples' services
- Review of West Glasgow Minor Injuries Services
- Monitoring progress of the Woodside Health and Care Centre development
- HSCP Palliative Care and End of Life Strategy
- HSCP Occupational Therapy Review
- 5 Year Adult Mental Health Strategy
- Sandyford Sexual Health Services Review
- The National Dementia Strategy 2017-20

In 18/19, North West LEF will continue to have regular meetings to discuss and contribute to Locality care group priorities as well as topic focused discussions to encourage participation and involvement from the wider community. Priorities for 18/19 include:

- Developing a closer partnership with North West Voluntary Sector Network by organising joint events around disability and equalities in order to promote greater representation of vulnerable people and groups;
- Creating opportunities to develop closer links with established networks and forums in North West Glasgow such as the Recovery Communities, Carers Forum and Childcare Forum; and
- Continue to encourage services and teams to engage and gather comments at the point of service delivery.

To find out more about the NW Locality Engagement Forum please contact: May Simpson, Community Engagement & Development Officer (North West Locality) 0141 314 6250 or [may.simpson@ggc.scot.nhs.uk](mailto:may.simpson@ggc.scot.nhs.uk)

#### 4. PERFORMANCE INFORMATION

This section summaries our performance in North West against key targets and indicators

<b>Where we have performed well in 2017/18</b>
Meeting waiting time access to specialist children's services
Percentage of Health Plan Indicators allocated by Health Visitors within 24 weeks
Number of new carers identified that have gone on to receive a carers support plan or young carer statement
Number of people in supported living services
Breastfeeding rates
Access targets for alcohol and drug treatments
Meeting the target timescales for assessing all unintentionally homeless applications
Reducing the duration pregnant women or dependent children stay in bed & breakfast accommodation
Percentage of criminal justice community placement orders (CPO) with a 3 month review within agreed timescale
Alcohol Brief Interventions undertaken
Reductions in women who smoke during pregnancy
Number of referrals being made to Healthier, Wealthier Children Service
Waiting times for access to Podiatry and Dietetics
Improved uptake of sexual health services by men who have sex with men (MSM)
Percentage of service users leaving the service following re-ablement with no further period of homecare
Percentage of service users with an alcohol or drug problem that have an initiated recovery plan following assessment

<b>Where further improvement is required in 2018/19</b>
Percentage of children receiving ready to learn assessment (27 to 33 months assessment)
Percentage of young people receiving a leaving care service who are known to be in employment, education or training
Meeting delayed discharge targets for people (i.e. discharge within 72 hours of being assessed as ready for discharge)
Increase the number of offers of permanent accommodation secured from Registered Social Landlords
Bowel screening uptake rates
Waiting times for access to LARC (long acting reversible contraception) appointments
Cervical screening uptake rates
Physiotherapy waiting times



## 5. SERVICE PRIORITIES

### Primary Care

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Working with GPs and the wider primary care team to develop 'clusters' to improve quality and integrated working	<ul style="list-style-type: none"> <li>Continue to support the development of GP clusters</li> <li>Embed Older People's 'neighbourhood' team approaches to align broadly with GP clusters where possible.</li> </ul>	GP Clusters in place within North West (NW) -totalling 7. Cluster Leads and Practice Quality leads in place.	Support the production of cluster quality improvement workplans.
Improve the unscheduled care pathway across primary and secondary care services	<ul style="list-style-type: none"> <li>Further develop Anticipatory Care Plans (ACPs) and Intermediate Care approaches</li> </ul>	Guidance and 'tool-kit' produced for practitioners. ACPs launched within mainstream Older People's services	Increase the number of Key Information Summaries to GPs
Contribute to the development of the GCHSCP Primary Care Improvement Plan associated with the new GP contract	<ul style="list-style-type: none"> <li>Support initiatives to deliver improvements to patients and release GP capacity for core activities, including:               <ul style="list-style-type: none"> <li>The Vaccination Transformation Programme</li> <li>Pharmacotherapy services</li> <li>Community Treatment and Care services</li> <li>Urgent Care</li> <li>Additional Professional Roles (incl for musculoskeletal focused physiotherapy services and community clinical mental health)</li> <li>Community Links Workers</li> </ul> </li> </ul>	N/A	Primary Care Improvement Plan to be drafted by July 2018 and will include specific actions and targets. Establish a procurement framework and commissioning process to enable the roll-out of the Community Link Worker programme for the HSCP

## Carers

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Carer (Scotland) Act 2016 – Comply with requirements of new carers act including implementation of new GCHSCP carers eligibility criteria	Ensure all NW locality carers partnership staff are aware of role and responsibilities in complying with new carers act. To include wider carers partnership awareness training and ensure eLearning available to both carer team staff and wider HSCP staff groups	Preparatory work for carers act via IJB, City Carers Partnership operational group, staff working groups, consultation with carers and HSCP staff regarding new carers eligibility criteria	Continuation of implementation of different parts of carers act, monitor and evaluate compliance levels and effectiveness via NW locality reporting and operational quarterly and annual carers reporting structure via IJB
Establish sci-gateway as primary care / GP referral pathway for carers	Agree content of referral information via sci – gateway including pathway of referral to carers services  Identify and action cross mapping exercise via NW carers locality group / CIS Carer Information Post action	Progress and agreement in place to have sci-gateway carers referral pathway for May 2018	Establish cross reference / mapping exercise re- carer referral take up via sci-gateway including focus on existing GP clusters and evidence of carers early intervention and prevention opportunities with carers

## Children and Families

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Support the Wellbeing of Children and Young People through Prevention and Early Intervention	<ul style="list-style-type: none"> <li>Continue to improve breastfeeding rates in NW Locality particularly in deprived areas.</li> </ul>	At quarter 3, NW performance met target for exclusive breastfeeding at 6-8 weeks, and was just under the target set for this relating to the areas of highest deprivation.	Current NW target is 30.8 % (and 23.9% in deprived areas)

	<ul style="list-style-type: none"> <li>• Implement programs to deliver on Child Healthy Weight.</li> <li>• Increase referrals and uptake of parenting support programmes</li> <li>• Promote income maximisation and financial inclusion to have positive impact on addressing child poverty.</li> <li>• Carry out 3monthly UNICEF (United Nations Children’s Fund) Practice Audits</li> <li>• Increased awareness of harm associated with alcohol and drugs</li> </ul>	<p>Delivery of ‘Weigh to Go’ Programme (for 12-18 year olds) - Board wide service managed by NW. 33 young people by March 2018 in line with target.</p> <p>17 completed interventions at January 2018</p> <p>At quarter 3,400 referrals from NW health visiting and midwifery staff.</p> <p>At Dec 17, NW achieved 62.5% compliance against</p> <p>Delivered booze busters P6/7 in 26 schools</p> <p>S1 transition input on Multiple risk – all secondary schools</p>	<p>33 young people (NW) by March 2018 (100 young people across Glasgow City service)</p> <p>Health Improvement will deliver a minimum of 12 parenting interventions to include: Triple P –Teen, Discussion , Group, 1:1 interventions</p> <p>Health Improvement will deliver minimum of 8 Two day Solihull Foundation Training courses</p> <p>Continue to increase the number of referrals to Financial Inclusion Services in the Early Years</p> <p>70% compliance rate</p> <p>Contract will deliver, subject</p>
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	<ul style="list-style-type: none"> <li>Continue to progress transformational change programme explore opportunities to re-settle children and young people placed out with Glasgow in residential care settings to alternatives within the City.</li> <li>Reinvestment of funding released from high-cost care residential care packages into further developing family support infrastructure.</li> </ul>	<p>S4/5 – input drugs &amp; alcohol – all secondary schools</p> <p>Successful resettlement of a number of young people in NW through effective multi-agency / multi-disciplinary working</p> <p>Ongoing</p>	<p>to school engagement input to:</p> <p>:P6/7 pupils- all Primary Schools ; S2 pupils in all Secondary schools; S4/5 pupils in all Secondary schools; P6/7 pupils in all Primary SEBN schools; S2pupils in all Secondary SEBN schools</p> <p>Development 1:1 Support for vulnerable Children &amp; Young People ( contract target approx 80)</p> <p>Improved outcomes for young people: greater stability through reduction in the number of disrupted placements and through maintaining close connection to their home community (for 18/19, approx 10 young people to be resettled in NW)</p>
<p>Early identification of children and families who need support</p>	<ul style="list-style-type: none"> <li>Health Plan Indicators (HPI) allocated by health visitors to identify children requiring additional services beyond the universal child health pathway</li> <li>Improve 27-33 months assessment uptake</li> </ul>	<p>At October Dec 17, NW achieving 92% HPI allocation within 24 weeks against a target of 95%.</p> <p>An improving performance of</p>	<p>Increase number of HPI care plans for children with additional needs in line with target.</p> <p>Ongoing review to improve</p>

	<p>in NW Locality</p> <ul style="list-style-type: none"> <li>Evidence increased referral to the 3 Early Years Joint Support Teams (JST) in NW Locality.</li> <li>Continue to improve service access across specialist children's services</li> <li>Establishing Family Group Decision Making Team (FGDMT) in NW (enabled by additional investment in 3<sup>rd</sup> sector services to deliver kinship care which will release social worker time to participate in the FGDMT).</li> </ul>	<p>79% achievement rate in NW at Dec 17 against a target of 95%.</p> <p>JSTs self evaluation process was ongoing in 2016/17. Action Plan being developed for 2017/18</p> <p>Met waiting time target of maximum 18 week referral to treatment (RTT)</p> <p>Successfully piloted in North East.</p> <p>'Family Finding' service initiated to review family history at Mitchell Library to identify extended family members who may be able to provide at home</p>	<p>uptake in line with target</p> <p>Baseline and targets to be confirmed</p> <p>Maximum 18 week RTT</p> <p>Team operational by September 2018.</p> <p>Increase the number of young people looked after by extended family member</p>
Keeping Children Safe	<ul style="list-style-type: none"> <li>Identify and respond to children and young people affected by Domestic Violence</li> <li>Support looked after children, including those in kinship care and promote permanency plans where appropriate</li> <li>Specialist Children's Service vulnerability team to offer a health assessment to looked after children, including those in kinship</li> </ul>	<p>There has been an increased uptake in the Save Lives training by Health Visitors and School Nurses</p> <p>72% of looked after children (aged &lt;5 years and looked after for &gt;6months) have a permanency review. Target 90%.</p> <p>85 Child Health Assessments for children and young people currently looked after at home /</p>	<p>Target to be confirmed</p> <p>Increased number of permanency plans in place and meet review target</p> <p>All children 5-18 years newly looked after at home and or in Kinship Care a Comprehensive Health</p>

	<p>care</p> <ul style="list-style-type: none"> <li>Identifying and support children in need of protection with particular focus on reducing neglect</li> </ul>	<p>Kinships have been carried out at April 2017. Training on use of neglect tool being rolled out across NW Team leads. 6 trainers in place.</p>	<p>Assessment within 28 days of receipt of referral.</p> <p>Developing a monitoring Tool and will set baselines and targets for 2018/19.</p>
Raising attainment and achievement	<ul style="list-style-type: none"> <li>Every school/establishment has a named co-ordinator for looked after children (LAC), named officer at centre and Glasgow Psychological Service has existing workstreams in place for young people who are looked after</li> </ul>	<p>All Secondary establishment LAC co-ordinators attend quarterly, Education Services' LAC co-ordinator meetings, to share information and practice, ensuring consistency of approaches to improve outcomes</p>	<p>All establishments will undertake training in new Health and Wellbeing Planning Tool</p>
Building mental well-being and resilience across the Northwest via direct service delivery and capacity building	<ul style="list-style-type: none"> <li>Delivery of mental health improvement service for young people aged 11-18</li> <li>Commissioned Service to Improve the Mental Health and Wellbeing of Young People</li> </ul>	<p>Commissioned contract began in July 2016. Two quarters data: 260 appointments with 104 young people; mentoring just beginning; 68 young people accessed group work/wellbeing awareness sessions;</p> <p>Youth Health Service 434 appointments with 138 young people accessing service. High demand at Youth Health Service and have invested temporary additional support.</p>	<p>Schools Offering:</p> <ul style="list-style-type: none"> <li>992 one to one appointments in schools (260 young people)</li> <li>8 Groups (48 young people)</li> </ul> <p>Youth Health Service:</p> <p>152 young people will be seen via YHS</p>

## Adult Services

### Adult Mental Health

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Implementation of 5 Year Adult Mental Health Strategy	<p>Contribute to the implementation of service change and improvement within NW and other localities including:</p> <ul style="list-style-type: none"> <li>• Review efficient and effective working practices within CMHTs (community mental health teams)</li> <li>• Implementation of unscheduled care action plan</li> <li>• Promoting opportunities for prevention and early intervention</li> <li>• Promoting adherence to the physical health policy</li> <li>• Supporting the review of commissioned social care services to inform the phasing of proposed reduction to inpatient beds</li> <li>• Improving care pathways between community and inpatient services to maximise the efficient and effective use of resources and opportunities to support people moving through services</li> <li>• Refresh multidisciplinary discharge planning arrangements to explore opportunities for more integrated practice and processes.</li> </ul>	The production of a comprehensive draft 5 year adult mental health strategy, including engagement and involvement of various stakeholders.	Contribute to the development of a robust implementation plan by Summer 2018
Improve integrated working	<ul style="list-style-type: none"> <li>• Re-align community crisis services for the Maryhill catchment from North East Glasgow to North West Glasgow</li> </ul>	Realignment achieved for inpatient services for the Maryhill catchment	By March 2019
Building mental well-being and resilience across the North West	<ul style="list-style-type: none"> <li>• Delivery of community based stress service for adults</li> </ul>	By quarter 3, 3803 appointments with 1504	5264 1:1 counselling appointments 1800 beneficiaries

via direct service delivery and capacity building	<ul style="list-style-type: none"> <li>• Provision of range of mental health training programmes to build capacity of local communities, groups and organisations</li> <li>• Co-ordinate NW Suicide Safer Communities Forum (SSCF)</li> </ul>	<p>people accessing counselling service</p> <p>Training Delivered: Scottish Mental Health First Aid (SMHFA) x4  SMHFA: Young People x 4  Safetalk x 6  Assist x 4  Forum meetings x3  NWSSCF x 6  Suicide talks x 7</p>	<p>Training Courses offered:</p> <ul style="list-style-type: none"> <li>- Scottish Mental Health First Aid training x 4</li> <li>- Scottish Mental Health and Wellbeing Training -Young People (SMHFA:YP) x 2</li> <li>- Safetalk x 6</li> <li>- Assist x 4</li> <li>- Understanding Mental Health Training x 2</li> </ul>
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#### Alcohol and Drugs Recovery Services

Priorities	Key Actions	Progress in 17/18	Target for 18/19
<p>Improve access to addiction treatment and care and opportunities for Recovery (including progressing a Recovery Orientated System of Care – ROSC)</p>	<ul style="list-style-type: none"> <li>• Further embed ‘Access Teams’ within existing alcohol and drugs community services to improve assessment and access to appropriate services.</li> <li>• Continue with the input of “lived experience” representation along with recovery hubs within Access Teams to support individuals not requiring/eligible for formal Tier 3 Care and Treatment provision</li> <li>• Facilitate transfer of Closeburn Street element of NW ADRS to the New Woodside Health &amp; Care Centre-relocate Access Team/Point along with wider</li> </ul>	<p>Access Team formed and operational in both main sites of NW Alcohol &amp; Drugs Recovery Services.</p> <p>Parents in Recovery Team Access response incorporated into this set up.</p> <p>100% of service users being seen within Waiting Times target of 21 days.</p> <p>Ongoing development of community based Recovery Clinics. Independent</p>	<p>Continue to focus on more intensive, shorter-term interventions to maximise opportunities for recovery</p> <p>Continue with implementation of Eligibility criteria, applied consistently</p> <p>Achieve and maintain Waiting Times targets</p> <p>Recovery Plans established within 7 days of first contact and being updated and reviewed within 21 days</p>



	<p>Alcohol &amp; Drugs Recovery Services</p> <ul style="list-style-type: none"> <li>Progress Action Plans developed via ROSC Seminars and Workshops with a particular focus on Recovery Workforce/Joint Training and Development; Families/Parents in Recovery and development of a Recovery Orientated System of Care</li> </ul>	<p>Prescriber recruited March 2018 with a view to develop Community based Recovery Clinics</p> <p>Recovery Hubs established and model agreed within NW Sector for progressing Recovery Orientated System of Care</p>	<p>Deliver 12 x ROSC Seminars</p> <p>Deliver 3 x Recovery Matters Workshops involving a range of key stakeholders</p>
<p>Continue to shift the balance of care from the community alcohol and drug teams to GPs, where appropriate (via 'Shared Care Scheme')</p>	<ul style="list-style-type: none"> <li>Work closely with GP colleagues to review all patients and identify how best to meet the needs of patients who are prescribed Opiate Replacement Treatment (ORT)</li> <li>Promote increase in referrals to Recovery Hub from Shared Care settings via "lived experience" presence within 3 x Health Centres</li> </ul>	<p>Completed transfer of Clinics to dedicated Shared Care Clinic team May 2017.</p> <p>To date this has not achieved the target reduction within Care and Treatment Services</p>	<p>Deliver 2 x Recovery Events centred around Shared Care and GP interface</p> <p>Increase the number of individuals being prescribed ORT via their GPs</p>
<p>Reduce Alcohol Related A&amp;E admissions/ presentations</p>	<ul style="list-style-type: none"> <li>Roll out the Assertive Outreach approach for those hard to reach individuals who do not use service or present to their GPs, but use A&amp;E frequently</li> </ul>	<p>Alcohol &amp; Drugs Repeat Presentations at Emergency Department Short Life Working Group established</p>	<p>Introduce Complex Case Review Meeting discussion for all service users with 8 or more A&amp;E attendances within a year</p>
<p>Work with community planning partners and the Alcohol and Drugs Partnership to reduce alcohol consumption</p>	<ul style="list-style-type: none"> <li>NW Health Improvement Team to host the Health Improvement Lead (Alcohol Licensing) post on behalf of the city.</li> <li>Continue to co-ordinate a Glasgow City / NHSGGC contribution to the licensing Forum and Board.</li> <li>Citywide contract in place to deliver ABI</li> </ul>	<p>Recruitment of HI Lead (Alcohol licensing) post – shared between Glasgow HSCP and Renfrewshire HSCP</p> <p>9 objections and representations made to Licensing Board: 6 were refused on public health and</p>	<p>Continue to influence alcohol availability as part of our role as a 'Statutory Consultee' in the Alcohol Licensing process by providing provide information on levels of alcohol related health harm at locality levels.</p> <p>Recovery Orientated System of Care Seminar Programme is in</p>

	<p>and drug/alcohol awareness training – targets set at city level</p> <ul style="list-style-type: none"> <li>Administer small grants programme to support the delivery a Local Community Alcohol Campaign in 1 priority neighbourhood in NW</li> </ul>	<p>overprovision grounds;1 withdrawn; &amp; 2 granted.</p> <p>Provided input to the new licensing policy including recommending that ‘Thriving Places’ are considered in terms of ‘overprovision localities’ or ‘areas of potential concern’. Presented Public Health information at Licensing Board evidence session.</p>	<p>place which will inform the prevention and education work to be planned and taken forward in 18/19.</p> <p>As part of citywide P&amp;E work NW will take lead for ‘AFFIT’ programme</p> <p>Facilitate a series of workshops x4 to identify priority actions in 4 neighbourhoods.</p> <p>Scope potential deliver a Local Community Alcohol Campaign in 1 priority neighbourhood linked to localised Ripple Effect action plan</p>
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### Criminal Justice

Priorities	Key Actions	Progress in 16/17	Target for 17/18
The efficient processing of community payback orders (CPOs) and criminal justice social work reports	<ul style="list-style-type: none"> <li>Ensure all CPOs are reviewed by a Team Leader at the 3 month stage and throughout the order.</li> <li>Improve percentage of CPOs work placements commencing within 7 days of sentence</li> <li>Ensure service users have a supervised action plan in place within 20 days of a CPO.</li> </ul>	<p>NW achieving 87% of 3 month reviews within timescale. Target 75%.</p> <p>NW showing 65% compliance against a target of 80%</p> <p>Target of 85% compliance met</p>	<p>75% of CPOs 3 month Reviews held within timescale</p> <p>80% compliance</p> <p>Compliance target of 85%</p>
The safe management of high risk offenders	<ul style="list-style-type: none"> <li>Ensure all people released on license or a supervised release order receives a post-release interview within 24 hours of release.</li> </ul>	100% compliance	100% compliance

## Homelessness

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Improve interfaces with Housing Providers to increase access to settled accommodation	<ul style="list-style-type: none"> <li>Work with Housing Access Team, continue to coordinate citywide casework input to the 3 NW Local Letting Communities (Drumchapel, North West &amp; West) to achieve targets on settled accommodation</li> <li>Monitor number and duration of homelessness applications</li> </ul>	<p>From 1/4/17 to 31/12/17 the following lets were achieved:            Drumchapel: 16 lets            North West: 151 lets            West: 97 lets            Wheatley Group (to 22/12/17): 210 lets (24% of all lets in area)</p> <p>As at 5 March 2018:            Total Live Cases: 695            Total Live cases over 6 months duration: 285 (41% - target 40%)</p>	<p>Targets to be confirmed</p> <p>Homeless applications over 6 months duration: target 40% or less</p>
Increase throughput in temporary and emergency accommodation to settled accommodation	<ul style="list-style-type: none"> <li>Work to agreed targets for provision of initial decision, prospects / resettlement plans and case durations.</li> </ul>	<p>For Q3 2017/18 (1<sup>st</sup> September to 31<sup>st</sup> Dec 17), 93% of decisions (based on Audit Scotland guidelines) were made within 28 days.</p> <p>At 19 February 2018 there were 112 cases assessed as unintentionally homeless, of which 67 were over 28 days from decision date (60%).</p> <p>From 1<sup>st</sup> April to 31<sup>st</sup> December 2017 NW CHT provided 482</p>	<p>Targets:            Provision of 95% of decisions made within 28 days;</p> <p>Completion of Prospects / Resettlement Plan within 28 days.</p> <p>The target for NW CHT for provision of new resettlement</p>

	<ul style="list-style-type: none"> <li>Continue to monitor and reduce lengths of stay in bed and breakfast accommodation</li> </ul>	<p>new prospects and resettlement plans (target 466).</p> <p>As at 5 March 2018 – 59% of live applications were of 6 months or less duration (target 60%).</p> <p>At 19 February 2018 North West CHT had 44 cases in B&amp;B, of which 20 (45%) had been in for 35 days or more.</p>	<p>plans is a minimum of 12 per week.</p> <p>60% of live applications are 6 months or less duration</p> <p>Weekly monitoring now against 35 days or more (previously 60 days or more)</p>
<p>Develop a sustainable, holistic response to homelessness by ensuring collaboration across housing, health, social work, third and independent sectors</p>	<ul style="list-style-type: none"> <li>Continue to deliver a Community Homeless Team based Housing Options approach, working alongside RSL partners (Registered Social Landlords)</li> <li>Working alongside the Flexible Homeless Outreach Support Service (FHOSS), locality Welfare Rights Teams, and Mediation Services, continue to develop integrated working with money advice, mediation, and housing support services</li> </ul>	<p>From 1/4/17 to 31/12/17 there were 1,362 Housing Options approaches to North West CHT. Of these, 835 were closed to 'Made Homeless Application' (61%). This indicator is monitored monthly.</p> <p>Turning Point (Scotland) is the FHOSS provider for all households requesting Housing Options or homelessness assistance in the NW area. Housing support needs for all households have been reassessed and joint training plans put in place. Ongoing provision of Money</p>	<p>Monitor quarterly:</p> <p>% of closed housing options approaches which progress to homeless application</p> <p>Co-location proposals continue to be progressed through NW Planning Group.</p> <p>Ongoing weekly monitoring of Mediation Services around Housing Options prevention and homelessness activities, and continued development of</p>

	<ul style="list-style-type: none"> <li>Facilitate a broader involvement from HSCP services in supporting tenancy sustainment and good practice, and continue to improve partnership working with Registered Social Landlords (RSLs)</li> </ul>	<p>and Debt Advice is currently being provided by the Locality Welfare Rights Team. Work continues to identify funding sources which may assist in development of a dedicated Money and Debt Advice Service.</p> <p>Essential Connections Forum oversaw update of Statements of Best Practice, RSL training and engagement events</p>	<p>links with Women's Services (Chara House) and Young People's Services (James McLean Project).</p> <p>This will continue to be developed through 2018/19.</p> <p>Maintain / improve referrals to FHOSS /Welfare Rights/ Mediation Services – weekly/monthly monitoring</p> <p>Continue to progress through Essential Connections Forum</p>
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### Learning Disability

Priorities	Key Actions	Progress in 17/18	Target for 18/19
<p>Undertake a review of health and social care learning disability (LD) provision to maximise the opportunities for people with a learning disability to live in the community with appropriate levels of support.</p>	<ul style="list-style-type: none"> <li>Scope current practice and develop more integrated approaches between social work and health service teams</li> <li>Identify appropriate models of care and future accommodation requirements, including consideration of: <ul style="list-style-type: none"> <li>NHS long stay and assessment / treatments beds provision</li> </ul> </li> </ul>	<p>In progress. NW contributing to citywide review of integrated LD teams.</p> <p>Staff engagement sessions planned for March and May 2018 to develop an LD strategy.</p> <p>Ongoing</p>	<p>Integrated Service Manager posts for NW for LD</p> <p>Examine options for full or partial co-location of team.</p> <p>Will be considered as part of developing a City-wide 5 year LD strategy</p>

	<ul style="list-style-type: none"> <li>- Respite facilities</li> <li>- Day Services</li> <li>- Community provision and potential commissioning options</li> </ul>		
Targeting resources effectively	<ul style="list-style-type: none"> <li>• Continue to review of all clients who have personalised packages to better align need with available resources to ensure best value</li> <li>• Examine options for overnight supports, including assistive technology</li> <li>• Develop alternative models of care, including core and cluster</li> </ul>	Policy paper under development.	To note progress in reducing cost of packages while ensuring needs are met
Young people in transition to adult services	<ul style="list-style-type: none"> <li>• Continue to identify efficient and effective supports for young people</li> <li>• Focus on high cost placements</li> </ul>	<p>Inclusion Officers and Local Area Coordinators continue to identify community supports</p> <p>Continue to identify suitable placements</p>	Create a young people in transitions team, with staff from children's & families services and adult services
Autism review – on behalf of Glasgow wide services	<ul style="list-style-type: none"> <li>• Undertake a review of the Autism Resource Centre (ARC)</li> <li>• Update the Glasgow HSCP/Education services autism action plan</li> </ul>	<p>Approval to concentrate the work of the ARC on specific areas, including young people with autism</p> <p>Continue working with all relevant agencies to ensure that autism services are key priorities.</p> <p>Promotion of Autism Friendly Glasgow</p>	<p>Implement new focus of service delivery</p> <p>Develop a Glasgow autism policy that ties in with the 2018 Scottish Government priorities</p>
Sign Language and Interpreting Services (SLIS) - on behalf of Glasgow wide services	<ul style="list-style-type: none"> <li>• Review of the service</li> </ul>	Approval to analyse and review the work of the team, and future demands on the service	Implement findings of review

## Sexual Health Services

Priorities	Key Actions	Progress 17/18	Target 18/19
Fewer newly acquired HIV and sexually transmitted infections	<ul style="list-style-type: none"> <li>Improve access to testing at current clinics, and introduce some test-only walk-in clinics and targeted home or self-testing</li> <li>The sexual health service review to identify ways to increase the provision of urgent care slots and develop test express services in Sandyford and other community locations</li> </ul>	Urgent Care target currently breached, and Test Only waiting times not met since September 2017.	<p>Waiting times for Urgent care appointment - 2 working days.</p> <p>Waiting times for Test-only appointments – 15 working days</p>
	<ul style="list-style-type: none"> <li>Ensure increase in Partner Notification undertaken for people diagnosed with a sexually transmitted infection.</li> </ul>	Data is difficult to collect but there has been a slight increase	60 % Contacts of Chlamydia, of GC?, and of syphilis Reported Attended <28 days
	<ul style="list-style-type: none"> <li>Ensure HIV testing is being targeted appropriately at groups who are most at risk</li> <li>Assess findings from national working group examining ways to promote testing in a range of settings; development of Test Express services, exploration of home testing and new outreach settings will be undertaken as part of service review</li> </ul>	<p>Introduction of HIV-PrEP in 2018 has not led to increase in testing in MSM (men who have sex with men). Other priority groups (Black African men and women, people under 20) have not shown significant improvement and may represent ongoing difficulties with access.</p> <p>Secured funding for development of the social marketing intervention.</p>	<p>90% of people with HIV should be diagnosed with HIV – this cannot happen until testing increases and requires significant change to culture out with sexual health services as well as within</p> <p>The social marketing intervention will be implemented fully from summer 2018.</p>
	<ul style="list-style-type: none"> <li>Improve access to Free Condoms</li> <li>Deliver renewed objectives to ensure a high-quality service is being delivered concentrating on priority groups</li> </ul>	There has been an increase in the number of venues regularly ordering condoms, to enable provision to identified priority groups	Target – 90 venues across GGC regularly ordering condoms. The service will undertake a full marketing campaign in 2018 specifically focussing on the target populations.

Fewer unintended pregnancies	<ul style="list-style-type: none"> <li>• Increase the uptake of very long acting reversible contraception (vLARC) across Sandyford services</li> <li>• Sexual Health Service Review to identify ways to increase the provision of vLARC appointments across all Sandyford locations</li> </ul>	Numbers for women from Glasgow City HSCP are slightly down since 2016, ie 2016-4979, 2017-4778. (NW unknown at this time). Waiting times not being met.	Waiting times for vLARC appointment – 10 working days
	<ul style="list-style-type: none"> <li>• Increase the uptake of vLARC in women who have undergone a termination of pregnancy procedure</li> </ul>	Proportion has been increasing and most recent data is at 38%. A fast-track post TOPAR (termination of pregnancy and referral) IUD (intrauterine device) clinic has been established in 2018 to reach women who have a medical abortion and want an IUD. Uptake is expected to be low to begin with but this should increase over time.	Proportion of women receiving post-abortion LARC (immediate prescriptions and bridging contraception) within 6 weeks – 40%
	<ul style="list-style-type: none"> <li>• Work with partners in the acute sector to increase access to the Termination of Pregnancy assessment services for all women from outside Glasgow City</li> </ul>	Negotiations with partners continue; number of women attending from out with Glasgow city shows slow increase.	Proportion of women receiving post-abortion LARC (immediate prescriptions and bridging contraception) within 6 weeks – 40%
	<ul style="list-style-type: none"> <li>• Improve access to Free Condoms</li> <li>• The service will undertake a full marketing campaign in 2018 specifically focussing on the target populations.</li> </ul>	There has been an increase in the number of venues regularly ordering condoms, to enable provision to identified priority groups	Target – 90 venues across GGC regularly ordering condoms. Deliver renewed objectives to ensure a high-quality service, concentrating on priority groups.
Sandyford specialist sexual health services are accessible to all – including people and population groups who	<ul style="list-style-type: none"> <li>• Improve service access: <ul style="list-style-type: none"> <li>- reviewing opening hours and locations (as part of the Service Review)</li> <li>- establish a call-centre model to improve telephone access</li> </ul> </li> </ul>	Service review has developed service model - presented to IJB March 2018.  A new telephone system has	Next phase of the Service Review will include development of access targets, including opening times, and the timescales



are more likely to experience poor sexual health	<ul style="list-style-type: none"> <li>- improve electronic access through the introduction of self-arrival kiosks, self-registration, and online booking of appointments</li> </ul>	<p>been installed to manage calls more efficiently. Additional resource into the switchboards has been identified and needs recruited to. Support has been given from acute services for this.</p> <p>Self-check in has been introduced into Sandyford Counselling and Support Service (SCASS) and will be rolled out across all other service areas throughout 2018.</p>	for implementation.
	<ul style="list-style-type: none"> <li>• Explore outreach provision to the most marginalised people with third sector and other partners</li> </ul>	Ongoing	Part of the next development phase of service review
	<ul style="list-style-type: none"> <li>• Review the Steve Retson Project (SRP) for men who have sex with men (MSM), and all Sandyford services, to ensure the most vulnerable men are offered the right services at the right times</li> </ul>	<p>The SRP Community Hub was not able to be progressed due to the lack of accommodation.</p> <p>Proportion of MSM of male attendances 24% at December 2017 but depends on location; within NW, range from 11% at Drumchapel to 45% at Sandyford Central</p>	The refreshed service model will be agreed with Public Health for funding, and then implemented as part of the wider Service Review.
Improved service access across all Sandyford services for young people aged under 20	<ul style="list-style-type: none"> <li>• Increase the rate of attendance at all Sandyford services of sexually active young people aged under 20</li> </ul>	<p>A future service model for young people has been agreed as part of the Service Review.</p> <p>These figures have continued to fall with some minor exceptions at some locations. This remains a priority area for service review</p>	The new young people's service model will be implemented at part of the wider Service Review.

	<ul style="list-style-type: none"> <li>Plan and Implement pilot to extend young people's clinic opening hours into late afternoon and early evening</li> </ul>	A pilot extended hours service was run at Parkhead Hub and increased the number of young people attending.	The new young people's service model will be implemented at part of the wider Service Review.
	<ul style="list-style-type: none"> <li>Assess training needs for staff working with young people and address where necessary</li> </ul>	Training plans for staff working with young people has been agreed with three local authorities.	Further work will be undertaken with the remaining three local authorities to formalise staff training plans.
	<ul style="list-style-type: none"> <li>Strengthen links with Youth Health Service across North west and Glasgow city by responding to the outcome of the city-wide review as appropriate</li> </ul>	The Review was completed in 2018.	Sandyford is participating in the implementation group established following the review.

### Older People's Services and Physical Disabilities

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Develop Neighbourhood Team approach to promote greater integrated working	<ul style="list-style-type: none"> <li>Support the further development of 3 neighbourhood teams within NW for older people's services, including: <ul style="list-style-type: none"> <li>Strengthening links with GP clusters</li> <li>Clarifying referral pathways and contacts for housing providers</li> <li>Building relationships with local 3<sup>rd</sup> sector providers</li> </ul> </li> <li>Further develop 'Knightswood Connects' project to build community networks and capacity</li> <li>Local implementation of service changes arising from City-wide review of Occupational Therapy services</li> </ul>	<p>Structure for Neighbourhood Teams agreed and service leads for each area identified</p> <p>Established community connector post with Loretto Housing</p>	<p>Full implementation of neighbourhood team model and evaluation of its impact.</p> <p>Produce a report by March 2019 to reflect on the work undertaken in first 9 months</p>

Implementation of HSCP Palliative Care implementation plan	<ul style="list-style-type: none"> <li>Identify priority actions for NW from HSCP implementation plan</li> </ul>	NW had lead role in development of HSCP plan	Local action plan to be developed by July 2018.
Deliver improvements for people with Dementia	<ul style="list-style-type: none"> <li>Develop local action plan in response to recommendations from national strategy</li> <li>Deliver post diagnosis support (PDS) to everyone with a new diagnosis of Dementia.</li> </ul>	<p>Developed young onset dementia service, which is now led by a Clinical Psychologist. Work ongoing includes developing a referral pathway from neurology services.</p> <p>Developed training for housing providers; and the setting up of two dementia cafes.</p>	Develop local action plan by August 2018 to meet recommendations within 3 <sup>rd</sup> national dementia strategy
Extending service access and times of operation	<ul style="list-style-type: none"> <li>Explore opportunities to move to a 7 day a week access to DN single Point of access</li> </ul>	Options paper produced detailing resources required and costs	Identify funding to support move to 7 days service by September 2018
Reviewing delivery of citywide Respiratory Service	<ul style="list-style-type: none"> <li>Review capacity of service to deliver service to original specification</li> <li>Provide consultancy to other HSCPs considering development of Community Respiratory teams</li> </ul>	Development session involving key stakeholders planned for June 2018	Develop options by August 2018 that consolidate weekday service provision and extend the service to cover Saturday and Sunday
Deliver timely Speech & Language Therapy interventions within residential settings (care homes/inpatients)	<ul style="list-style-type: none"> <li>Complete city-wide review of speech and language therapy partnership services</li> <li>Develop protocols to ensure robust management of referrals.</li> </ul>	<p>An additional 1 wte post has been funded permanently for the SLT Care Homes service.</p> <p>A new email protocol for referrals for Care Homes &amp; mental health referrals has been implemented.</p>	Complete initial review of Adult SLT services within Glasgow City by July 2018. Develop action plan from its findings and recommendations.
Supporting people to live for longer at home, independently	<ul style="list-style-type: none"> <li>Ongoing evaluation of the impact of intermediate care beds</li> <li>Ensure best practice is adopted locally from outcome of intermediate care audits</li> </ul>	2 x 15 intermediate care bed commissioned.	Target of 30% of intermediate care users transferred home. Target of <30 days average length of stay.

	<ul style="list-style-type: none"> <li>Review clinical support to residential care provision</li> <li>Improve integrated working across primary, community and Acute services to promote principle of seamless care for the individual</li> </ul>	<p>Preliminary discussions with one GP cluster in North West to undertake a review of clinical support needs with local care home provider</p> <p>Ongoing.</p>	<p>Develop action plan from findings of review and wider implications for support to other care homes</p> <p>Evidence as part of effective intermediate care arrangements and through GP cluster improvement planning.</p>
Focus on and develop service capacity particularly in relation to prevention and early support	<ul style="list-style-type: none"> <li>Develop anticipatory care and enabling approaches across services and reduce unscheduled admissions to hospital.</li> <li>Support early discharge from hospital, contributing to the ongoing development of Intermediate Care approaches and an accommodation based strategy, along with input from community rehabilitation services.</li> </ul>	<p>Guidance on anticipatory care plans (ACPs) produced for practitioners. ACPs launched within mainstream Older People's services. Contributed to city-wide 'home is best approach' to develop multi-disciplinary team approach across hospital and community service</p> <p>NW had 5 delayed discharge breaches of target at Dec 2017 (for patients over 65 years, excluding mental health and learning disability patients)</p>	<p>Review processes to identify and increase the number of people that have been introduced and offered an anticipatory care plan (ACP).</p> <p>Increase the number of Key Information Summaries to GPs</p> <p>All hospital discharges &lt; 72 hours from treatment completion date ('included codes')</p>
Improve access to services and outcomes for people with a physical disability	<ul style="list-style-type: none"> <li>Collaboration with housing providers to improve accommodation, including the processes for adaptations</li> </ul>	<p>Work completed / in progress</p> <p>Eroboll Lambhill– Lorretto Housing: completed</p> <p>Linkin Avenue Knightswood –</p>	<p>Progress current developments and identify new priorities</p>

		<p>GHA: completed</p> <p>Maryhill Garbraid, Cube Housing- current build</p> <p>Drumchapel GHA &amp; Kernake – Current build</p> <p>Patrick Housing Association – due to start</p> <p>Anderson Sanctuary – current build</p> <p>Cube new build in Milton Liddesdale - just completed</p> <p>Yoker Housing – plan for new build - not on site yet</p>	
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### Health Improvement

Priorities	Key Actions	Progress in 17/18	Target for 17/18
Tackling poverty and health inequalities	Delivery of financial inclusion and employability services including income maximisation, debt management and building financial capability. Work to increase referrals across service areas.	<p>£1.3m of extra benefits generated and £222k of debt managed to date. The Scottish Legal Aid Board (SLAB) service (Possilpark) has had national recognition of good practice, funding extended for a further year and invited to bid for additional funds.</p> <p>The Bridging service continues to deliver</p>	<p>Implement a neighbourhood approach to employability and financial inclusion.</p> <p>Embed money advice service model within Possilpark. Work in partnership to increase knowledge of the impacts of welfare reform and support available to individuals</p>

	<p>Lead the delivery of programmes to address Gender Based Violence (GBV) in NW, including training, capacity building and inter-agency responses.</p>	<p>good outcomes in the NW.</p> <p>Model slightly changed in that we now have a NW Violence Against Women (VaW) Working Group in place covering all the NW via 3 delivery hubs</p> <p>Youth Guidelines have been launched</p> <p>120 people attended</p> <p>65 people attended for VAW basic awareness workshops training in North West.</p> <p>Also delivered two sessions Citywide as part of the Glasgow VAW Partnership</p> <p>6 ½ day training sessions (April 2017 – March 2018)</p> <p>FGM x 2, Childhood sexual abuse, domestic abuse &amp; coercive control, commercial sexual exploitation.</p> <p>Violence Against Women ½ day workshop x 2.</p> <ul style="list-style-type: none"> <li>- 16 Days of Action (November 2017)</li> <li>- International Women’s Day (March 2017)</li> </ul> <p>North West Women’s Festival (25<sup>th</sup> November) Monthly neighbourhood event leading up to the festival.</p>	<p>NW VAW working group will develop an action plan:</p> <p>Support local delivery groups x 4 to feed into the Working Group. Explore potential to extend to 5.</p> <p>Develop a White ribbon neighbourhood</p> <p>Develop NW VAW networking lunches for 3<sup>rd</sup> sector agencies</p> <p>Deliver Violence Against Women Basic Awareness ½ day workshop x 2 as part of city Glasgow VAW partnership and x4 for HSCP and 3<sup>rd</sup> sector organisations in NW</p> <p>Support programme of activities around:</p> <ul style="list-style-type: none"> <li>- 16 Days of Action (November 2018)</li> <li>- International Women’s Day (March 2019)</li> </ul> <p>Facilitating and coordinating the Integrated Grant Funding for VAW work at neighbourhood level</p>
<p>Creating a culture for health – reducing</p>	<p>Continue roll-out of targeted area based</p>	<p>NW tobacco team continues to deliver the highest number of community 12 week</p>	<p>&lt;15% women smoking during pregnancy (&lt;20% in most deprived quintile)</p>

<p>alcohol , drugs and tobacco use and obesity</p>	<p>approach to smoking cessation services</p> <p>Establish Action Plan for reformed NW Prevention &amp; Education Group.</p> <p>Delivery of community based Prevention and Education contracts</p>	<p>quits across the whole health board area. We project an increase of 22% on the number of 12 week quits in comparison to 2016/17</p>	<p>- From 40% most deprived (TBC) quits at 12 weeks)</p> <p>Roll out the good practice identified in Maryhill</p> <p>Undertake and disseminate a research programme around the tobacco asset based approach in NW</p>
<p>Taking a place-based approach to community health and wellbeing</p>	<p>Use a variety of asset based methods and tools to work with local communities to identify their priorities</p>	<p>The Drumchapel ‘Breakfast and a Blether Group’ has met 5 times. Interim Drum chapel Thriving Places local Steering Group is in place which will expand this year.</p> <p>In Milton, the Thriving Places Anchor organisation is NGHLC and the Community Connecto5 post has been filled.</p> <p>Milton and Ruchill/ Possilpark Thriving places are working together to asset map current food poverty activities and to identify sustainable and inclusive programmes of support for the coming year with local people and local</p>	<p>Drumchapel – Communities plan will inform the (CPP) Locality Plan. Breakfast &amp; Blether group continue to meet 4 x p.a. Support Aspiring Communities Fund Steering Group. Develop a Thriving Places Steering Group.</p> <p><u>Milton &amp; Lambhill</u> - Produce an action plan for year 2. Deliver plan across 3 neighbourhoods. Continue to support Connecting Milton group and extend reach into Lambhill and Cadder</p> <p><u>Ruchill &amp; Possilpark</u> – work towards implementation of the community planning partnership (CPP) Locality Plan which will be progressed through thematic groups. 4 Thriving Places meetings p.a. Recruitment</p>

	Support community based capacity building through the delivery of community based health contracts	organisations.  Ongoing	of new Community Connector.  Support collaborative action for the benefit of young people and families in the neighbourhood through the YP and Families Sub-group.  <u>Work across Thriving Places</u> Develop a response to food poverty issues in the Canal Area Partnership following the work undertaken during 2017/18.  Undertake small scale community budgeting in the three Thriving Places.  In line with annual targets set out within AXIS contract (a partnership between North Glasgow Healthy Living Community and Annexe Communities – a charity and community enterprise.
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## 6. PROMOTING EQUALITY

North West locality will contribute to delivering the actions and priorities set out within Glasgow City HSCP's Equality Plan 2016-18. Key actions and priorities for North West locality in 2018/19 include:

- Maintaining accessibility audits of new buildings
- Participation in Equality Impact Assessments of cost savings, service redesigns, service developments and policies
- Hate crime awareness and reporting
- Routine enquiry money worries, gender based violence (GBV), employability and appropriate onward referral
- Extend number of GBV local delivery groups from 3 - 5 to deliver on Equally Safe strategy
- Participation in age discrimination audits as required



- Responding to findings of the Fairer NHS staff survey alongside staff training priorities (Asylum seekers & Refugees, Poverty e-learning module, Key care groups, GBV)
- Meeting the requirements of the HSCP's participation and engagement strategy including equalities monitoring of community engagement
- Analysing performance monitoring and patient experience by protected characteristics as required
- Provision of a programme of equality and diversity training for NW HSCP staff and local organisations in North West

In 2017/18, the North West Equalities Group organised a number of meetings local events and also promoted citywide events across on a variety of topics. Almost all events were well attended and received very positive feedback. Examples of the sessions included:

Human Rights Based Approach within HHSCP – Scottish Human Rights commission	Amaan Training
Black History Month	Violence against Women and Children Training
Equality and Diversity Training	Equalities – Our story so Far
Health Inequalities for Lesbian, Gay, Bi-sexual Young People in NHSGG&C Schools Survey	HIV/AIDS and HEP B Masterclass
Human Rights and Right to Health/Hate Crimes	An introduction to Visual Awareness and Complex Need
BSL and Mental Health	Female Genital Mutilation Awareness Sessions
Freedom from Torture	What is Religion and Belief
LGBT Awareness	Launch of the 2016 BME Health and Wellbeing Study

## **7. RESOURCES**

### **7.1 Accommodation**

#### New Health and Care Centre

Site work has commenced on the development of a new £20m Woodside Health and Care Centre. This follows on from the new Maryhill Health and Care Centre that opened in 2016. The new Woodside Health and Care Centre will accommodate a range of health and social care services as well as specialist children's services, community alcohol and drug services and an older people's day care unit. It is planned for completion at the end of 2018 and will be fully operational by spring 2019.

#### Sandyford Sexual Health Services

Sandyford, located in Sauchiehall Street, Glasgow is the NHS Greater Glasgow & Clyde hub for the provision of a wide range of specialist sexual health care services and advice. However, limitations with the current accommodation are restricting the volume of patients that the service can see, resulting in waiting time pressures. NW Locality is therefore leading a piece of work to explore the feasibility of finding other suitable accommodation for these services or alternatively, whether substantial upgrading of the existing facility is possible. Plans will also be developed to transfer Archway services from Sandyford to improved accommodation at William Street Clinic (currently accommodating specialist children's services who will relocate following the opening of the new Woodside Health and Care Centre).

#### Reviewing Accommodation Requirements and Promoting Co-location

As part of the drive to maximise efficiency, effectiveness and integrated working, there will be an ongoing review of the accommodation needs and requirements across North West Locality. This will be undertaken in the context of supporting integrated working and efficient working practices, such as agile working and co-locating health and social care staff where possible. This will include a review of social work accommodation needs at Church Street and Gullane Street.

### **7.2 Human Resources**

North West Locality directly manages a staffing compliment of approximately 1800 people across a range of services and disciplines. This includes Sandyford Sexual Health Services, which North West Locality has a 'hosted' management responsibility on behalf of HSCPs across Greater Glasgow and Clyde.

### 7.3 Finance

North West Locality has a total net recurring budget for service provision of approximately £230m and directly manages a staffing complement of approximately 1800 people. The budget for North West Locality in 2018/19 is set out below.

<b>North West Locality Budget</b>	<b>2018/19 £'000</b>
Children and Families	12,426
Prisons Healthcare & Criminal Justice	2,458
Older People	30,144
Addictions	3,614
Carers	589
Elderly Mental Health	5,502
Learning Disability	15,823
Physical Disability	5,616
Mental Health	18,607
Homelessness	995
Prescribing	39,650
Family Health Services	59,056
Hosted Services	30,233
Other Services	5,167
<b>Total</b>	<b>229,880</b>