

**GLASGOW CITY HEALTH & SOCIAL CARE PARTNERSHIP
Shadow Integration Board**

**2.00pm on Tuesday, 11th August 2015 in the
Sir Peter Heatly Boardroom, Commonwealth House,
32 Albion Street, Glasgow G1 1LH**

AGENDA

1. Apologies for Absence	Enclosure
2. Minutes To approve as an accurate record the Minutes of the meeting of the Shadow Board held on 22 nd June 2015.	Minutes
3. Matters Arising (not otherwise on the Agenda)	
4. Improving the Cancer Journey Presentation by Sandra McDermott, Head of Financial Inclusion and Improving the Cancer Journey Macmillan Programme Manager and Janice Prentice, Head of Financial Inclusion and General Manager for Macmillan Cancer Support.	Presentation
5. Integration Scheme David Williams, Chief Officer Designate	Oral
6. Strategic Plan - Update David Williams, Chief Officer Designate	Paper
7. Workforce Development & Support Plan Sybil Canavan, Head of Human Resources (Health) and Christina Heuston, Head of Corporate Services (Council).	Paper
8. Next Meeting The next meeting is scheduled for 2.00 pm on Tuesday, 6 th October 2015 at Commonwealth House, 32 Albion Street, Glasgow	

GLASGOW CITY SHADOW HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

Minutes of meeting held in the Scottish Youth Theatre, Glasgow
at 10.30am on Monday, 22nd June 2015

PRESENT:	John Brown	NHSGG&C Board Member
	Cllr Malcolm Cunning	Councillor, Glasgow City Council
	Cllr Emma Gillan	Councillor, Glasgow City Council
	Cllr Archie Graham	Councillor Glasgow City Council (Joint Chair)
	Trisha McAuley	NHSGG&C Board Member
	Bailie Mohammed Razaq	Councillor, Glasgow City Council
	Robin Reid	NHSGG&C Board Member
	Andrew O Robertson	Chairman of NHSGGC (Chair) (Joint Chair)
	Cllr Russell Robertson	Councillor, Glasgow City Council
	Rev. Norman Shanks	NHSGG&C Board Member
	Donald Sime	NHSGG&C Board Member
	Mari Brannigan	Nurse Director
	Ian Leech	Glasgow City Staff Side
	Richard Groden	Clinical Director
	Alex MacKenzie	Chief Officer Operations
	John McVicar	Carers Representative
	Susanne Millar	Chief Officer Planning, Strategy & Commissioning/CSWO
	Peter Millar	Private Sector Housing Provider Representative
	Anne Scott	Social Care Users Representative
	Ann Souter	PPF Representative
	Sharon Wearing	Chief Officer Finance and Resources
	David Williams	Chief Officer Designate
IN ATTENDANCE:	Sybil Canavan	Head of HR (NHS)
	Kay Carmichael	Administration Manager
	John Dearden	Head of Business Administration
	Stuart Donald	Principal Officer, Service Modernisation
	Stephen Fitzpatrick	Head of Older People's Services
	Isla Hyslop	Head of Organisational Development
APOLOGIES:	Cllr James Adams	Glasgow City Council
	Dorothy McErlean	NHSGG&C Staff Partnership Forum
	Dr Michael Smith	Lead Associate Medical Director, Mental Health & Addictions

1. MINUTES

The minutes of the meeting held on 27th May 2015 were approved as a correct record, subject to on Minute 5 Point (b) the words "Chief Executive" being amended to read "Chief Officer Designate".

2. MATTERS ARISING

In respect of Minute 1 – GP Out of Hours Services Review – Richard Groden commented on further engagement via a stakeholder group that had taken place.

3. INTEGRATION SCHEME – UPDATE

David Williams spoke to the report on the Integration Scheme. He advised that the final draft Scheme was not yet available as some minor drafting still required to be finalised. He confirmed that once a final draft was available it was intended to submit the Scheme to the Council's Executive Committee for approval. The Health Board would also complete its process of giving final approval.

The final refinements were not expected to delay submission of the Scheme to the Scottish Government, nor delay Cabinet Secretary approval. It was anticipated that the Scheme would be laid before Parliament following the Summer Recess.

The Joint Chair commented that he and Cllr Graham were both disappointed over the delay and asked that the final Scheme be circulated to Members as soon as it became available. Members also commented that they could not see the need for further reflection on the wording of the Scheme as all other Schemes in Greater Glasgow had been approved.

David Williams

David Williams described the area that required further attention and observed that whilst other Schemes in Greater Glasgow had been approved there were Schemes across the country still under consideration.

The Board agreed

1. To note the submitted report.
2. To encourage, as a matter of urgency, the parent bodies and their senior officers to secure agreement on the remaining detail of the Scheme.

Glasgow City
Council
NHS GG&C

4. STRATEGIC PLAN – UPDATE ON TIMETABLE FOR DEVELOPMENT AND CONSULTATION

Stuart Donald, Principal Officer, Social Work, provided an update on the development of the Strategic Plan. He reminded Members of the requirements around the development of a Strategic Plan and the engagement and consultation process that had to be followed. The preparation of the Plan for the Partnership is being co-ordinated through a Strategic Planning Forum and six Strategic Planning Groups.

Stuart advised that an event to review the draft plan scheduled in June had had to be cancelled at short notice and was now rescheduled for 29th July. All members of the Board were invited to attend. It was intended that the draft Plan would be submitted to the first meeting of the Glasgow City Integration Board once established and, subject to approval, would then be issued for consultation.

The Joint Chair commented that the event on 29th July was critical in the development of the Plan and he expressed the hope that it was being sufficiently publicised. It was noted that the main purpose was to bring the Planning Groups together with Shadow Board members to review how work was progressing.

In response to an enquiry about vacancies on the Strategic Planning Groups, it was confirmed that all nominations for membership had been forwarded to the relevant groups for them to confirm appointments.

The Board noted the report.

5. INTEGRATED CARE PATHWAY FOR OLDER PEOPLE

Stephen Fitzpatrick, Head of Older People's Services, spoke to a paper on the Integrated Care Pathway for Older People. He provided a commentary on the progress in developing the Pathway covering:-

- Provision of Intermediate Care Beds
- A move to 72 hour discharge
- Addressing the impact of delayed discharge
- Developing a Model for Adults with Incapacity and mental health patients
- Communication and organisational development plans in support.

Stephen commented specifically on the work in relation to discharge from acute hospital services and the performance improvements that had been achieved.

Members found the report extremely encouraging, but there was some concern about the future negative impact of savings that had to be made. David Williams responded that the intention is to establish a system that is robust and able to deal with spikes in demand. In the future the normal route out of hospital for patients is for them to go home or transfer to intermediate care thus freeing up hospital beds. Another area that required to be addressed is exploring how much more the voluntary sector, including housing, can contribute to the process.

The approach taken needs to be challenging and will shift the emphasis from seeing the family as the client to recognising that the focus had to be on the individual whilst working with families. This may involve everyone, including staff, becoming less risk averse to achieve better outcomes.

Members were in agreement that it was important to minimise disruption to older people and suggested there was greater scope for self-directed support for this client group. Use of Personalisation was noted as on the increase.

The provision of intermediate care was seen as an important element of the approach being taken. It was suggested that further improvements may be achieved if there was greater awareness and guidance made available to Solicitors.

The Board noted the report.

6. RISK MANAGEMENT STRATEGY

Stuart Donald presented the report on Risk Management Strategy. The submitted paper included a draft risk management policy and strategy which had been developed by a Finance Work Stream for submission to the Integration Board for approval when finalised. This supported the approach to risk as set out in the draft Integration Scheme. Also submitted were current versions of the Health & Social Care Partnerships Transition Risk Register and the Risk Registers for Social Work and Health. Work over coming months will establish a single Risk Register for the Partnership.

There was discussion on the need for robust procedures to be in place to support the Risk Management Strategy and the importance of the Board nominating an Executive as Senior Information Risk Officer.

Sharon Wearing

The Board noted the report and the suggestions made.

7. ANDREW O ROBERTSON

Councillor Graham and members congratulated Andrew O Robertson on his recent award of an Honorary Doctorate of Science by the University of Glasgow.

8. NEXT MEETING

Noted that the next meeting was scheduled for 2.00 pm on Tuesday 11th August 2015. The venue would be notified.

The meeting ended at 11.35 am



Item No 6

11th August 2015

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

UPDATE ON DEVELOPMENT OF STRATEGIC PLAN

Purpose of Report: To update the Shadow Integration Joint Board on progress towards development of the Strategic Plan for the Glasgow Health and Social Care Partnership, and the subsequent Plan consultation.

Recommendations: The Shadow Integration Joint Board is asked to note this report

Implications for IJB	
Financial:	The financial detail, including context and budget, is outlined on pages 13-16 of the Draft Strategic Plan (Appendix 1).
Personnel:	None
Legal:	The IJB is required to have a Strategic Plan in place by 1 April 2016
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	The equalities approach of the Partnership is outlined on pages 18-25 of the Draft Strategic Plan (Appendix 1)
Implications for Glasgow City Council	Upon approval of the Strategic Plan, Council functions as outlined in the Integration Scheme are delegated to the IJB
Implications for NHS Greater Glasgow & Clyde	Upon approval of the Strategic Plan, Health Board functions as outlined in the Integration Scheme are delegated to the IJB

1. Purpose

- 1.1 The purpose of this report is to update the Shadow Integration Joint Board on progress towards development of the Strategic Plan for Glasgow Health and Social Care Partnership.

2. Background

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1 April 2014.
- 2.2 The Act places a duty on Integration Authorities to develop a strategic plan for the integrated functions to be included in the Health and Social Care Partnership (HSCP), and the budgets under control of the IJB. The strategic plan should set out how the Partnership will plan and deliver services over the medium term.
- 2.3 Scottish Government guidance on strategic planning sets out the expectations for strategic plans. HSCPs are required to fully engage with a range of stakeholders (specified in Regulations) in the preparation, publication and review of the strategic plan.
- 2.4 The Shadow Integration Joint Board reviewed a paper on 22nd June 2015 on progress to date on the development of the Strategic Plan, the first draft of which will be presented for review by the Integration Joint Board upon its establishment. This paper updates on the plan for Glasgow City Health and Social Care Partnership.

3. Strategic Planning Groups Event: 29th July 2015

- 3.1 The first Strategic Plan Event was held on 29th July 2015. The event was targeted at members of the Shadow Integration Joint Board, the Executive and Senior Management Team, the six city-wide Strategic Planning Groups and other planning and performance staff, with approximately 130 in attendance.
- 3.2 The purpose of the session was to:
- provide an overview of Glasgow's draft Strategic Plan;
 - seek input from stakeholders on a draft of the plan; and
 - identify ways in which Strategic Planning Groups, the Integration Joint Board and other key stakeholders can work together to deliver the plan at a city wide and local level.
- 3.3 The first draft of the plan was shared with attendees prior to the event with focus of the event on plan content, rather than presentation. Work is underway to pull together the key comments made and reflect these as appropriate within the plan. Attendees have also been surveyed regarding their views on the session.

4. Strategic Plan Consultation

- 4.1 The strategic plan is subject to ongoing revision, with an updated draft attached for review at Appendix 1. You will also note some placeholder text for items which are to follow, these sections will be populated in due course ahead of the final draft plan being available.
- 4.2 It is our intention to publish the draft plan on Monday 14th September 2015, which will allow Corporate Graphics the time to apply the design and visuals. The plan will be circulated across the city for 6 weeks prior to being finalised for approval by the Integration Joint Board. This will allow visibility of the draft plan at an early stage, allowing individuals, groups and organisations the opportunity to review and discuss the strategic direction of the Glasgow City Health and Social Partnership, prior to formal consultation on the plan following Integration Joint Board approval. Formal consultation will commence on 1st November, ending 31st December 2015.
- 4.3 During the formal consultation period the consultation documentation will follow the legislative style and format utilised by the Scottish Government. The style of questions will focus on the strategic direction of travel to transform the delivery of health and social care services in Glasgow. A draft communication plan is attached, that includes the formal consultation template that will be used. The approach as outlined meets the formal process for consultation as is laid out, to some extent, within the legislation.

5. Recommendations

- 5.1 The Shadow Integration Joint Board is asked to note this report.

APPENDIX 1

Strategic Plan - Glasgow City Health and Social Care Partnership

WORKING DRAFT – July 2015

Introduction

Message from Chair and Vice-Chair to follow

Executive Summary

Text to follow

About the Partnership

The Glasgow City Health and Social Care Partnership Vision

The Partnership believes 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.

We will do this by:

- Focussing on being responsive to Glasgow's population and where health is poorest
- Supporting vulnerable people and promoting social well being
- Working with others to improve health
- Designing and delivering services around the needs of individuals carers and communities
- Showing transparency, equity and fairness in the allocation of resources
- Developing a competent, confident and valued workforce
- Striving for innovation
- Developing a strong identity
- Focussing on continuous improvement

The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1st April 2014.

The Act requires Health Boards and Local Authorities to integrate planning for and delivery of certain adult health and social care services as a minimum, with additional services included at local discretion. The method of integration adopted within Glasgow is the establishment of an Integration Joint Board which is responsible for the planning of a range of social care and health services within Glasgow.

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of the functions conferred on it by the Act through the locally agreed operational arrangements set out within the integration scheme. The Integration Joint Board will through its members be responsible for monitoring and reporting to the parties and the Scottish Government on the delivery of those services delegated to it by the Council and the Health Board, and will issue directions to the parties in response to the information it receives to ensure performance is maintained and improved.

Those services delegated by Glasgow City Council and NHS Greater Glasgow and Clyde to the Integration Joint Board are:

- Accident and Emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine:
 - general medicine;
 - geriatric medicine;
 - rehabilitation medicine;
 - respiratory medicine.
- Palliative care services.
- District nursing services
- Services provided by allied health professionals such as dieticians and occupational therapists
- Dental services
- Primary medical services
- Ophthalmic services
- Pharmaceutical services
- Services providing out of hours primary medical services
- Sexual Health Services
- Services to promote public health and improvement
- School Nursing and Health Visiting Services
- Social work services for adults including:
 - Mental health;
 - Disabilities
 - Older People
- Carers support services
- Social Care Services provided to Children and Families including:
 - Fostering and Adoption Services
 - Child Protection
- Homelessness Services
- Criminal Justice Services

The Integration Joint Board is responsible for the strategic allocation of a significant budget, approximately £1.2 billion in 2015/16, and has a staffing resource of around 10,000 people.

The aspirations and ambitions of the Integration Joint Board

The Glasgow City Integration Joint Board is committed to ensuring that the people of Glasgow will get the health and social care services they need at the right time, right place and from the right person.

We want to improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient services in local communities where possible and with a focus on anticipatory care, prevention and early intervention.

We want to achieve the best possible outcomes for our population, service users and carers. We believe that services should be person centred and enabling, should be evidence based and acknowledge risk. We want our population to feel empowered to not only access health and social care services but to participate fully as a key partner in the planning, review and re-design of our services.

Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems we will be better able to deliver the improvements we strive for; faster access, effective treatment and care, respect for people's preferences, support for self-care and the involvement of family and carers.

The Integration Joint Board is committed to ensuring that real service transformation takes place. We will operate in a transparent manner in line with the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty.

The Integration Joint Board will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach we will ensure that we are well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.

Integration must be about much more than the structures that support it. The behaviours of Board members and officers of the Council and Health Board must reflect these values. It is only by improving the way we work together that we can in turn improve our services and the outcomes for individuals who use them.

Partnership key priorities

The overarching priority for the Glasgow City Health and Social Care Partnership is delivering transformational change in the way health and care services are planned, delivered and accessed in the city. We believe that more of the same is not the answer to the challenges facing Glasgow, and will strive to deliver on our vision as outlined below:

Early intervention, prevention and harm reduction

We are committed to working with a broad spectrum of city partners to improve the overall health and well-being of the population of Glasgow. We will continue our efforts to promote positive health and well-being, early intervention, prevention and harm reduction, ensuring that people get the right level of advice and support to maintain independence and minimise the occasions when people engage with services at a point of crisis in their life.

Providing greater self-determination and choice

We are committed to ensuring that service users and their carers are given the opportunity to make their own choices about how they will live their lives and what outcomes they wish to achieve.

Shifting the balance of care

Services have transformed over recent years to shift the balance of care away from institutional, hospital-led services towards services better able to support people in the community and promote recovery and greater independence wherever possible. Glasgow has made significant progress in this area in recent years, and we aim to continue to build on our successes in future years.

Enabling independent living for longer

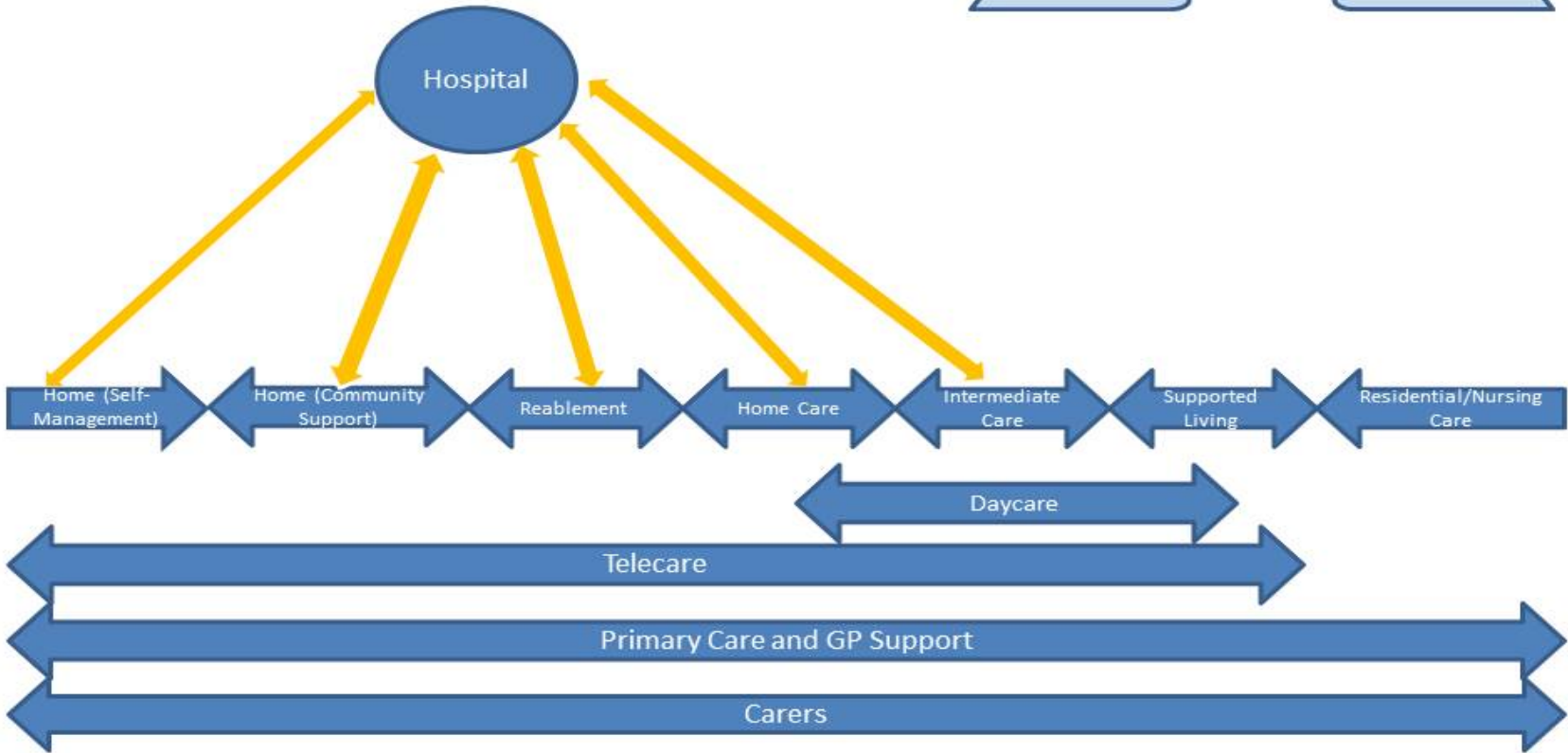
Priority work will take place across our all Care Groups to assist people to continue to live healthy, meaningful lives as active members of their community for as long as possible.

Transformation of health and social care service will not mean the creation of further tiers of bureaucracy or structures.

As an example of the change in our balance of care approach going forward, the diagram below illustrates the desired pathways for older service users, with more people able to live longer, healthier lives at home or in their own communities

**SERVICE USER/PATIENT
PATHWAY**

Reducing numbers of service users in residential/nursing care and supporting people to stay at home or in their communities for longer.



About Glasgow

Glasgow is a vibrant, cosmopolitan, award-winning city known throughout the world as a tourist destination and renowned location for international events. The city has been transformed in recent years. It is now one of Europe's top financial centres and has a remarkable business-tourism sector, while the physical enhancement of our city has been dramatic.

Glasgow is a city of contrasts. It is an ambitious city which attracts world class events, investment and business. The city successfully delivered the 2014 Commonwealth Games, which provided much needed regeneration and a legacy of social, sporting, economic and environmental benefits for the city.

However, its challenges in addressing deprivation, ill health and inequality are well documented. We have made progress in addressing these issues but there is more to be done to ensure that there are opportunities for all in the city. We remain focussed on that ambition for the city.

Population

Glasgow has a population of 593,245, based on the 2011 census, accounting for 11.2 per cent of the Scottish population. Although the population declined sharply through the latter part of the 20th Century, it has been increasing again since 2004. This trend is expected to continue over the next few years.

Estimates of Glasgow's population increase between 2012 and 2017 are:

- An overall population increase of 2.5%
- The number of children increasing by 2.4%
- The adult (aged 18-64) population increasing by 2.6%
- The population of older people aged 65+ rising by 1.8%

It is estimated that 11.6% of Glasgow's population is of a BME background or non-British White background.

Deprivation

Glasgow City contains three in 10 of the 15% most deprived data zones in Scotland. This is the highest proportion for a local authority. 116 of these data zones are in the North East of the city, while the North West and South have 83 and 89 of the most deprived data zones respectively.

Around two fifths of Glasgow's entire population live in one of these 288 data zones, with around 54% of these people living in the North East of the City.

According to the Scottish Index of Multiple Deprivation, Glasgow City contains:

- 13 of the 20 most deprived neighbourhoods in Scotland;
- 31% of all income deprived neighbourhoods;
- 30% of all employment deprived areas;
- 33% of all health deprived neighbourhoods; and,
- 28% of all education deprived neighbourhoods.

Health and Social Care Needs Profile

Although increasing, life expectancy at birth in Glasgow is currently 72.6 years for males and 78.5 years for females (compared to the Scottish averages of 76.6 and 80.8).

Around 8.7% of the Glasgow population live in 'bad' or 'very bad' health. With 31% of Glasgow's population, around 184,000 people, suffering with one or more long term health conditions.

According to national estimates, around one in 25 people will be experiencing dementia by their seventies, up to almost one in five by their eighties. Therefore up to 4,500 people aged over 80 in Glasgow may be experiencing dementia.

Just under a quarter (22.7%) of people in Glasgow believe that their day-to-day activities are limited to some extent by a long term health problem or disability.

Almost 2.7% of the population have some form of learning disability or learning difficulty.

7.8% of the population have a physical disability.

Almost 6.9% of the population were recorded as having a hearing impairment and almost 2.5% of the population were recorded as having visual impairment.

It is estimated that up to 7,000 people in Glasgow have a form of autism.

9.3 per cent of people in the City were carrying out unpaid caring duties.

The three-area model of service delivery

Glasgow is divided into three localities to support service delivery. Those localities - North West, North East and South are shown on the map below, along with some key demographic information for each locality.

<map goes here – to follow>

Population of Glasgow by age and locality

	0-17 years	18-64 years	65+ years	Total
North East	32,595	110,141	24,782	167,518
North West	32,501	147,528	26,454	206,483
South	43,163	145,152	30,929	219,244
Total	108,259	402,821	82,165	593,245

Individual's rating of their own health by locality

	Very good	Good	Fair	Bad	Very bad
North East	45.2%	28.4%	15.6%	7.9%	2.8%
North West	52.1%	27.7%	12.5%	5.7%	2.0%
South	49.7%	28.5%	13.7%	6.0%	2.1%
City Average	49.0%	28.2%	13.9%	6.5%	2.3%

Percentage of individuals in each locality who believe their day to day activities are limited by a long-term health problem

	Limited a Lot	Limited a Little	Not Limited
North East	15.4%	10.7%	73.9%
North West	11.4%	9.2%	79.4%
South	12.2%	10.1%	77.8%
City Average	13.0%	10.0%	77.0%

Health and Wellbeing

Glasgow City Health and Social Care Partnership includes 150 GP practices (437 GPs) and who serve a registered patient population of 706,422, over 100,000 of whom live outside the city boundary. Sixty GP practices provide primary care services from health centres managed by the Partnership and ninety practices deliver services to patients from their own surgery premises. The Partnership is also responsible for 145 dental practices and five orthodontic practices, 163 community pharmacies and 113 optometry practices. In total in 2014/15 the NHS spent over £299m on primary care services of which £89.3m was on general medical services, £124m on prescribing, £48.3m on general dental services, £23.1m on general pharmaceutical services and £14.4m on general ophthalmic services.

The Health and Social Care Partnership acknowledges primary care's place at the heart of the NHS as it is in primary care settings where most clinical contact take place. The Partnership will support primary care in improving services to patients, including:

- taking forward new health centres and improvements to GP surgery premises and supporting practices to improve GP access and meet screening targets;
- improving patient pathways with secondary care to build on developments such as electronic referrals and further developing the fast track palliative care pathway;
- supporting initiatives to improve the connection between GP practices and the wider community, including Community Oriented Primary Care, the Govan Integrated Care Project, the House of Care initiative and connections to the new LINKS project;
- supporting the development of the community pharmacy minor ailments service;
- promoting the direct referrals from optometrists to secondary care and supporting the introduction of optometry independent prescribers;
- building on the established locality groups / primary care forums to better support primary care clinicians and continue to provide dedicated support to primary care contractors through our locality based Primary Care Development Officers.

Property Strategy

The Health and Social Partnership owns or leases a significant amount of property across the city. Significant actions have already been taken in relation to property, including the development of a number of new residential and day care units and establishment of the new Partnership headquarters in Commonwealth House, Merchant City, allowing the North West locality headquarters to relocate to the William Street building at Charing Cross and staff from Granite House, in the city centre to relocate to the City Chambers. To ensure the most effective use is made of our property portfolio going forward, a Property Strategy will be developed as an early action of the Partnership. This strategy will ensure that

our use of property supports the aims of the Partnership and the Integration Joint Board of delivering high-quality, effective services to people in their own communities.

Consultation and Engagement

This Strategic Plan has been developed with reference to the Strategic Planning Groups and the arrangements in place within Glasgow to allow localities to inform the development of integrated health and social care services within their respective areas.

A draft Strategic Plan was presented to the Integration Joint Board on *<date>* and approved by the Board to go out for consultation in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014

Processes for scrutiny and review of the Strategic Plan

Delivery of this Strategic Plan will be monitored by the Integration Joint Board in line with agreed Performance Management arrangements. Strategic Planning Groups will also review delivery of the Plan at a care group level.

The Plan will be reviewed no less frequently than every three years, as required by the Public Bodies (Joint Working) (Scotland) Act 2014 but may be reviewed at any point if requested by either or both of the Council and Health Board.

Finance

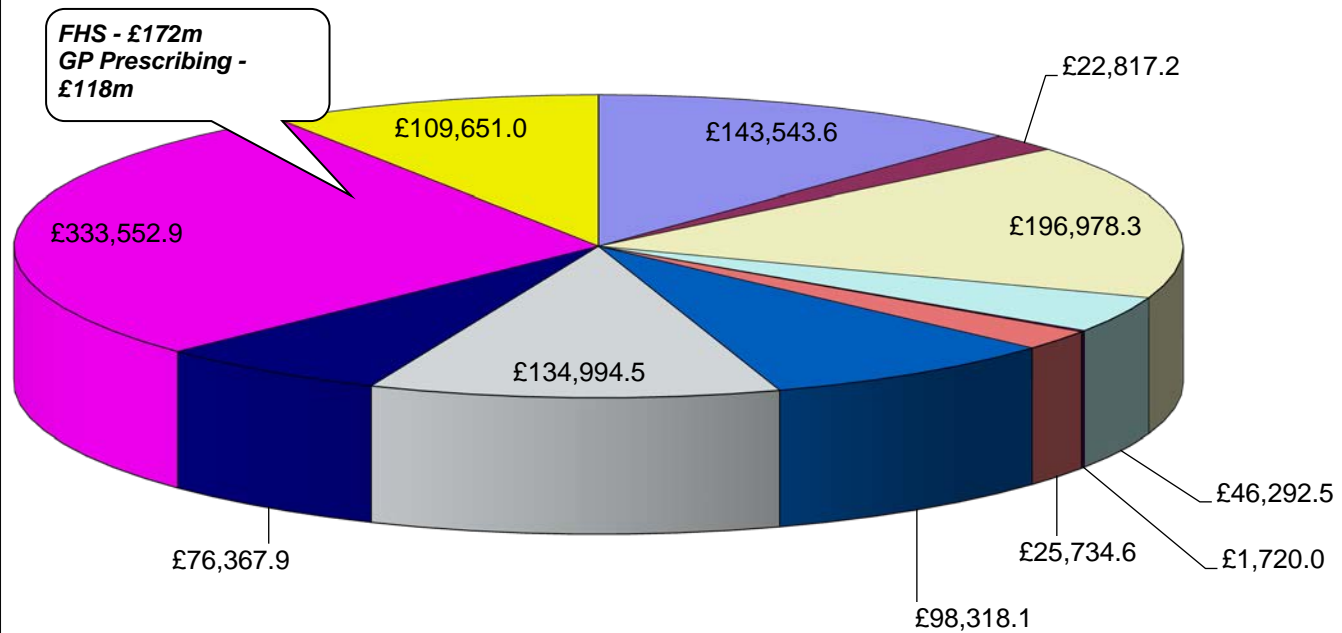
The total financial resources available to the partnership (excluding acute hospital activity) is £1.19billion. At a high level, this is allocated in the following ways:

Care Group	£'000
<i>Children and Families</i>	143,543.6
<i>Prisons Healthcare and Criminal Justice</i>	22,817.2
<i>Older People</i>	196,978.3
<i>Addictions</i>	46,292.5
<i>Carers</i>	1,720.0
<i>Elderly Mental Health</i>	25,734.6
<i>Learning Disability/Physical Disability</i>	98,318.1
<i>Mental Health</i>	134,994.5
<i>Homelessness</i>	76,367.9
<i>Other Clinical/Hosted Services</i>	333,552.9
<i>Support Services (inc. Resource Transfer)</i>	109,651.0

Total	1,189,970.7
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Health and Social Care Partnership Budget for 2015/16 is £1.19bn (excluding Hospital Acute Activity) £'000

- Children and Families
- Prisons Healthcare and Criminal Justice
- Older People
- Addictions
- Carers
- Elderly Mental Health
- Learning Disability/Physical Disability
- Mental Health
- Homelessness
- Other Clinical/Hosted Services
- Support Services



Financial context

Glasgow, in common with all public services in Scotland, has faced significant financial changes in recent years, with further pressures anticipated in future years. It has been agreed that the council will have to save an estimated 7% of its budget which is equal to a total of around £103 million over the two financial years 2016 to 2017 and 2017 to 2018. It is anticipated that the financial context for Health will be similar to that of the council, with the savings likely to be on the same scale. Work is currently being undertaken to determine the impact of the living wage and welfare reform impact announced in the July 2015 Westminster budget.

Additional pressures include:

- Reduced levels of funding from central government
- Increasing costs of medications and purchased care services
- An ageing population with a corresponding increase in multi-morbidities and individuals with complex needs
- Increasing rates of dementia
- Increases in hospital admissions, bed days and delayed discharges

Some of the measures we will take to address the financial changes facing the partnership are:

- Through our Service Reform programme, develop more efficient methods of service delivery which focus on outcomes and the needs of patients and service users
- Develop innovative new models of service which support people to live longer in their own homes and communities, with less reliance on hospital and residential care
- Continue the successful programme of work already underway to reduce and ultimately eliminate delayed discharges
- Develop a service model which is focussed on prevention and early intervention, promoting community based supports over institutional settings.

Staffing

The Health and Social Care Partnership directly employs approximately 9,000 staff across a variety of disciplines to deliver health and social care services across Glasgow. In addition, it is estimated that some 20,000 others across Glasgow are employed by other agencies engaged

in the delivery of health and social care in the city. Also considering the some 50,000 people estimated to be carrying out unpaid caring duties, it is clear that a significant proportion of the population is engaged in supporting the health and care needs of the people of Glasgow.

To support those individuals involved in the delivery of health and social care services in Glasgow, we will:

- Ensure that staff employed by the Council and Health Board are supported through their relevant development frameworks (PDP, KSF etc) and are able to take up training and development opportunities relevant to their role.
- Support partner organisations to support and develop their own staff
- Where possible, open up training and development opportunities to people not employed by the Council and Health Board but active in the fields of health and social care
- Develop a comprehensive workforce engagement strategy which encompasses those working in the wider health and social care sector, is shaped by the people for whom the strategy is designed, and focusses on the needs of the workforce as a key component of the effective delivery of health and social care services in Glasgow.

Engagement

The Integration Joint Board and the Partnership are committed to engagement with the people who use our services. We recognise that services cannot be shaped around the needs of individuals if individuals do not have the opportunity to contribute their views on the services they receive.

The primary method of engagement with service users, patients, and carers is on an individual and personalised basis through for example co-produced assessment and care planning activity. Referrals are received from all quarters and all sources including self-referrals at the point of identified need.

Glasgow already has an extensive network of engagement forums, including - but by no means limited to - service user and carer representation on the Integration Joint Board and Strategic Planning Groups, and will build on these networks in development of a Participation and Engagement Strategy which will clearly articulate how individuals and groups can interact with the Partnership and the Integration Joint Board, and how these interactions can influence the direction of the Partnership.

We will also continue with our primary method of engagement with service users and carers on an individual and personalised basis through co-produced assessment and care planning activity.

Locality Planning

Within the Glasgow City Health and Social Care Partnership 'locality planning' is a term we are using to describe our 'local area' based planning for place and theme, strongly rooted in partnership with organisations and residents. Our aim in developing Locality Planning within the Partnership is to build on the many examples of successful partnership working that are evident from our long history of collaboration and joint working. Locality Planning will deliver the Health and Social Care Partnership's envisaged transformational change in service delivery as outlined within this plan.

Locality planning arrangements already exist in Glasgow under the Community Planning Partnership. The Health and Social Care Partnership will build upon and take account of these arrangements, further creating effective relationships between itself and the Community Planning Partnership to achieve the national health and wellbeing outcomes.

A locality plan will be developed for each of the three defined localities within Glasgow City. These plans will include:

- A list of all the services under the management of the Partnership of which the locality is a part;
- A note of priorities for each locality under each of the service headings; and
- Planned expenditure under each service heading.

Equalities

We aim to remove discrimination in accessing all our services, ensure that our services are provided in an equalities sensitive way, contribute to reducing the health gap generated by discrimination, and work in partnership to make Glasgow a fairer city.

Glasgow has a very diverse population, with interpreting services providing support for over 80 regularly used languages in the city. One in every six residents (15.4%) identified themselves in the last Census (2011) as non-British White. Our non-British White population has more than doubled in the last decade, with growth across most ethnic groups, but most significantly in Polish and Roma communities. We welcome and support around 3000 people seeking asylum per year.

One in five residents live with a disability (substantially higher than any other city in Scotland), and many more people live with limiting illnesses.

We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in enabling service users/patients to routinely disclose equalities information.

We will work to establish strong working arrangements with equalities networks within and beyond the city. This will include continuing to support the Community Planning equalities work particularly to work with others to support the Single Outcome Agreement thematic and place based priorities.

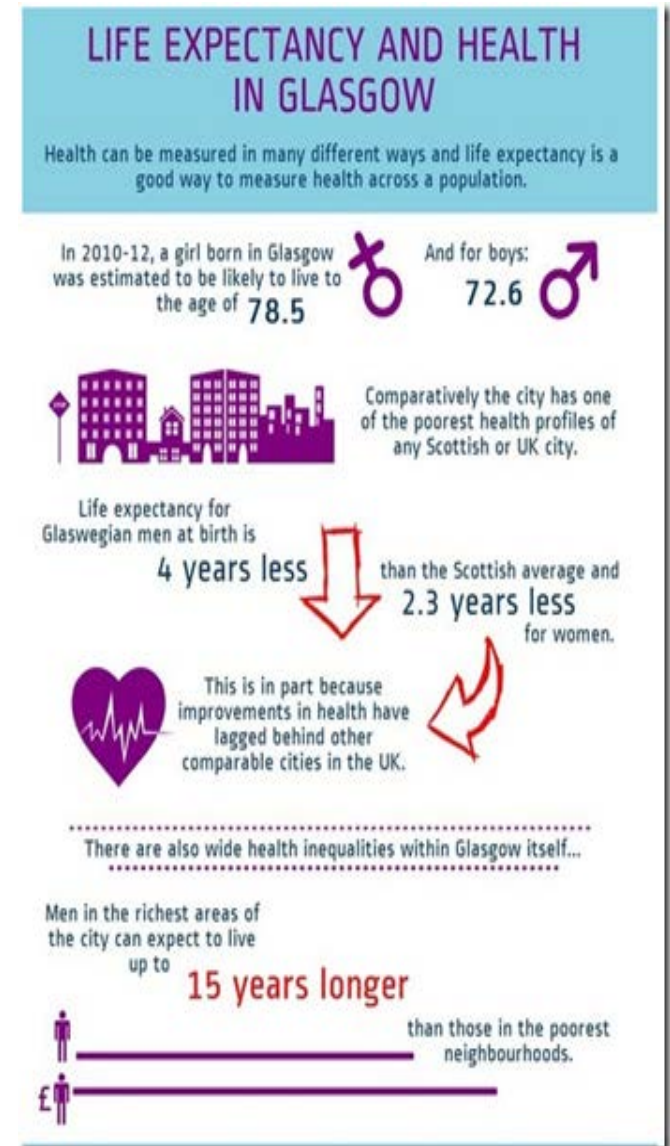
Both the Health Board and Council have published Equalities Scheme progress reports during 2015 which highlight the significant progress that has already been made. We will continue this journey to improve the health and care outcomes for equalities groups and recognise the additional challenges experienced by equalities groups living in poverty.

Health Inequality and Health Improvement

In Scotland today we should expect to live to enjoy our retirement and enjoy good health for most of our lives. Unfortunately people in Glasgow still don't live as long, or experience as good health as others in Scotland. The statistics on Glasgow's health and especially the health gap (health inequalities) are of significant concern to the Health and Social Care Partnership and its partner organisations. Although in some parts of the city we can expect to live longer, and in better health than we did twenty years ago, this very much depends on where you live. In some neighbourhoods, people are living shorter lives than twenty years ago and as a Partnership we are committed to addressing this anomaly.

Research tells us that this health gap is not generally created in Scotland by how we organise services. Rather the gap is most often the result of living in poverty, having less control over the things that affect you, and wider social injustice. The right to health is a fundamental human right and we believe that this should not be determined by where you live in the city.

A health gap is not inevitable. We know that tackling poverty, supporting people to have control over their lives, and focusing on improving the lives of children are critical ways of reducing the gap, and we will focus our activity towards these areas.



The way in which all services are delivered by the Partnership can impact on health inequalities. We will work to influence a wide range of organisations, including our own, to consider carefully not just what actions are taken, but how those are developed and delivered in a way that gives people more control over what is happening to them.



To do this we will work with others towards:

1. Embedding health improvement activity across all of our service delivery.
2. Getting it Right for Every Child (GIRFEC), including work to reduce child poverty
3. Reduce poverty and harm resulting from welfare reform, and work to raise aspirations
4. Addressing the health causes of earlier death for those experiencing health inequalities, focusing on mental health, alcohol and drugs , tobacco and obesity
5. Developing thriving places with local residents, and contributing to area regeneration
6. Supporting people who are vulnerable due to circumstances and/or stigma and discrimination, including programmes of activity through the Single Outcome Agreement
7. Challenging discrimination and promoting a fair Glasgow

Reduce poverty and harm resulting from welfare reform, and work to raise aspirations

Those with health and care needs are more likely to have been brought up in poverty, be living in poverty, and find it harder to escape from poverty. There are a number of partnerships within the city which we will work with to effect change with, and for, residents. This includes

- Glasgow Community Planning Partnership, through the ten year Single Outcome Agreement
- The Poverty Leadership Panel, taking action to mitigate poverty, including child poverty
- Glasgow Advice Partnership, developing and funding financial advice services in the city

- Glasgow Works and Glasgow's Youth Employment Board, progressing employment and good work
- Glasgow's Learning and Volunteering Partnerships, to promote community learning and development and volunteering, often as a route towards work and a sense of worth.

We will develop our contribution to employability in the city both as a public sector employer and in supporting people to access and, in some cases provide, support to get and stay in work. We will continue to invest in employability support for patients and service users and specific initiatives to support people with additional learning, disability and related needs. Our employability efforts have traditionally been delivered in partnership with others, which we will continue to do. We will review our efforts in line with community planning partners recognising funding and outcome changes.

Volunteering is a way many people find to contribute to their community and gain experiences that help them into work. We will work with partners to develop the capacity, skills and confidence residents to volunteer. For some volunteering will be an end in itself, which supports mental health and wellbeing and social connections. Supporting capacity building is a central component of health improvement work we will do.

We provide welfare benefits services, and contribute to financial advice provision in the city for residents. We will work to support all our staff to talk about issues of poverty and work with those using our services to support them to connect with advice and employment services where appropriate.

We will also work in partnership at a locality and neighbourhood level on poverty issues. We will do this through the city's community planning mechanisms and other appropriate structures or forums.

Addressing the health causes of early death for those experiencing inequality, focusing on mental health, alcohol and drugs, tobacco and obesity

Tobacco

Although progress has been made, smoking remains higher in the city (27%) than elsewhere in Scotland and higher still in the most deprived areas (37%) and among specific groups. This gap is increasing, leading to an increase in health inequalities.

The Glasgow Tobacco Strategy sets the joint direction for tobacco work in Glasgow for 2015-17 between the Council and the NHS, and is the city's approach to delivering the vision of a smoke-free Scotland by 2034. The strategy focuses action on prevention, protection and cessation.

<insert link to Strategy>

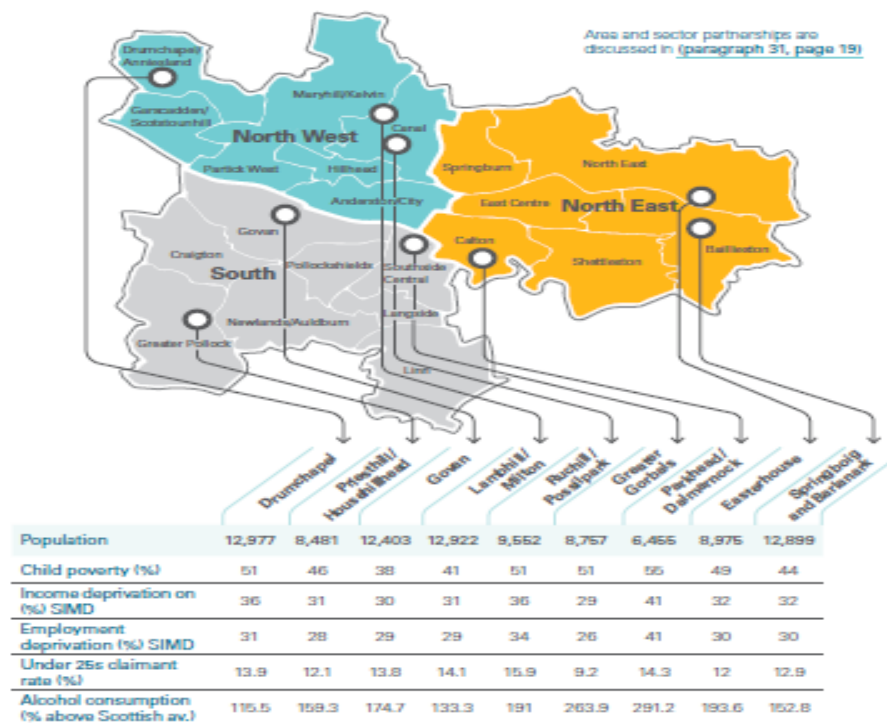
Obesity

There is a long history of delivering community based food, nutrition and physical activity initiatives within the city. Glasgow also has an enviable range of world class sports and leisure facilities and a physical activity strategy. Despite this obesity is on the rise. Half of all residents within the city report that they are overweight (BMI over 25, 48.5%) and nearly 1 in every five adults report being obese (17.9%). Our work with children shows that obesity is starting early in life. We will focus on three areas of prevention, protection and treatment to contribute to tackling obesity.

Developing thriving places with local residents, and contributing to area regeneration

The fact that where you live has such an impact on how well you live has led Glasgow Community Planning Partnership (GCPP) to develop a new place based approach as part of the cities Single Outcome Agreement (SOA).

Exhibit 4
The geography of the Glasgow CPP featuring Glasgow's nine *Thriving Places*
The CPP has prioritised action on some of the most deprived areas in Glasgow.



Note: In determining these neighbourhoods, the city has been split into 56 neighbourhood boundaries for the purposes of analysing data, each typically with around 10,000 residents. This level of disaggregation was chosen in order to reflect more natural local neighbourhoods with their own distinct characteristics, but still be large enough for agencies to plan services on a reasonable and practical scale.
Source: Glasgow Community Planning Partnership

Through Glasgow's SOA we have committed, with others, to working in a targeted way with the 'thriving places' neighbourhoods. We will align health improvement capacity to work within each of the nine thriving places to:

- take a long term (up to 10 year) focus on partnership working;
- work jointly at a very local community level
- focus on community capacity building and working with community anchor organisations
- to focus on co-production between communities and organisations; and
- intensive, asset based activity to build social capital and empower communities.
- build stronger partnership working between health and social care services within these areas

We will also work directly in other neighbourhoods in the city, including our wider legacy work in the East End from the Commonwealth Games, the Equally Well legacy work in Govanhill and areas with structural and housing regeneration plans, in accordance of need. We will ensure that our capital plans are progressed to maximise opportunities for wider local regeneration in the neighbourhoods in which they will be located.

Supporting people who are vulnerable due to circumstances and/or stigma or discrimination, including programmes of activity through the Single Outcome Agreement

We work directly with the most vulnerable residents in the city providing social work and health services. This plan describes our commitments across a number of themes.

Connecting with the Equalities Forum and a range of carer/user structures within the city, we will work to enable the voices of people living in vulnerable circumstances to be heard, and that these voices inform and improve access and service provision. We will continue to use emerging data to highlight areas of greatest need and to ensure we are cited on emerging issues.

Delivery of the Plan within Care Groups

Glasgow's six adult services Strategic Planning Groups have developed local plans for how each respective care group will deliver on the vision of the Partnership and the Integration Joint Board. These plans outline for each group the key challenges, priorities in the short, medium and long term, and how they will deliver the transformational change necessary to achieve the aims of integration. These will be supplemented by an implementation plan to be developed and monitored by each Strategic Planning Group on an ongoing basis.

A summary of the plans for each care group is below:

Older People / Reshaping Care				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - Demographics rising demand as a result of the increasing number of people aged over 85 - Increasing levels of vulnerability and multi morbidity - Increasing numbers of people with dementia - Delivering more prevention and anticipatory care planning - Increasing support for self care and self management 	<ul style="list-style-type: none"> - Deliver the new target for delayed discharges and acute bed days lost, including embedding step up / step down care as a robust alternative to hospital admission and avoiding delays - Implement anticipatory care planning across the city - Completion of Tomorrow's Residential and Day Care programme 	<ul style="list-style-type: none"> - Meeting the needs of those diagnosed with dementia through new care pathways and improved community capacity - Further development of technology enabled care approaches to support people in their own homes - Improved support in primary care for those with multi morbidities. 	<ul style="list-style-type: none"> - Successful implementation of personalisation, and increased self care and self management - Improved community capacity to reduce isolation and support people to live at home as long as possible; - Less dependency on "institutional" forms of care and the majority of older people being cared for in their own homes with appropriate carer and family support. 	<ul style="list-style-type: none"> - Introduction of a single point of access to older people's health and social care services - Significantly less people have unplanned admissions to hospital. - Reablement supports more people to recover independence and capacity - Technology allows us to enhance care to support people live at home or in community settings

Older People / Reshaping Care				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - Reducing demand on acute hospital services, and emergency admissions in particular - Speeding up the discharge process, and delivering the new delayed discharges target 				<ul style="list-style-type: none"> - Service and financial planning will be influenced by the needs of localities - People with complex needs will receive health and social care services tailored to their personal requirements, thereby improving their outcomes - Health and social care intelligence, information and evidence base that informs our planning and financial decision-making

Mental Health				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - A growing and aging population placing an increased demand on services. - A greater number of carers, many of who will have their own support needs. - The health inequalities gap where people from more deprived parts of the City are more likely to experience mental health problems - The multi-morbidity health and care needs that many people with mental health problems experience. - Ensuring service planning and delivery takes the needs of vulnerable and 'at risk' people and groups into account 	<ul style="list-style-type: none"> - Delivering a sustained approach to supporting people in distress in a timely and sensitive manner, including a programme of support on suicide prevention and self-harm - Development of locality suicide prevention forums and embedding actions within community planning work - Building on the national health & well-being indicators, develop person-centred outcome indicators that help to measure the impact services are having on individuals and in turn, inform future service delivery and commissioning 	<ul style="list-style-type: none"> - Agree a means of identifying and responding to the needs of groups who are lonely and socially isolated - Creating a comprehensive, multi-agency response to the Healthy Minds Framework, including actions within each of its six domains, responding to population needs across the life-course and with a stronger focus on prevention, self management and early intervention - Better supporting carers in their caring role and in relation to their own health and well-being 	<ul style="list-style-type: none"> - Develop and maintain programmes that address the wider health inequalities needs of people with mental health and allied problems, including social inclusion, employability and anti-poverty responses - Supporting community asset building to develop local supports that have a positive impact on mental health & wellbeing - Ensuring an appropriate balance of care exists across service provision, with more people able to be supported at home with quick access to specialist services as and when required. 	<ul style="list-style-type: none"> - Empowering individuals and putting the principles of independent living and personalisation of care into practice. - Addressing the issues that service users and carers expressed as part of NHSGGC's clinical service review of mental health services - Age-related barriers to appropriate services are removed - The needs of people with a mental health problems are taken into account at the earliest possible stage in supporting people to sustain their own tenancies - Unnecessary hospital admissions avoided.

Mental Health				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
				- Funding is deployed where it is needed most and in ways where it can be evidenced to deliver quality outcomes for service users and carers

Disabilities				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - Delivering Glasgow's Independent Living Strategy - Ensuring that mainstream and specialist employability services meet the needs of service users ultimately support people to move into employment. - Development of Reablement services to meet increasing demands through effective partnership working. - The provision of accessible housing, both for disabled individuals and their families and the work of the Glasgow Housing Strategy. - Housing needs of people on the autism spectrum and single homeless disabled people with links 	<ul style="list-style-type: none"> - Complete Implementation of personalisation for disabled people - Compete Day Service reform for disabled people Continue to deliver and develop Reablement services for disabled people. - Following Reablement when formal support is ongoing ensure individuals are informed of their right to choose a care provider and how support is delivered via Personalisation/Self Directed Support. - Define and ensure implementation of a referral pathway between Cordia Reablement and Personalisation and associated monitoring and review of this approach. 	<ul style="list-style-type: none"> - Formalise robust transition arrangements for young disabled people in transition - Clear employment opportunities and pathways for disabled people - Implementation of the Independent Living Strategy 	<ul style="list-style-type: none"> - Put in place a flexible system of supports provided in a personalised and holistic way - Build positive relationships between individuals and professionals characterised by, genuine co-production both at an individual and strategic level - Empowered professionals being seen as an expert resource by disabled people rather than simply as gatekeepers of resources - Pathways enabled between services and opportunities e.g. employability, learning, volunteering and other services including disabled people-led organisations (DPO's) 	<ul style="list-style-type: none"> - Implement 'A Right to Speak' strategy to enable full access to Augmentative and Alternative communication (AAC) equipment and support for disabled people who require it - Human Rights based approach using tools such as the PANEL approach: Participation, Accountability, Non Discrimination, Empowerment and access to Legal rights and representation.

Disabilities				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
to issues such as addictions.			<p>such as GDA and GCIL</p> <ul style="list-style-type: none"> - Disabled people having access to the supports they need to have choice and control over their lives, define their own outcomes, and realise their full potential - People able to participate in and lead their own lives and participate in the life of their family, community and wider society - Ability to access straightforward, integrated and seamless support systems that minimise the barriers to independent living that disabled people face - Our progressive vision informing Glasgow's Independent living Strategy, with a view to 	<ul style="list-style-type: none"> - Positive leadership at all levels to enable an empowered workforce, with workforce planning and development to support this - A preventative strategy for those with low level, or intermittent need; and ensuring there is a long term strategy to meet the shortfall in provision by scoping unmet need (by reference to ENCRPD) and feeding that back into planning processes

Disabilities				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
			ensuring that, Glasgow evolves as a fully inclusive and accessible city for all its citizens.	

Carers				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - Embedding carer issues within all care group planning processes - Ensuring all staff routinely identify and signpost carers through the Glasgow Carers Partnership - Continuing to identify and support 3000 new carers per annum within existing resources. - Supporting key strategic priorities around 72 hours discharge, Integrated Care Fund, Accommodation based strategy, 	<ul style="list-style-type: none"> - Implementing the Glasgow Carers Partnership Evaluation Recommendations - Implementing Young Carers Review in partnership with Education around Children and Young People's legislation - Delivering on Carers (Scotland) Act - Securing permanent funding for services currently funded through short term funding streams 	<ul style="list-style-type: none"> - Maintaining levels of funding to continue to provide services - Increasing supports and funding may be required to support increasing no's of working carers as population ages 	<ul style="list-style-type: none"> - We aim to see fewer carers presenting in crisis due to increased early intervention and identification building capacity in carers to continue to care and care with confidence 	<ul style="list-style-type: none"> - Early identification of those with caring responsibilities recognising the value of their contribution and involving them from the outset and involving them in care planning - Those with caring responsibilities are able to fulfill their educational and employment potential - Carers remain mentally and physically well - Provide personalised support both for carers and those they support, enabling them to have a family and community life - Single point of access and whole systems approach provides carers with seamless carer pathway

Carers				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
				<ul style="list-style-type: none"> - The Glasgow Carers Partnership will continue to grow and develop it's partnerships to make better use of available resources and reduce duplications. - The model of carer support will focus on the right intervention at the right time and seek to build capacity in carers to care while reducing dependency on services. - Carers with long term conditions are supported to self manage their condition with confidence.

Addictions				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<p>- To promote a population-wide approach to awareness raising to change Glasgow’s relationship with alcohol and drugs</p> <p>- To gain a wider understanding of the breakdown current alcohol and drug spend in relation to prevention, early intervention, treatment and care, recovery and dealing with the consequences of alcohol and drug use in Glasgow</p> <p>- To continue a gradual shift towards earlier interventions where supported by an evidence base</p> <p>- To continue to promote a self-help recovery agenda to support self-determination in those</p>	<p>- To build a three year delivery plan as set by Scottish Government covering three main themes:</p> <ul style="list-style-type: none"> • Prevention • Recovery • Protecting Vulnerable Groups 	<p>- To continue to develop quality within existing services as per Scottish Government guidance</p> <p>- To evidence shift towards earlier interventions and their effectiveness in service usage</p>	<p>- To evidence the delivery of the alcohol theme in the Glasgow City SOA theme on alcohol</p> <p>- To continue to meet Scottish Government and HSCP developing priorities</p>	<p>- Completion of both the NHSGGC Clinical Services Review (CSR) and Community Addiction Team (CAT) 2nd stage Review.</p> <p>- The creation of sector-based ‘lived experience’ recovery co-ordinator posts.</p> <p>- The recognition of the work and commitment of large numbers of recovery volunteers from across the city.</p> <p>- Expansion of gender-specific recovery groups to address the issue of equality-related alcohol and drug issues.</p> <p>- All service users have a recovery plan while in treatment services.</p> <p>- Placing prevention as a</p>

Addictions				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<p>who do not require treatment and care services</p> <p>- To continue to provide interventions for adults and children who are most vulnerable</p>				<p>core aim of the service, and continuing to promote prevention activities, adopting a whole population approach.</p> <p>- Service users are in an environment to reduce harm to themselves and their families, while permitting recovery to grow amongst both individuals and their communities at large.</p>

Homelessness				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - The current economic and fiscal climate, welfare reform agenda and pressures on the city's social housing stock are likely to continue to provide a difficult context to the delivery of homelessness services within the city. - Delivering on the action plan agreed with the Scottish Housing Regulator - Delivery of statutory duties to secure emergency accommodation for homeless households - Pressures on emergency accommodation as a consequence of a failure to secure an adequate supply of settled accommodation. 	<ul style="list-style-type: none"> - In recognition of the need to improve the integration of our homelessness casework services Social Work Services will re-design our three Community Casework Services. At the centre of our revised operating model will be the formation of an integrated Community Homeless Services alongside a qualified Social Work element in each of the three Social Work Areas - We will review existing purchased service models to ensure they are aligned to our strategic priorities and meet service user demands for flexible, responsive services - We will establish a pilot 'city centre partnership' with those voluntary 	<ul style="list-style-type: none"> - Strengthen the network of specialist and community based money, debt and legal advice provision - Strengthen our focus on homelessness prevention across the homelessness service by ensuring that people who are at risk of homelessness access the right community supports in order that they can avoid becoming homeless where possible - We will work with Registered Social Landlords; the third and independent sectors; and within the Health and Social Care Partnership to ensure that there is an adequate supply of settled and emergency accommodation to meet the needs of people affected by homelessness 	<ul style="list-style-type: none"> - Through continued integration we will develop a sustainable, holistic response to homelessness that the city can be proud of, that prevents homelessness where possible. - Where homelessness does occur, we will ensure that people can access appropriate housing and support that enables them to live within their communities. 	<ul style="list-style-type: none"> - Improve access to housing and support for those affected by homelessness by improving links with the city's housing associations - Improve service user engagement programmes, to ensure services are responsive to the diverse needs of people affected by homelessness - Re-design current training programmes to ensure front-line staff have access to training that supports them to undertake their tasks - Work across the health and social care partnership and with wider stakeholders to re-design services to ensure people are able to access Advice,

Homelessness				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - Ensuring adequate service provision for people with complex needs who are often not well served by traditional arrangements - Preventing people from becoming homeless where possible 	<p>sectors providers who deliver city centre based services. The service will deliver a coordinated and enhanced response to our most excluded service users who frequent the city centre, some of whom have the greatest difficulty in sustaining accessing services and supports. We will ensure that our most vulnerable service users receive a co-ordinated response to their diverse accommodation, health and support needs</p>	<ul style="list-style-type: none"> - We will work to enhance the integration of health and social care services to ensure coherent service pathways that meet the distinct needs of those affected by homelessness. 		<p>Information, Legal Representation and support to sustain their accommodation wherever possible</p> <ul style="list-style-type: none"> - Improve inter-faces between care groups to ensure that appropriate, holistic care packages can be developed for people who require crisis intervention and on-going support to sustain their tenancies - Where appropriate, re-model our commissioned and provided services to ensure that they are responsive to the diverse needs of our service users - We will re-model our approach for people who are multiply excluded who have complex needs to ensure that we are

Homelessness				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
				focused upon our service users accessing the right support that will allow them to be supported within their communities

Children's Services				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
<ul style="list-style-type: none"> - Breaking the cycle of high levels of child poverty and multiple disadvantage and the adverse impacts of welfare reform and budget cuts on children - We need to improve our engagement, support and intervention with parents, children and young people - Improve the educational attainment and achievement of children looked after at home and away from home - Continue to improve the balance of care and reduce the number of children and young people placed outwith the Glasgow area - Strengthen our financial plan and Improve how we 	<ul style="list-style-type: none"> - Improve the early identification and engagement with parents, children and young people, provide an appropriate intervention to meet their needs. - Demonstrate a shift in resources from crisis response to early intervention and prevention. -Promote wellbeing and keep children safe from harm and abuse 	<ul style="list-style-type: none"> - Continue to build capacity around early intervention to break the cycle of poverty and neglect - Encourage and help parents to the best they can be - Help parents and families to help themselves 	<ul style="list-style-type: none"> - Raise Attainment and Achievement for all children and young people towards employment success and contribute to a thriving economy - Make Glasgow a first class city of prevention and aspirations 	<ul style="list-style-type: none"> - Improved quality and consistency of services for patients, carers, service users, (Children and young people) and their families; - Improved well-being of all children and young people, continue to develop systems and practical solutions to fully implement the requirements of Getting it Right for Every Child and the Children and Young People Act across Health and social care services, education services and third and independent sector partners - A consistent approach to identify children and families in need of assistance, for example, through the Early Year Joint Support Team approach in localities: to

Children's Services				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
measure performance and evidence that we are delivering better outcomes for children				<p>help find solutions to issues, improve parent confidence and the overall development and well-being of children</p> <ul style="list-style-type: none"> - Increased capacity of evidence based interventions to enable more children and young people to access these services - Collaboration with Corporate Parent organisations to improve the life chances, outcomes and experiences of children looked after and care leavers - Improved assessment skills of staff to ensure that input to children and families is needs based, purposeful, and there is a transparent Child's Plan that states what Health

Children's Services				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
				<p>and Social Care, Education and other partners will do to improve the outcomes of the child</p> <ul style="list-style-type: none"> - Reduced numbers of children and young people looked after who are placed outwith the City area: to ensure they receive the best health care and education through the services having a shared vision and ownership of the children and young people - Change and improvements in service delivery from joint self-evaluations, consultations, audits, service reviews, and use the recommendations from external inspections to scrutinise how we deliver services and inform change and

Children's Services				
Context	Priorities – 3 years	Priorities – 5 years	Priorities – 10 years	Transformational Change
				improvements.

Criminal Justice (to be formatted into template)

Criminal Justice, social work services are committed to working with offenders with the aim to:

- tackle criminal behaviour and reduce risk of re-offending
- supervise offenders in the community and support reparation, restriction, rehabilitation and reintegration into the community
- assist prisoners to re-settle into the community after release from custody.

Core Business

- Provision of CJSWR (Criminal Justice Social Work Reports) to courts,
- Supervision of individuals in the community, who are subject to Community Payback Orders and other forms of supervision
- Management of individuals subject to Unpaid Work Requirements
- Provision of Prison Throughcare Services
- Providing services which change behaviours and promotes desistance
- Work in partnership, where possible, with service users

The priorities set in the Criminal Justice Strategic Plan 2013-2015 were developed to ensure that we achieved the requirements of the national standards for Criminal Justice Social Work, play our part as a key partner in the CJA strategic plan and to develop practice and channel resources to improve outcomes for service users. *< insert link to plan >*

Priorities:

- Further embed Community Payback Orders
- Prison Throughcare
- Improve Performance
- Improve Services for Women Offenders
- Implement the MAPPA Plan

There is ongoing scrutiny of processes and practice to ensure that a professional and effective service is provided to service users. This is accomplished in a variety of ways and includes professional supervision, practice development, guidance to staff, staff development and training, audit, quality assurance, self-evaluation and other management activity.

Prison Health Care

Services within Prison Health Care are delivered to a population of approximately 2500 people on a daily basis within Greater Glasgow & Clyde Health Board area. Glasgow city hosts this arrangement and has the biggest prison population within the Board area. Vulnerability within this group is a shifting phenomenon; individuals are received into prison with a range of needs and lived experiences which influence their presentation and requirement for service. The patient's position in their custodial journey also has influence on their need and requirement for service.

The challenge for service development and provision exists in the ever changing needs of this population. During 2014/2015 the focus has been on development of a "Whole Prison Approach" to delivering services and working in partnership with the Scottish Prison Service at both a local and national level to influence health related considerations in the development of service. Priority for service delivery in 2015/2016 will include

- In partnership with SPS develop and implement a Wellbeing Development and Health Improvement plan for each prison.
- Development of a delivery plan to train all Prison Health Care Staff in 'Health Matters - Conversations about Change'.
- GG&C are members of the National Joint Action Planning group to shape and develop a national approach to planning for Smokefree Prisons. This will directly influence local planning and delivery within the Board area.
- Develop and deliver the role of Oral Health Improvement through 'Mouth Matters' programme and embed this in all future health improvement programmes.
- Develop and implement recommendations from the Learning Disability report.

Delivering the National Health and Wellbeing Outcomes

The Integration Joint Board has a statutory duty to deliver the nine National Health and Wellbeing Outcomes. The means by which we will do so are outlined in the table below:

How Glasgow will deliver the National Health and Wellbeing Outcomes	
<p>Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer</p>	<p>We will:</p> <ul style="list-style-type: none"> • Support work to build capacity in our communities, including working more closely with the third sector; • Develop a programme for anticipatory care planning predominantly for older people at risk of unplanned admission to hospital; • Implement a programme to promote healthy ageing; and, • Progress work on creating a ‘dementia friendly’ Glasgow through the development of the Dementia Strategy. • Implement a strategic ‘life-course’ framework to promoting population mental health and well being, including Health Improvement information and advice, placing a greater emphasis on the importance of child and youth mental health and support, tackling isolation • Facilitate self-help and self-management approaches for certain mental health problems • Continue the work of the Independent Living Strategy along with work undertaken to ensure a Preventative Strategy is in place for those people with low level or Intermittent needs. • Review effectiveness of Health and Social Care OT Services and develop improvements in partnership with key stakeholders including housing providers. • Continue to support appropriate recovery opportunities linked to longer-term training, employment and social re-integration, by supporting alcohol and drug users to access universal, council and other services to support changes in lifestyles towards recovery

How Glasgow will deliver the National Health and Wellbeing Outcomes

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

We will:

- Support more people to recover independence and capacity through home care reablement, and move to 100% screening for reablement as part of the ongoing reform of home care;
- Increase the number of people with intensive care needs supported at home;
- Use day care and day opportunities more proactively to support older people to remain at home, and avoid admission to hospital or long term care;
- Develop community rehabilitation services to take on new roles in support of intermediate care, and to improve working with A&E and GPs both in and out of hours;
- Develop closer joint working with acute services the Scottish Ambulance Service to provide alternatives to hospital admission for patients who have fallen in their own homes;
- Improve home care ordering to support patient discharge more timeously from hospital;
- Continue to work to raise public awareness of the importance of appointing Power of Attorney; and,
- Continue to provide post diagnosis support for people with dementia and pilot a co-ordinated approach to supporting people with more advanced Dementia.
- Review supported accommodation commissioning plans to better align resources to need and risk
- Promote a partnership approach across all services to make it easier for people to access services along the care pathway, improve service integration and reduce duplication
- Support tenancy sustainment through early intervention and ensuring people have access to mainstream and specialist services
- Ensure people are able to readily access primary and community care mental health teams as required, helping to avoid hospital admissions or shorten lengths of stay
- Continue to review the balance of care between inpatient and community services
- Ensure on- going development of Reablement service for disabled people. Promote the provision of accessible housing for disabled people.
- Complete implementation of personalisation for disabled people.

How Glasgow will deliver the National Health and Wellbeing Outcomes

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

We will:

- Build on the review of district nursing and other community services to improve care co-ordination and users experience of our services;
- Continue to develop and promote a personal outcomes approach in the management of people with complex needs;
- Review current models of dementia post diagnosis support to ensure that this support is delivered in the most effective and efficient way to meet people's identified needs; and,
- Continue to work towards improving end of life care, and supporting those who chose to die at home or their preferred place of care, including implementation of the fast track palliative care pathway.
- Promote 'personalisation' through the roll out of self-directed support, providing service users with greater choice in terms of who they receive support from and what type of support better meets their individual requirements.
- Develop outcome and recovery focussed assessment tools within community mental health teams
- Address service user concerns identified through our clinical services review, including access to service and numbers, complexity and processes of reviews
- Work with service users, families and carers to develop qualitative performance outcomes based on individual's expectations, goals and experiences, building on effective care planning and approaches such as 'talking points'.
- Develop clarity around the role and function of localities and recognising the importance of natural communities at the same time as communities of interest.

How Glasgow will deliver the National Health and Wellbeing Outcomes

<p>Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>	<p>We will:</p> <ul style="list-style-type: none"> • Develop a dementia strategy for Glasgow City; • Review the present systems of sheltered housing / housing support to more effectively use current resources, and to achieve a more integrated plan and response with housing agencies; and, • Introduce technology enabled care to support people live at home or in community settings. • Promote a greater shift towards evidence based, outcome focused commissioning • Improve access to psychological therapies • Develop outcome and Recovery focused services, evidenced within service specifications and performance monitoring arrangements • Develop transition arrangements for young disabled people • Continue to deliver against the performance framework developed from the seven core outcomes, described in the Scottish Governments “Updated Guidance For Alcohol and Drug Partnerships (ADPs) on Planning and Reporting Arrangements”
<p>Outcome 5: Health and social care services contribute to reducing health inequalities</p>	<p>We will:</p> <ul style="list-style-type: none"> • Aim to reduce levels of multi morbidity, particularly for those who live in areas of deprivation; • Improve access to health and social care services through introduction of a single point of access; and, • Take forward the outcomes of all Equality Impact Assessments • Promote social and financial inclusion through ‘social prescribing’ • Support the ongoing delivery of employability programmes • Work to reduce stigma and discrimination related to health or social care needs • Work to remove age-related barriers to appropriate services • Ensure the needs of people with protected characteristics are taken fully into account in service planning, through the delivery of inequalities sensitive practice • Contribute to anti-poverty programmes

How Glasgow will deliver the National Health and Wellbeing Outcomes

<p>Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</p>	<p>We will:</p> <ul style="list-style-type: none"> • Develop support to carers through a whole systems approach to increase the volume of carers assessments and promotion of Power of Attorney; and, • Continue to ensure that carers of people with dementia are referred into the Dementia Carers Pathway for access to appropriate support. • Continue to implement the ‘triangle of care’ and mental health carer development work, including completion of self-assessment tool to address any gaps and staff training. • Support Carer assessments and outcomes based support planning, Carer Health Reviews, Income Maximisation services and information and advice services for Carers
<p>Outcome 7: People using health and social care services are safe from harm</p>	<p>We will:</p> <ul style="list-style-type: none"> • Aim to increase the number of older people supported at home who agree they feel safe. • Continue to ensure robust governance and arrangements exist for adult and child protection, including for people accessing care under the mental health care and treatment (Scotland) act or adults with incapacity. • Continue to ensure effective, multi-disciplinary / multi-agency assessment and care planning arrangements are in place.

How Glasgow will deliver the National Health and Wellbeing Outcomes

<p>Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</p>	<p>We will:</p> <ul style="list-style-type: none"> • Support staff in health and social care to develop their potential through training and development, personal and professional development opportunities; • Work with staff to improve care co-ordination between health and social care professionals, and develop a team approach; and • Improve accommodation and staff facilities in line with current plans. • Support individuals to deliver effective care and support through training, development and professional supervision • Where appropriate, facilitate agile working opportunities for staff, to maximise efficient working practices, supported by effective I.T. systems. • Promote staff participation in ‘healthy working lives’ activities • Encourage multi-disciplinary and multi-sector training and development to promote sharing of knowledge and skills across the city • Nurture a new culture around continuous improvement and whole system change. Joining up services, processes and understanding the wider system • Emphasise the need for positive leadership at all levels to enable an empowered workforce, with workforce planning and development to support this.
<p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services</p>	<p>We will:</p> <ul style="list-style-type: none"> • Reduce delayed discharges and acute bed days lost due to delays; and • Rebalance resources between “institutional care” and “prevention / anticipatory care” <p>The combination of a challenging financial environment and increasing demand for services will require us to ensure that funding is deployed efficiently where it is needed most and in ways that can be shown to deliver quality outcomes for service users and carers.</p>

Performance Management

The Partnership has developed an integrated Performance Management structure to evidence achievement of the statutory National Health and Wellbeing Outcomes.

High level indicators related to the National Outcomes published by the Scottish Government, have been used as a basis for Glasgow's performance management framework, allowing links to be made between operational delivery in localities, performance across care groups and across the partnership as a whole following a 'logic' model.

The logic model links the National Health and Wellbeing Outcomes to the high level indicators published by the Scottish Government, and then in turn links these to indicators adopted by Social Work Services and NHS Greater Glasgow and Clyde to measure delivery at locality and care group levels. In this way we can ensure that all performance management activity is focussed on the National Outcomes, delivery of which is a statutory requirement for partnerships. Annexe 1 provides a strategy map for each of the care groups outlining the care group vision, national outcomes, long and medium term outcomes, key actions and key performance indicators.

In addition to receiving care and service level summary performance reports the Integration Joint Board will receive a range of operational performance scrutiny reports from both internal and external scrutiny bodies such as Glasgow City Council's Internal Audit Team, Audit Scotland, Healthcare Improvement Scotland, and the Care Inspectorate. These reports will provide detail of services inspected, themes arising and trends in relation to grades awarded, alongside action plans for service development.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires partnerships to produce an annual performance report within four months of the end of each reporting year. Glasgow's first annual performance report, and subsequent reports, will be published in a number of locations, including the Health and Social Care Partnership's own website.

Quality, clinical, care and professional governance

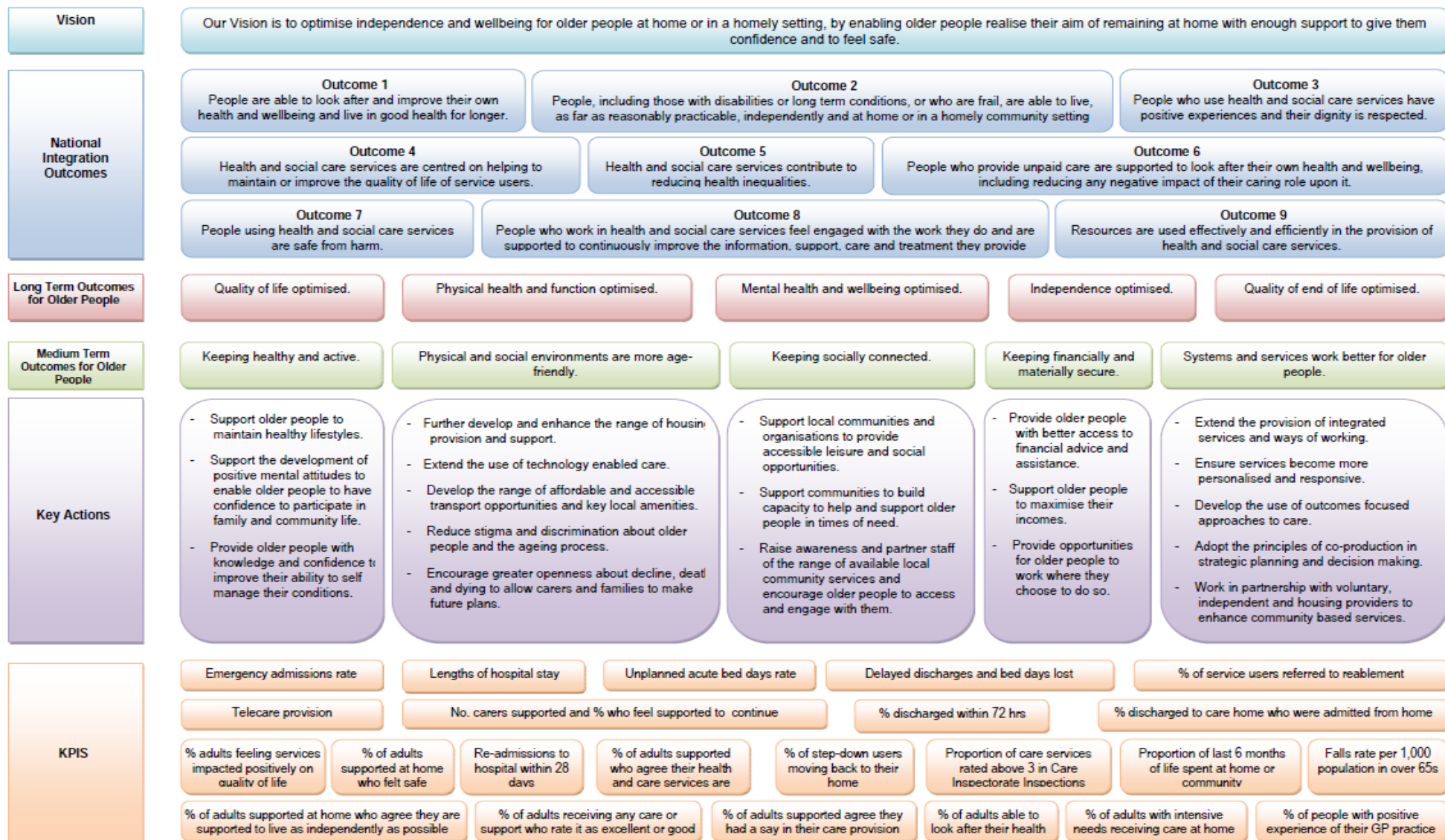
Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act, of organisations and individuals delivering care.

Quality, clinical, care and professional governance within the Health and Social Care Partnership will:

- involve service users and carers and the wider public in the development of services;
- ensure safe and effective services and appropriate support, supervision and training for staff;
- strive for continuous quality improvement;
- maintain a framework of policies and procedures designed to deliver effective care;
- ensure accountability and management of risk.

Annexe 1

Reshaping Care for Older People in Glasgow - Strategy Map - Version 2



Draft 1 – August 2015

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1 April 2014.

The Act places a duty on Integration Authorities to develop a strategic plan for the integrated functions to be included in the Health and Social Care Partnership (HSCP), and the budgets under control of the IJB. The strategic plan should set out how the Partnership will plan and deliver services over the medium term.

Scottish Government guidance on strategic planning sets out the expectations for strategic plans. HSCPs are required to fully engage with a range of stakeholders (specified in Regulations) in the preparation, publication and review of the strategic plan.

Glasgow's draft plan is due to be published on Monday 14th September 2015. The plan will be circulated across the city for six weeks prior to being finalised for approval by the Integration Joint Board. This will allow visibility of the draft plan at an early stage, allowing individuals, groups and organisations the opportunity to review and discuss the strategic direction of the Glasgow City Health and Social Partnership, prior to formal consultation on the plan following Integration Joint Board approval. Formal consultation will commence on 1st November, ending 31st December 2015.

During the formal consultation period the consultation documentation will follow the legislative style and format utilised by the Scottish Government. The style of questions will focus on the strategic direction of travel to transform the delivery of health and social care services in Glasgow. The approach as outlined meets the formal process for consultation as is laid out, to some extent, within the legislation.

Communication Aims

- Make all stakeholders aware of the draft Strategic Plan and how they can comment on it
- Receive feedback from stakeholders which informs the development of the Strategic Plan
- Demonstrate broad engagement with stakeholders in line with legislative requirements

Core messages

- The Strategic Plan outlines the vision for how integrated health and social care services will be delivered across Glasgow in the short, medium and long term
- The views of stakeholders are valued, and fundamental to the development of the Strategic Plan
- Engaging with the consultation process allows individuals and groups to have a say on how services are planned and delivered in Glasgow
- The plan will be made available in a variety of accessible formats that meets the needs of disabled people

Communication Groups and process

Audience	Communication Requirements	Key Messages	Communication Channels
All staff (Health and Social Work)	Introduce plan, invite responses	<ul style="list-style-type: none"> • The Strategic Plan outlines the vision for how integrated health and social care services will be delivered across Glasgow in the short, medium and long term • Your opportunity to have a say in the future direction of our services • IJB is committed to listening to your views 	<ul style="list-style-type: none"> • All-staff email messages • Chief Officers briefing • Consultation event(s) • Partnership / parent org websites • Social Media • Posters in HSCP buildings • GCC Consultation Hub
Partner organisations (including wider Council and Health Board, CPP etc)	Introduce plan, invite responses, raise awareness of integration	<ul style="list-style-type: none"> • The Strategic Plan outlines the vision for how integrated health and social care services will be delivered across Glasgow in the short, medium and long term • Your opportunity to have a say in the future direction of health and social care services in Glasgow • How integration impacts on relationships between Council / Health Board and other partners 	<ul style="list-style-type: none"> • All-staff email messages • Staff newsletters • Chief Executive briefings / core briefs • Consultation event(s) • Social Media • GCC Consultation Hub
Patients / Service Users / Citizens of Glasgow	Introduce plan, invite responses, raise awareness of integration	<ul style="list-style-type: none"> • The vision for integrated health and social care services in Glasgow • Your opportunity to have a say in the future direction of health and social care services in Glasgow • IJB is committed to listening to your views 	<ul style="list-style-type: none"> • GCC / NHS websites • Social Media • GCC Consultation Hub • Poster campaign (eg Council buildings, Glasgow Life venues, GP surgeries, hospitals and health centres) • Consultation event(s) in localities • Community Councils
Third and Independent Sector, provider organisations	Introduce plan, invite responses, raise awareness of integration	<ul style="list-style-type: none"> • The vision for integrated health and social care services in Glasgow • Your opportunity to have a say in the future direction of health and social care services in Glasgow • IJB is committed to listening to your views • Effective working between the statutory and Third / Independent sector orgs is key to successful integration 	<ul style="list-style-type: none"> • Email / post to existing distribution lists • Cascade via existing key contacts • Consultation event(s) • Social Media • GCC Consultation Hub
Elected Members (Councillors, Glasgow MSPs and MPs) and	Introduce plan, invite responses	<ul style="list-style-type: none"> • The vision for integrated health and social care services in Glasgow • Your opportunity to have a say in the future direction of health and social care services in Glasgow 	<ul style="list-style-type: none"> • <i>Email / mail from Chief Officer</i> • <i>Committee paper(s)</i> • <i>Health Board paper(s)</i> • Social Media

Audience	Communication Requirements	Key Messages	Communication Channels
Health Board members		<ul style="list-style-type: none"> <li data-bbox="696 209 1285 240">• IJB is committed to listening to your views 	<ul style="list-style-type: none"> <li data-bbox="1487 209 1832 240">• GCC Consultation Hub
Other HSCPs in NHS GGC area	Introduce plan, invite responses, identify links / overlaps with other plans	<ul style="list-style-type: none"> <li data-bbox="696 280 1352 344">• The vision for integrated health and social care services in Glasgow <li data-bbox="696 344 1447 408">• Need to consider how this plan affects, and is affected by, other plans 	<ul style="list-style-type: none"> <li data-bbox="1487 280 1928 312">• <i>Email / mail from Chief Officer</i> <li data-bbox="1487 312 1957 344">• <i>Chief Officers meeting / network</i> <li data-bbox="1487 344 1704 376">• Social Media <li data-bbox="1487 376 1832 408">• GCC Consultation Hub

Communication Activity

This table will be populated with completed and intended communication activity. A sample of this activity is outlined below

Audience	Task	Channel	Stakeholders	Publication Date	Status / Comments
All Staff	Prepare message Send message	<ul style="list-style-type: none"> All-staff email messages 	All Staff	Sept 2015	<i>Pending</i>
All Staff	Prepare briefing Publish briefing	<ul style="list-style-type: none"> Chief Officers briefing 		Sept 2015	<i>Pending. to include as focus of regular CO briefing due near to this time</i>
All Staff Partner Orgs Patients / Service Users / Citizens	Plan event Hold event Summary report of event	<ul style="list-style-type: none"> Consultation events 	<ul style="list-style-type: none"> All Staff Partner Orgs Patients / Service Users / Citizens 	Oct – Dec 2015	<i>Pending. Series of events for different stakeholder groups.</i>
All audiences	Write / schedule social media posts Respond to enquiries via Social Media	<ul style="list-style-type: none"> Social Media 	All stakeholder groups	Sept – Dec 2015	<i>Pending. GCC Twitter and NHS GGC social media accounts. Consideration to be given to a HSCP Twitter account. Regular messages (eg weekly during consultation period)</i>
All staff	Design posters Approve posters Distribute posters Take down posters at end of consultation period	<ul style="list-style-type: none"> Posters in HSCP buildings 	All staff	Sept – Dec 2015	<i>Pending. Potential significant cost implications.</i>
All staff	Update websites Ongoing management of websites	<ul style="list-style-type: none"> Partnership / parent org websites 	All staff	Sept 2015	<i>Pending</i>
All audiences	Add links / info to consultation hub	<ul style="list-style-type: none"> GCC Consultation Hub 	All audiences	Sept 2015	<i>Pending</i>

Risks and Issues

- Messages are not communicated when required to identified groups.
- Stakeholders do not feel the Strategic Plan has any impact on them and do not engage with consultation process.

Communication Style

All communications require to meet the Corporate Identity Guidelines of both parent bodies and, where possible, Plain English standards.

**GLASGOW CITY HEALTH and SOCIAL CARE PARTNSERSHIP
STRATEGIC PLAN CONSULTATION
RESPONDENT INFORMATION FORM**

Please note this form must be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

Title Mr Ms Mrs Miss Dr

Please tick as appropriate

Surname

Forename

2. Postal Address

Postcode	Phone	Email
----------	-------	-------

3. Permissions - I am responding as:

Change to HSCP colour scheme

Individual / Group/Organisation

Please tick as

(a) Do you agree to your response being made available to the public?

Yes No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis
Please tick ONE of the following boxes

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(c) The name and address of your organisation will be made available to the public.

Are you content for your response to be made available?

Please tick as appropriate

Yes No

(d) We will share your response internally within the Health and Social Care Partnership. Staff may wish to contact you again in the future, but we require your permission to do so. Are you content for the Health and Social Care Partnership to contact you again in relation to this consultation exercise?

Please tick as appropriate Yes No

List of consultation questions and consultation response form

How to complete this response form

1 Each question in the consultation paper is listed below. Respondents are invited to answer as many questions as they wish to, and there is no requirement to answer every question.

2 Completing this form as a Word document allows responses to be provided directly on to the form, although respondents may choose to respond in other ways. Alternatively a link to a Survey Monkey Questionnaire is provided below should you wish to respond online.

3 At the end of the questions consultees are invited to provide any other information which they feel is relevant.

4 Once completed this form can be emailed to:

SW_CommunicationsUnit@glasgow.gov.uk

or posted to:

Glasgow City Health and Social Care Partnership HQ
(Business Development)
Commonwealth House
32 Albion Street
Glasgow
H1 1LH

Or complete online at the Survey Monkey link below:

< insert link >

5 When returning responses please also complete and return the Respondent Information Form. The closing date for responses is **Thursday 31st December 2015**.

Consultation questions on the Glasgow City Health and Social Care Partnership Strategic Plan

We are keen to seek your views on the draft Strategic Plan of the Glasgow City Health and Social Care Partnership. We welcome comments on all sections of the document and have prepared some questions below to help with analysing responses.

1. **Vision**

Do you agree with the Partnership's vision in Section X of the draft plan?

YES

NO

If No please let us know why and how you think the vision might be improved.

2. **Partnership Key Priorities**

Do you agree with the Partnerships Key Priorities in Section X of the draft plan?

YES

NO

If No please let us know why and what priorities you think are missing

3. **Care Group Priorities**

Section X outlines how each respective care group will deliver on the vision of the Partnership and the Integration Joint Board. These plans outline for each group the key challenges, priorities in the short, medium and long term, and how they will deliver the transformational change necessary to achieve the aims of integration

Older People

Do you agree with the priorities and transformational change as outlined for Older People?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

Mental Health

Do you agree with the priorities and transformational change as outlined for Mental Health?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

Disabilities

Do you agree with the priorities and transformational change as outlined for Disabilities?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

Carers

Do you agree with the priorities and transformational change as outlined for Carers?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

Addictions

Do you agree with the priorities and transformational change as outlined for Addictions?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

Homelessness

Do you agree with the priorities and transformational change as outlined for Homelessness?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

Children's Services

Do you agree with the priorities and transformational change as outlined for Children's Services?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

Criminal Justice

Do you agree with the priorities and transformational change as outlined for Criminal Justice?

YES

NO

If No please let us know why and what priorities or changes you think are missing.

4. Health Inequality and Health Improvement

Are the actions / proposals set out in this consultation document likely to have an adverse impact on any of the protected characteristics set out in the Equality Act 2010?

For reference, the nine protected characteristics are: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex, Sexual orientation

YES

NO

If Yes please state the group(s), and let us know how these adverse impacts could be reduced or alleviated.

5. Section X of the draft sets out and links to the Partnership’s strategy on participation and engagement. Do you agree with these proposals?

YES

NO

If No please tell us why and what opportunities you think are missing.

6. Are you aware of any indication or evidence – qualitative or quantitative - that the actions / proposals set out in this consultation may have an adverse impact on equality of opportunity or on good community relations?

YES

NO

If Yes please give details and let us know what you think should be added or removed to alleviate the adverse impact.

7. Please provide any further comments you have on the draft Strategic Plan 2016-19.



Item No 7

11th August 2015

Glasgow City Council / NHS Greater Glasgow and Clyde Shadow Integration Joint Board

Report By: Head of Human Resources (Health) and
Head of Corporate Services (Social Work)

Contact/Tel: Sybil Canavan - 0141 314 6251
Christina Heuston - 0141 287 8751

Workforce Development & Support Plan

Purpose of Report: This report describes some of the detail of the first draft Workforce Profile and Planning detail prepared for Glasgow HSCP and appended to this document.

Recommendations: The Shadow IJB is asked to note the draft document supplied and provide comments on the detail available. Further updates of the document will be brought forward for discussion in due course.

Implications for IJB

Financial: The Workforce Plan will be a key component in considering the Financial Plan for the IJB.

Personnel: The Workforce Plan covering staff provided by the partner organisations will guide all elements of the human resources required to deliver the organisation's objectives.

Legal: None

Economic Impact: None

Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	As noted, there is a need to collate information on a range of equality issues that impact on employment practices
Implications for Glasgow City Council	The partner organisations are required to provide staff to enable the H&SCP to fulfil its obligations .
Implications for NHS Greater Glasgow & Clyde	The partner organisations are required to provide staff to enable the H&SCP to fulfil its obligations .

Introduction

1. The attached draft document is the first attempt to bring together some detail and narrative regarding the workforce that will support Glasgow City HSCP. It is still clearly a draft with some narrative as suggested text and some information not complete, but following initial discussions at the Senior Management Team meeting in July it was felt important that Shadow IJB members had the opportunity to review the initial detail provided.
2. A recognised priority for the HSCP is the development of a detailed Workforce Development Plan, of which the workforce profile detail is a part. This narrative will be supplemented by a range of data, including the Organisation Development Plan, detail for the organisation and also further work regarding recruitment and retention arrangements, a description of service redesign across the organisation and any other workforce related activity deemed to have an influence on the shape and planning of staffing arrangements.
3. In the draft provided, further detail needs to be included regarding the breakdown of service groups detailed within the 'Staff in Post' information to ensure we have captured all staffing group. The gender information at this time is based on NHS only data. This is because of initial time constraints to produce the document for discussion at the SMT and it is known that this detail needs to be further updated as work continues.

4. Initial discussions at the SMT also asked for further available equality and diversity data to be included in the report along with some intelligence regarding permanent and fixed term contractual detail for staff within both organisations. This information is not readily available on an organization-wide basis.

Next Steps

5. The Chief Officer, Finance and Resourcing has requested that terms of reference for a Workforce Planning/ Development Board for the HSCP are now developed. It is planned that these will be available for discussion at the next HSCP Senior Management Team meeting in September to allow the group to be established and the work plan developed to complete the work

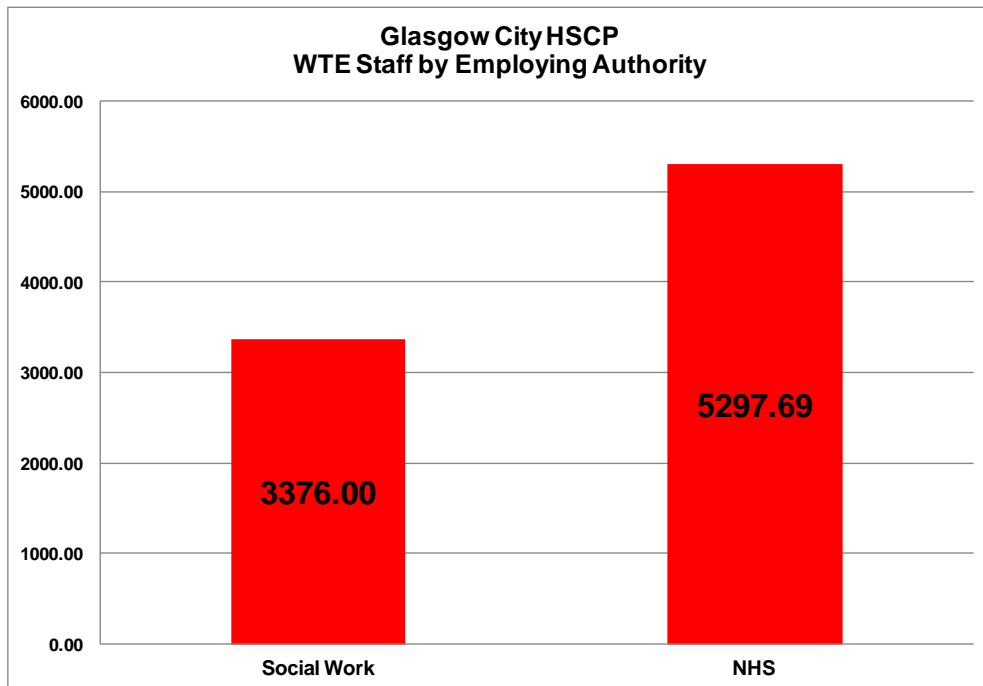
Glasgow City

Health & Social Care Partnership

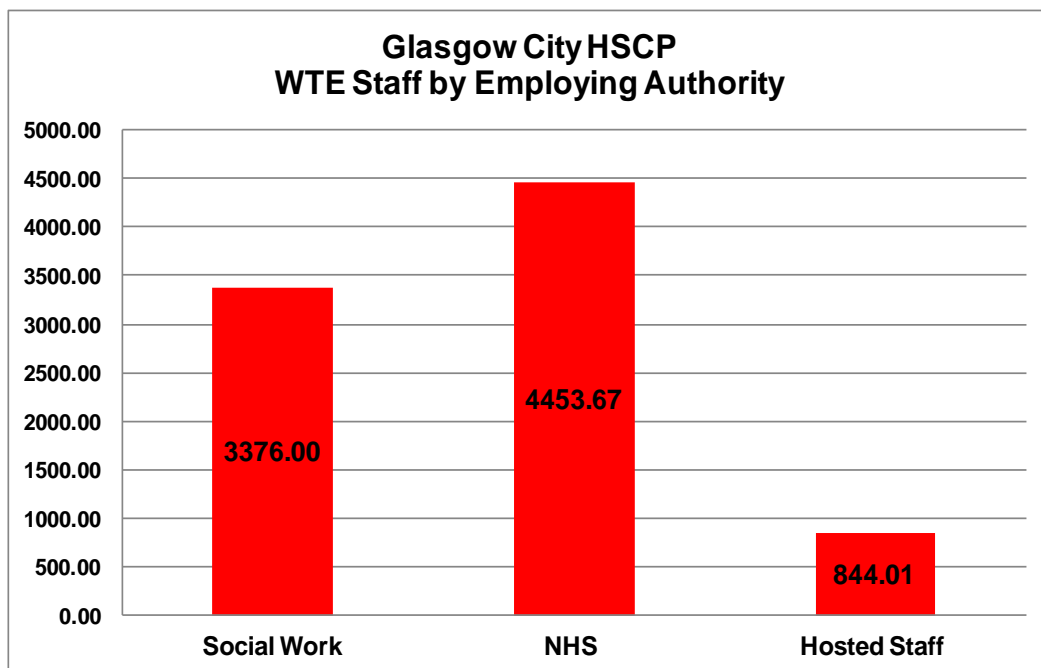
Workforce Profile

1.1 The Current HSCP Workforce

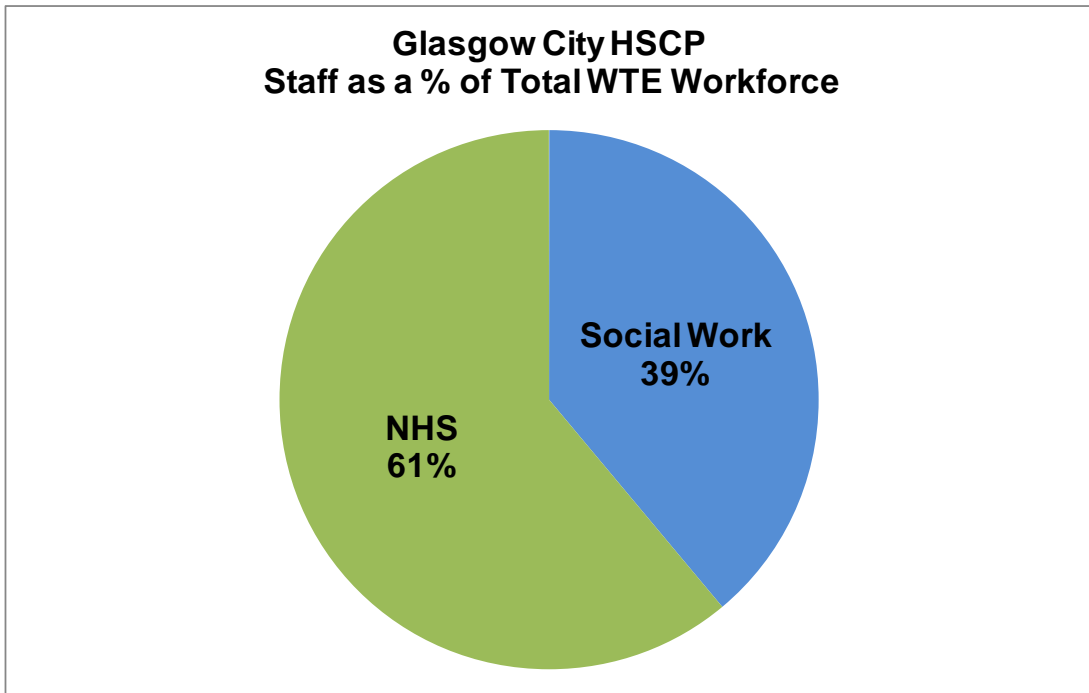
- 1.1.1 As at May 2015 (the latest available data) the HSCP workforce comprised of 8673.69 whole time equivalents (WTE). This figure includes the staff cohorts for Sexual Health and Specialist Children's Services which the HSCP currently hosts on behalf of NHSGGC. Note that these figures do not include any vacant posts in the process of recruitment.



- 1.1.2. In the chart below the figures for NHS staff in hosted services are shown as separate from the other HSCP staff employed on NHS contractual conditions.



1.1.3 NHS employees make up approximately 61% of the HSCP workforce by headcount with Social Work staff filling the remaining 39%. Note that this includes “Hosted Staff”

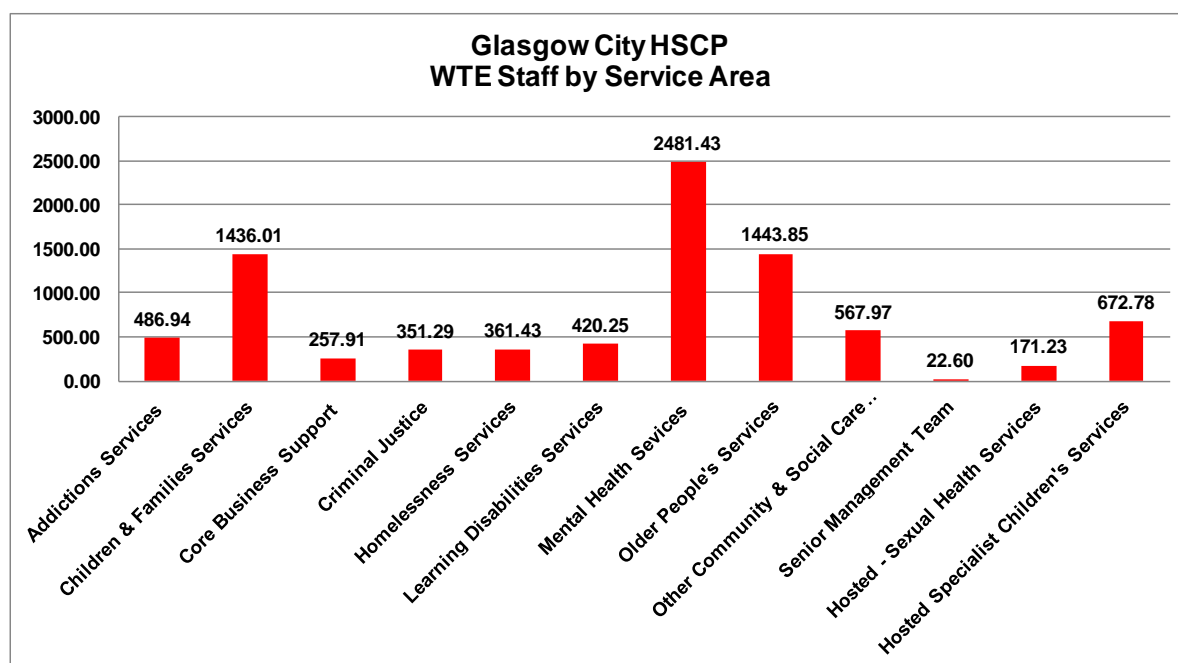


1.1.4 The table below shows the workforce broken down by employing authority and high level service area.

1.1.5 The largest service area is Mental Health Services with 2481 wte staff followed by the Children’s & Families and Older People’s Workforces which employ about 1450 wte staff each.

Glasgow City Health & Social Care Partnership			
Staff in-post as at May 2015 by Employing Authority			
Service Area	Social Work	NHS	Total
Addictions Services	173.00	313.94	486.94
Children & Families Services	1040.00	396.01	1436.01
Core Business Support	115.00	142.91	257.91
Criminal Justice	211.00	140.29	351.29
Homelessness Services	314.00	47.43	361.43
Learning Disabilities Services	193.00	227.25	420.25
Mental Health Services	88.00	2393.43	2481.43
Older People's Services	988.00	455.85	1443.85
Other Community & Social Care Services	247.00	320.97	567.97
Senior Management Team	7.00	15.60	22.60
Hosted - Sexual Health Services	0.00	171.23	171.23
Hosted Specialist Children's Services	0.00	672.78	672.78
Total	3376.00	5297.69	8673.69

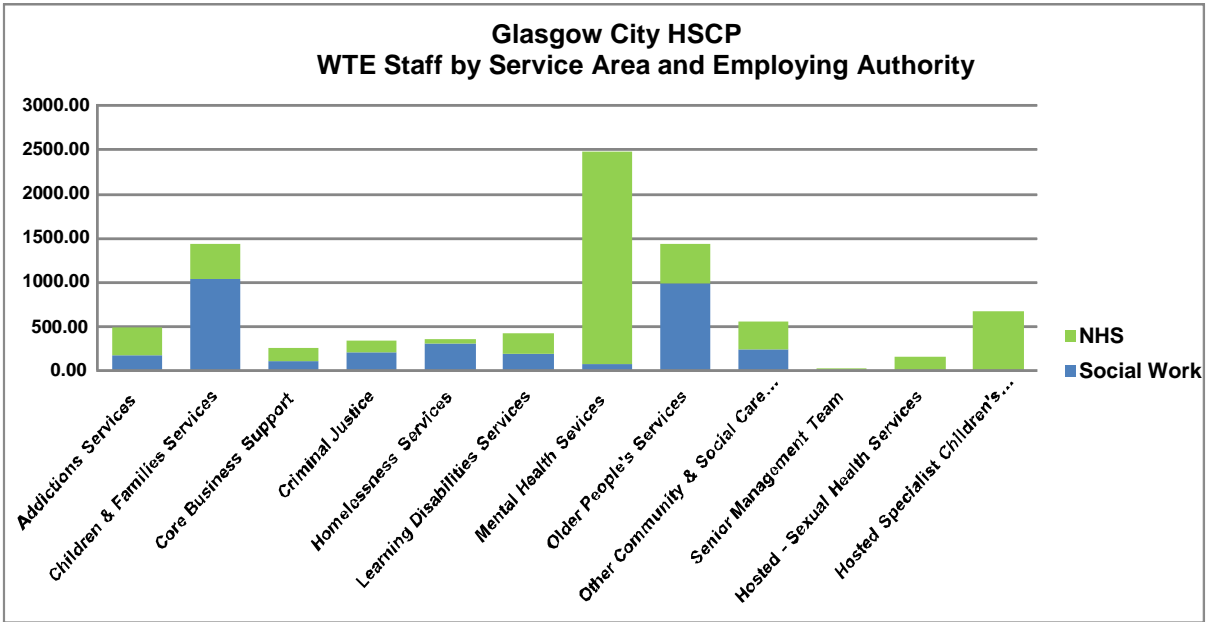
1.1.6 Other Community and Social Care Services is a combination of smaller services (e.g. Treatment Room, Carers, Physical Disability and Sensory Impairment) delivering services in community settings. Addictions Services account for a wte input of 486.94 wte.



1.1.7 The Criminal Justice, Homelessness and Learning Disabilities workforces range in size between 350 and 420 whole time equivalents.

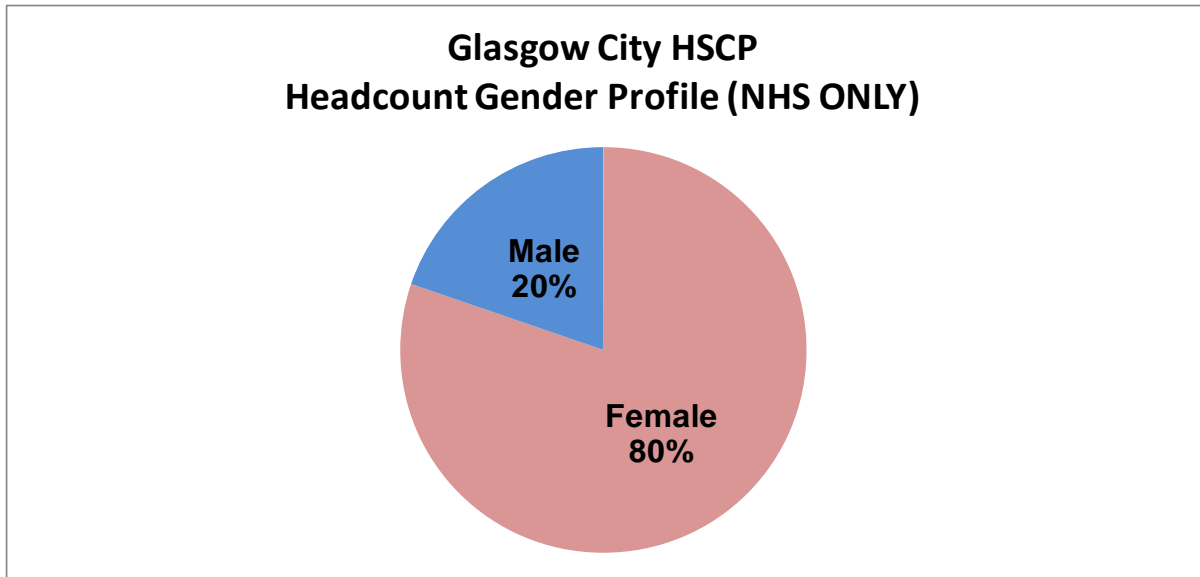
1.1.8 Core Business Services include central support functions such as Human Resources, Finance and Information Technology along with others.

1.1.9 The relative sizes of the Social care and NHS components of the workforce in each of the service areas is shown in the chart below.



1.2 Gender Profile (NHS Staff only at present)

3.2.1 The gender profile for the HSCP workforce shows that it is predominantly female.

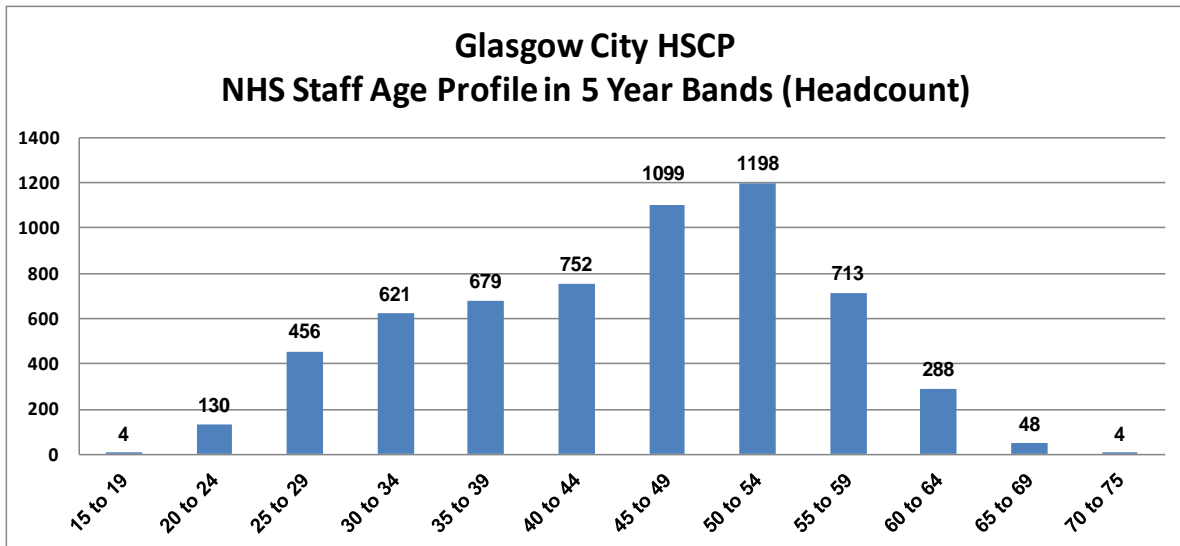


3.2.2 There is a variance between the NHS and Council gender profile with the NHS staff showing more pronounced figure for female staff.

- NHS – 80% Female and 20% Male
- Council – ???

1.3 Age Profiles

1.3.1 The chart below shows the HSCP headcount workforce age profile in 5 year bandings.



1.3.2 The profile displays a number of workforce characteristics which are important in relation to our workforce planning processes.

- 38% of the HSCP NHS workforce is over 50 years old with the largest age band falling between 50 and 54 years of age.
- 6% of the NHS workforce are over 60 years old with some staff working beyond the “historic” retiral age of 65 and a small number working into their 70’s.
- Only 2% of HSCP NHS staff under 25 years old

1.3.3 (EXAMPLE TEXT) When the age profile is further broken down into the different employing authorities it suggests that there is a greater tendency among council staff to work into their sixties and beyond. Comparisons of the younger age bandings suggest that that there is more opportunity for youth employment within council services.

1.3.4 (EXAMPLE TEXT)The HSCP has an ageing workforce and the Workforce Planning process has identified that the main risk to service delivery across the next 5 to 10 years is the impact of the workforce age profile.

1.3.5 The table below shows the number of staff aged over 60 by their service areas.

Glasgow City HSCP		
Staff Aged Over 60 Years Old as at May 2015 by Service Area (WTE)		
Service Area	Social Work (TBC)	NHS
Addictions		15.03
Children & Families Services		23.82
Core Business Support		18.69
Criminal Justice		4.30
Homeless Services		3.00
Learning Disability		12.45
Mental Health		116.69
Older Peoples Services		27.31
Other Community Health & Social Care		17.92
Senior Management Team		3.60
Hosted - Sexual Health Services		12.92
Hosted Specialist Children's Services		25.72
Grand Total		281.45

1.3.8 For workforce planning purposes the Glasgow City HSCP Workforce has been classified into three areas of retiral risk across the 5 year period 2015-2020 as follows

- Low Risk – all staff aged under 55 years old
- Medium Risk – all HSCP staff aged between 55 and 59 years old plus NHS employed staff with “Special Class” Pension Status aged over 50 years old
- High Risk – all HSCP Staff over 60 years old plus NHS staff with Mental Health Officer (MHO) Pension Status aged 50 or over

Glasgow City HSCP			
NHS Staff - WTE Risk of Retirals Workforce by Service Area			
Service Area	High	Medium	Low
Addictions	27.03	26.30	260.61
Children & Families Services	23.82	90.39	281.80
Core Business Support	17.89	27.90	97.12
Criminal Justice	3.80	18.10	118.39
Homeless Services	6.00	6.60	34.83
Hosted - Sexual Health Services	12.92	35.10	123.21
Hosted Specialist Children's Services	34.53	70.22	568.03
Learning Disability	39.51	32.36	155.38
Mental Health	300.49	260.60	1832.34
Older Peoples Services	27.71	126.42	301.72
Other Community Health & Social Care	19.92	57.15	243.90
Senior Management Team	3.60	6.00	6.00
Grand Total	517.21	757.14	4023.33

1.3.9 The risk factors noted impact on some of our service areas more than others.

- Mental Health Service show a high number of WTE staff likely to require replacement

1.3.10 There are two service areas where significant % of the workforce falls into the “high risk” classification. These being;

- Learning Disability Services
- Senior Management Team

Glasgow City HSCP			
NHS Staff - Risk of Retirals as a % of WTE Workforce by Service Area			
Service Area	High	Medium	Low
Addictions	9%	8%	83%
Children & Families Services	6%	23%	71%
Core Business Support	13%	20%	68%
Criminal Justice	3%	13%	84%
Hosted Specialist Children's Services	5%	10%	84%
Learning Disability	17%	14%	68%
Mental Health	13%	11%	77%
Older Peoples Services	9%	40%	96%
Other Community Health & Social Care	6%	18%	76%
Senior Management Team	23%	38%	38%
Homeless Services	13%	14%	73%
Hosted - Sexual Health Services	8%	20%	72%
Grand Total	10%	14%	76%

3.3.10 Mental Health, Addictions & Learning Disability Services

3.3.11 Within our NHS employed Mental Health/Addictions/Learning Disability Services workforce the issue of the ageing workforce is exacerbated by two additional factors

- Mental Health Officer Status which allows some staff members to retire at age 55 years with full pension benefits
- Changes to NHS pension provision

1.3.12 Mental Health Officer (MHO) status applies to certain groups of staff who were members of the pension scheme prior to 1st April 1995 and is given in recognition of the nature of the difficult work undertaken by the staff member.

1.3.13 MHO status affords NHS employed staff an earlier Normal Pension Age (NPA) of 55 rather than the age 60 NPA for other members and all completed years service beyond 20 years are doubled for pensionable purposes meaning staff can reach 40 years pensionable service after 30 years reckonable NHS employment with MHO status.

1.3.14 Under the new 2015 Pension scheme normal retiral age will increase in line with the state pension age for most NHS staff.

- 1.3.15 This means that most staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, those NHS staff within 10 years of current normal pension age are included in a protection scheme (which covers staff aged 45 years or over who have Mental Health Officer status).
- 1.3.16 Recent changes to the NHS pension scheme have introduced a protected period of 10 years for staff affected by these changes which will end in 2022. This effectively means that existing MHO staff within 10 years of their normal retiral age of 55 will continue to accrue pension benefits as normal until 2022.
- 3.3.17 Staff with MHO status remaining in the workforce beyond this will be required to comply with the retirement arrangements under the new scheme (including retiral age) and would potentially suffer detriment in relation to the age they are able to retire (i.e. they would lose the ability to retire at 55 and require to work until 67 years of age).
- 1.3.18 Given this, it is the Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are highly likely to do so.
- 1.3.19 The removal of a statutory retiral age means that it is difficult to predict with any certainty how many of this group will choose to retire across the next five years however it is likely that a significant proportion of this group will not be in the workforce in five years time.

1.3.20 Other Service Areas

- 1.3.21 As noted the other service areas within the HSCP have less staff (under 10% of their workforces) identified as high retiral risks.
- 1.3.22 While this document has classed the potential staff retirements as a risk to service delivery it must also be noted that the resources which may be released by increased turnover of staff could also present opportunities for the redesign of existing team structures to create increased capacity under new integrated health and social care arrangement with the proviso this does not compromise other areas of implementation such as Workload Tools, etc
- 1.3.23 At this time it is unclear how the workforce will behave in relation to continued employment. Staff may choose to work longer due to the impact of external factors (e.g. changes to pensions). They may also wish to adopt more flexible working patterns to reflect increased "caring" needs.
- 1.3.24 It is also important to note that as the workforce ages there may be a requirement for increased redeployment due to health reasons as staff become unable to perform "heavy" duties.
- 1.3.25 The HSCP will continue to monitor age profiles and retiral trends across the workforce to inform future need.

1.4 Leavers

- 1.4.1 The table below shows the projected leavers across 2015/16. Note that these figures are only indicative at present pending trend data from both employing organisations.

1.4.2 A figure of 7.5% has been used (the average leavers rate for NHSGGC across 2014/15)

Glasgow City Health & Social Care Partnership			
Projected 2015/16 WTE Leavers*			
Service Area	Social Work	NHS	Total
Addictions Services	12.98	23.55	36.52
Children & Families Services	78.00	29.70	107.70
Core Business Support	8.63	10.72	19.34
Criminal Justice	15.83	10.52	26.35
Homelessness Services	23.55	3.56	27.11
Learning Disabilities Services	14.48	17.04	31.52
Mental Health Services	6.60	179.51	186.11
Older People's Services	74.10	34.19	108.29
Other Community & Social Care Services	18.53	24.07	42.60
Senior Management Team	0.53	1.17	1.70
Hosted - Sexual Health Services	0.00	12.84	12.84
Hosted Specialist Children's Services	0.00	50.46	50.46
Total	253.20	397.33	650.53

*Indicative Figures only - using a 7.5% Leavers Rate for both Employing Authorities pending accurate data

1.4.3 Using the figure it is projected that the HSCP will see approximately 650 wte leavers over the financial year.