

---

# ***Flourishing Communities, Healthier Lives - Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care 2019 – 22***

---

## Intro from Chair and Vice Chair

*<to follow in final draft plan>*

DRAFT

---

## About the Strategic Plan 2019-22

This Strategic Plan is for the delivery of health and social care services in Glasgow over the next three years 2019-22.

It is prepared by the Glasgow City Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act'), and it covers all topics that are required by the Act, along with a number of other relevant topics.

The Integration Joint Board is required by the Act to produce a Strategic Plan for the health and social care services and functions delegated to it by Glasgow City Council and NHS Greater Glasgow and Clyde, and how they will be jointly delivered as the 'Glasgow City Health and Social Care Partnership.' The Strategic Plan is a strategic document that sets out the vision and future direction of health and social care services in Glasgow, and it includes some detail of the planned activities that will achieve this. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally. However, it does not represent a full list of activities outlining everything that the Integration Joint Board, Glasgow City Council and NHS Greater Glasgow and Clyde are jointly doing or planning to do over the coming years with the range of partners.

The fuller detail of planned activities to deliver the vision for health and social care in Glasgow will continue to be developed, considered and monitored on an ongoing basis through governance and local and citywide engagement structures in collaboration with partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the Strategic Plan. This is how the Integration Joint Board ensures the joint commissioning of services and their delivery.

### Locality Plans

Critical to the Integration Joint Board's Strategic Plan, each of the three local areas (North East, North West and South) that make up the Glasgow City Health and Social Care Partnership develop a Locality Plan with partners, including patients, service users, carers and the third and independent sectors. Each Locality Plan is updated on an annual basis to show how the Strategic Plan is being implemented locally to ensure services respond to local priorities, needs and issues of communities. The most up to date locality plans are available on the Partnership's website at <https://glasgowcity.hscp.scot/strategic-and-locality-plans>.

---

## About Us

### About Health and Social Care Integration In Scotland

The way in which health and social care services are planned and delivered across Scotland has significantly changed.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to integrate the strategic planning of a substantial number of health services and functions and most social care ones. As a minimum, the legislation requires that these services and functions must be integrated where they apply to services delivered to adults (including older people). This way of working is referred to as 'Health and Social Care Integration.'

Integration is not about structural change or a 'tinkering of the edges' to improve services. It is a fundamental rethink and significant change in how the strategic planning and delivery of services happens with the range of partners – individuals, local groups and networks, communities and organisations, including patients, service users, carers and the third and independent sectors. This is to ensure that services reflect the range of views, experiences, needs and aspirations of partners who may be supported by services, who may have a role in planning and delivering them or who may have an interest in them.

At its heart, Integration is about ensuring that those who use health and social care services get the right care and support whatever their needs, at the right time and in the right setting at any point in their care journey.

### In Glasgow

In Glasgow City, Glasgow City Council and NHS Greater Glasgow and Clyde have adopted the 'Integration Joint Board' model of Integration. They have also gone further than the minimum requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 by integrating the strategic planning and delivery of all health and social care services and functions for children, adults and older people, along with homelessness and community justice services.

The services and functions delegated from Glasgow City Council to the Glasgow City Integration Joint Board represent almost all of the current social care services and functions of the Council, along with their budget. A similar range of health services and functions, along with the budget for these, are also delegated to the Integration Joint Board by NHS Greater Glasgow and Clyde. The budget for health and social care services is made up of a contribution to the Integration Joint Board from Glasgow City Council and NHS Greater Glasgow and Clyde Health Board, determined as part of their budget setting processes.

The arrangements for Health and Social Care Integration within Glasgow are outlined in Glasgow City's Integration Scheme, which is available on Glasgow City Health and Social Care Partnership's website at <https://glasgowcity.hscp.scot/integration-scheme>.

### **About Glasgow City Integration Joint Board**

Glasgow City Integration Joint Board (IJB) is a distinct legal body that was created by Scottish Ministers upon approval of Glasgow City's Integration Scheme. It was established, and held its first meeting in February 2016.

The IJB is Glasgow City's decision-making body that regularly meets to discuss, plan and decide how health and social care services are delivered in Glasgow City in line with its Strategic Plan. It then directs Glasgow City Council and NHS Greater Glasgow and Clyde to work together in partnership to deliver health and social care services based on their decisions, making best use of available resources.

Membership of the IJB is prescribed in legislation, and details of the current Glasgow City IJB membership is available on Glasgow City Health and Social Care Partnership's website at <https://glasgowcity.hscp.scot/node/14>.

### **About Glasgow City Health and Social Care Partnership and its Localities**

Glasgow City Council and NHS Greater Glasgow and Clyde work together to jointly deliver health and social care services as the 'Glasgow City Health and Social Care Partnership,' which is sometimes shortened to the 'Partnership,' 'GCHSCP' or 'HSCP.'

Within Glasgow City HSCP, services are organised by the children, adult and older people care groups, with a strategic centre (including strategic planning, finance and resources) and three operational areas.

The Partnership is led by a fully-integrated Executive and Senior Management Team that has responsibility for working across both health and social care remits. The current team is available on the Partnership's website at <https://glasgowcity.hscp.scot/node/73>.

Services are delivered across three areas in Glasgow City, which are referred to as 'localities': North East, North West and South. North East and North West localities



---

are generally divided by High Street in the City Centre, and South locality comprises of the area south of the River Clyde.

The Partnership directly provides some services like residential and day care services, and there are health and social care services that are contracted / purchased from third parties including the third and independent sectors.

The Health Board area for NHS Greater Glasgow and Clyde is larger than Glasgow City's boundary and comprises of six Health and Social Care Partnerships. Glasgow City IJB and HSCP have responsibility for planning and delivering some services that cover the entire Health Board area for the other HSCPs (for example, sexual health services). These services are often referred to as 'hosted services.'

### **Services and Functions**

Some of the key health and social care services and functions delegated by Glasgow City Council and NHS Greater Glasgow and Clyde to the Glasgow City IJB, and for which this Strategic Plan covers, are listed below.

As previously mentioned, services are directly provided or purchased / contracted from a third party including the third and independent sectors. Services are delivered citywide or on a locality basis within Glasgow City, and some services are for the NHS Greater Glasgow and Clyde Health Board area (that is, hosted services).

A full list of the health and social care services and functions delegated to the Glasgow City IJB are set out within Glasgow City's Integration Scheme, which is available on the Partnership's website at <https://glasgowcity.hscp.scot/integration-scheme>.

### **Performance to Date**

Glasgow City Integration Joint Board (IJB) and Health and Social Care Partnership (HSCP) have integrated performance management arrangements to monitor, report and scrutinise the performance of health and social care services –particularly to evaluate their effectiveness in delivering the vision and priorities of the IJB and HSCP, and to evidence the achievement of the statutory National Health and Wellbeing Outcomes. The arrangements not only report on where improvements and achievements are being made but also highlight where performance may be below target or an area of concern with agreed actions to make improvements. More information on the National Outcomes is available at <http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>.

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

The logic model links the National Health and Wellbeing Outcomes to the high level core national indicators published by the Scottish Government, and then in turn links these to indicators adopted by Glasgow City HSCP to measure the delivery at locality and care group levels. In this way, Glasgow City IJB and HSCP can ensure that all performance management activity is focussed on the National Outcomes, delivery of which is a statutory requirement.

In addition to receiving care group and service level summary performance reports, Glasgow City IJB receives a range of governance and 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 provide detail of services inspected, themes arising and trends in relation to grades awarded, alongside action plans for service development. In addition, Glasgow City IJB's governance arrangements are routinely audited to ensure that internal controls are in place and operating effectively, with any improvement actions identified acted upon.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires IJBs / HSCPs to produce an Annual Performance Report (APR) within four months of the end of each reporting year (1 April-31 March), which looks back on the year and reflects on the HSCP's performance against agreed national and local performance indicators and commitments set out in the Strategic Plan. To date Glasgow City IJB / HSCP has produced two APRs, and they are available on the Partnership's website at <https://glasgowcity.hscp.scot/annual-performance-report>.

The APRs have highlighted some of the key areas where the HSCP has made inroads and improved with partners the delivery of services and achievement of outcomes to better support the needs and aspirations of patients, service users and carers of health and social care services. Some key improvements and achievements are highlighted below.

### **Children's Services**

#### **2016-17 compared to Previous Year**

- 96.4% of children aged 5 received the MMR vaccination, slightly up from 95.9%
- 93% of looked after children who were surveyed agreed that their views were listened to



### **2017-18 compared to Previous Year**

- the percentage of young people receiving an aftercare service who are known to be in employment, education or training increased by six percentage points, from 61% to 67%
- the number of children in high cost placements decreased by two-fifths, from 111 to 67

### **Adult Services**

#### **2016-17 compared to Previous Year**

- 7,400 Alcohol Brief Interventions were delivered, exceeding the annual target of 5,066
- 97% of people commenced alcohol or drug treatment within three weeks of referral, exceeding the target of 90%

#### **2017-18 compared to Previous Year**

- the number of households reassessed as homeless or potentially homeless within 12 months decreased by a tenth, from 493 to 444
- the number of individual households not accommodated in the last month of the quarter decreased by just over a tenth, from 209 to 186

### **Older People**

#### **2016-17 compared to Previous Year**

- 27% reduction in the total number of days older people were delayed in hospital, from 21,288 to 15,557
- percentage of unpaid carers who agreed carers services improved their ability to provide support increased by seven percentage points, from 80% to 87%
- 2 weeks was the new waiting time for speech and language therapy support to care homes, significantly down from 30 weeks
- 97% of people in receipt of home care who were surveyed said they were treated with dignity and respect

#### **2017-18 compared to Previous Year**

- 71% increase in the number of community service-led Anticipatory Care Plans in place, from 482 to 824
- over 200% increase in the number of people in supported living services, from 231 to 734
- the percentage of service users who receive a reablement service following community referral for home care increased by 1.7 percentage points, from 76.5% to 78.2%
- the number of acute bed days lost to delayed discharged decreased by three-tenths, from 15,557 to 10,982



---

## Health Improvement

### 2016-17 compared to Previous Year

- increase of 1.2 percentage points in breastfeeding rates from 25.3% to 26.5%
- approximately 2,700 patients and service users were supported into work by employability services

### 2017-18 compared to Previous Year

- the percentage of women smoking in pregnancy – general population decreased by 0.6 percentage points, from 13.4% to 12.8%

the percentage of women smoking in pregnancy – most deprived quintile decreased by 1.2 percentage points, from 19.7% to 18.5%.

DRAFT

## Transformation and Other Programmes Underway within Glasgow City

The Strategic Plan covers a three-year period; however, the aspirations of much of what is required to deliver the National Health and Wellbeing Outcomes transcends financial years or strategic planning periods.

Delivery of effective and lasting transformation of health and social care services is central to the vision of Glasgow City IJB. Transformation is not just changing the ways in which services are structured. It is a significant change in how they are planned and delivered with the range of stakeholders, and experienced by patients, service users and carers to better support them to achieve their personal outcomes and aspirations. Central to this is involving and engaging with the range of stakeholders within the strategic planning and delivery of services to reflect local priorities and needs, particularly patients, services users and carers, with the aim of building the resilience of communities to become healthier and stronger.

The strategy for **older people and people with a physical disability** signals a clear intention to shift the focus to enabling and supporting those who require assistance to enjoy the best quality of life possible, informed by choices they make for themselves. For older people's health and social care this means a different attitude towards risk and its management across the entire system, particularly where older people themselves make a conscious choice to live with risk in the community. This approach will also apply to people with a physical disability.

More information on the **Older People Services Transformation Programme** is available on the Partnership's website at [https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2007%20-%20Older%20Peoples%20Transformational%20Change%20Programme%202018-21\\_0.pdf](https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2007%20-%20Older%20Peoples%20Transformational%20Change%20Programme%202018-21_0.pdf).

The **adult services** profile across Glasgow City HSCP incorporates a broad range of services

- community justice services
- sexual health services
- alcohol and drug services
- mental health services
- homelessness services, and
- disability services

The vision for adult services clearly sets out the need to deliver high quality and effective services to adults with a complex range of needs. Patients and service users should receive the right services at the right time and in the right setting at any point in their care journey, and they and their families should be supported to live as independently as possible within their communities.

More information on the **Adult Services Transformation Programme** is available on the Partnership's website at [https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2006%20-%20Adult%20Services%20Transformational%20Change%20Programme%202018-2021\\_0.pdf](https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2006%20-%20Adult%20Services%20Transformational%20Change%20Programme%202018-2021_0.pdf).

Glasgow City IJB has previously backed proposals to establish a **Safer Drug Consumption Facility and Heroin Assisted Treatment** in Glasgow, in response to the significant public health issues presented by public drug injecting within Glasgow City Centre.

Safer drug consumption facilities (SDCFs) are clean, hygienic environments where people can consume drugs, obtained elsewhere, under the supervision of trained health professionals. Heroin Assisted Treatment (HAT) involves providing prescribed heroin under supervised conditions to people with long-standing heroin addiction who have not been able to stop using drugs despite multiple attempts with other treatments.

The HAT service, subject to IJB approval, is likely to be established by the time this Strategic Plan comes in to force, with early action in the 2019-22 period being to support implementation of the service and ongoing evaluation of its effectiveness.

Operation of a SDCF will require a change to UK-wide legislation and as such it may take some time to establish this service. Glasgow City IJB remains committed to establishing this important service, which would be the first of its kind in the UK, as one part of the city's wider response to the complex needs agenda.

The proposals in the five-year **Mental Health Strategy 2018-23** are designed to deliver a whole system programme across mental health for the NHS Greater Glasgow and Clyde area, using the knowledge and skills of the workforce, and through engagement with patients and their carers.

The strategy identifies priorities for Mental Health Services that include:

- medium- to long-term planning for the prevention and early intervention of mental health problems, including wellbeing orientated care and working with children's services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start in life
- recovery oriented care supporting people with the tools to manage their own health including inpatient provision and a range of community-based services, including HSCP and third sector provision
- productivity initiatives in community services to enhance capacity while maintaining quality of care
- unscheduled care across the health system including responses to crisis and distress, home treatment, and acute hospital liaison, and
- shifting the balance of care, identifying the plan for a review and reduction of inpatient capacity.

Glasgow City has developed an Implementation Plan for this work to be taken forward, and more information is available on the Partnership's website at [https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2007%20-%20Mental%20Health%20Strategy%20and%20Implementation\\_1.pdf](https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2007%20-%20Mental%20Health%20Strategy%20and%20Implementation_1.pdf).

For **Children's Services** our strategy aims not only to secure better outcomes and more positive destinations for children and young people but to enable the whole system to operate more efficiently and effectively across the City. The transformation programme for children's service sets out to strengthen the local infrastructure to deliver a preventative strategy in the city.

There is also a commitment and a determination to spend more of the IJB's / HSCP's resources in the city, and to ensure that where possible children and young people are sustained at home, in their neighbourhoods and in their local schools. To this end, the strategy is to seek to implement the aspirations of the Christie Commission, to avoid spending money in 'failure demand' and significantly shift money and interventions into the community.

The **Children's Services Transformation Programme** is available on the Partnership's website at <https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2006%20-%20Transformational%20Change%20Programme%20-%20Childrens%20Services%202018-21.pdf>.

In addition to the above transformation programmes, there are a number of programmes and projects that began during the previous Strategic Plan 2016-19 period and are planned to be completed within the 2019-22 period. Some of them are outlined here.

---

The strategic review of **Out of Hours Services** aims to prioritise prevention and support for maintaining independence. Achieving this is dependent on the right mix of services being available in the right place at the right time for each person. Integrated working across all daytime and out of hours services are also essential for achieving this aim.

Key objectives of the Out of Hours Review are to provide:

- single point of access for acute and community settings
- triage / signposting / referrals to statutory / non-statutory services, based on need
- provision of focus on continuity of care and co-ordination of individuals with multiple conditions
- co-ordinated care at crisis / transition points and for those most at risk
- access to specialist advice by phone or in community settings if face-to-face assessments are required and
- rapid escalation of support / clinical care.

It is important to acknowledge that our Transformation and Other Programmes will not be delivered through the work of the IJB alone. It is clear that to deliver the transformation we seek that we have to work with our partners, such as Housing Associations and third sector, and stakeholders. Throughout the period of the first Strategic Plan our relationship with our partners has developed and grown and we aim to build on our positive joint working in this Strategic Plan to deliver these programmes.

---

## Vision and Priorities

Glasgow City Integration Joint Board's (IJB) / Health and Social Care Partnership's (HSCP) vision and priorities for health and social care in Glasgow have developed since the first Strategic Plan 2016-2019 was published, based on the experiences and learning from progress towards delivery of the National Health and Wellbeing Outcomes in that period. The original vision and priorities in the first Strategic Plan remain very relevant, and they have been strengthened for 2019-22 to reflect the progress made with partners.

The vision and priorities can be summed up in one short phrase: **Flourishing communities, healthier lives**

### Vision

**Our medium- to long-term vision is 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.

**Over the next 10 years we will do this by:**

- focussing on being responsive to Glasgow's population and where health is poorest
- supporting vulnerable people and promoting their independence and social wellbeing
- working with others to improve health and social wellbeing, and treating people fairly
- designing and delivering services around the needs, talents, aspirations and contributions of individuals, carers and communities and the evidence obtained from the outcomes achieved from previous and current services, whilst empowering them in the process
- showing transparency, equity and fairness in the allocation of resources and taking a balanced approach by positively allocating resources where health and social care needs are greatest, with decisions based on evidence of what works and innovative approaches, focussed on outcomes for individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- developing a competent, confident and valued workforce
- striving for innovation, with the built-in expectations of ongoing evaluation of systems and services
- developing a strong identity, and
- focussing on continuous improvement, within a culture of performance management, openness and transparency.

---

## Priorities

The five key strategic priorities of the Glasgow City IJB / HSCP for health and social care in Glasgow are:

### **1. Early intervention, prevention and harm reduction**

We are committed to working with a broad spectrum of city partners to improve the overall health and wellbeing of the population of Glasgow. We will continue our efforts to promote positive health and wellbeing, early intervention, prevention and harm reduction. This includes promoting physical activity for all-round wellbeing, acting to reduce exposure to adverse childhood experiences as part of our commitment to 'Getting it Right for Every Child' and improving the physical health of people who live with severe and enduring mental illness. We will seek to ensure that people get the right levels of advice and support to maintain their independence and minimise the occasions when people engage with services at a point of crisis in their life.

### **2. Providing greater self-determination and choice**

We are committed to ensuring that service users and their carers are empowered to make their own choices about how they will live their lives and what outcomes they want to achieve. We recognise that those who have the 'lived experience' of having already received services have unique and valued perspectives that will be harnessed in helping to shape services into the future.

### **3. 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 that are 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. Over the next 10 years we will increasingly move towards health and social care services being delivered in local communities across Glasgow.

### **4. Enabling independent living for longer**

Work will take place across our all care groups to support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible.

### **5. Public Protection**

We will work to ensure that people, particularly the most vulnerable, are kept safe from harm, and that risks to individuals or groups are identified and managed appropriately. We accept that not all risks can be avoided entirely; however, risk can be managed effectively through good professional practice.



---

## What Success will Look Like

The five Strategic Priorities outlined above are in themselves aspirational, and represent the ongoing focus and purpose of the Glasgow City Integration Joint Board. A range of indicators are identified by which our progress towards achieving these priorities can be measured, but equally important is to describe, in a general sense, what achievement of these priorities will look like.

- People who need support in the city will be helped and supported to make choices that enable them to enjoy the best quality of life possible
- By investing in promoting early intervention and prevention fewer people will need to be admitted into residential or long-term care
- People with complex needs will be able to live in their own homes and communities for as long as possible
- Preventative and effective early intervention services and supports will be available to support people to live independently in their communities
- We will be working in partnership with a network of voluntary and private health and social care providers and individuals and groups with lived experience of health and social care services
- We will have open and effective channels of communication with service users; carers; stakeholders and the public to understand and have honest conversations about what they want future services to deliver
- Children and young people will be achieving positive physical and emotional health and wellbeing outcomes
- Young people with experience being in care will have better access to opportunities and will achieve better outcomes
- People with health and social care needs will experience better housing-related supports and outcomes as a result of strong partnership working with the housing sector
- We will have explored and embraced the opportunities presented by new technology available to us
- We will have a clear focus on delivering the best possible outcomes and quality of life to everyone in the city who requires support
- Health inequalities within the city will significantly narrow.

---

## Delivering Our Priorities

The below tables describe some of the ways that the Partnership will work to deliver on Glasgow City Integration Joint Board's (IJB) / Health and Social Care Partnership (HSCP) five key priorities over the next three years. This is far from an exhaustive list, but instead presents some of the most significant pieces of work being taken forward across the city during the lifetime of this Strategic Plan. Further detail of other work being taken forward across care groups and localities can be found in the transformational change programmes of each care group and within locality plans.

While each activity is identified under one of the IJB's / HSCP's five key priorities, it is the case that some activities by their nature will support delivery of multiple priorities. Each activity also supports delivery of one or more of the nine **National Health and Wellbeing Outcomes**, namely:

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- **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.
- **Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- **Outcome 4:** Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.
- **Outcome 5:** Health and social care services contribute to reducing health inequalities.
- **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.
- **Outcome 7:** People using health and social care services are safe from harm.
- **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.
- **Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services.

## Early Intervention, Prevention and Harm Reduction

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Carers' strategy	<ul style="list-style-type: none"> <li>Embed model of prevention in how carers and the people that they care for are supported.</li> <li>Focus on intervening as early as possible in a carer's journey, including by providing information and support to promote quality of life, independence and engagement with their communities, in order to prevent deterioration in their situation</li> </ul>	By year 3 – 2021-22	1, 2, 3, 4, 6, 8, 9
Sexual health strategy	<ul style="list-style-type: none"> <li>Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways</li> <li>Encourage those who could be self-managing to be supported differently</li> <li>Ensure that Sexual Health services are accessible and targeting the most vulnerable groups</li> </ul>	By year 3 – 2021-22	1, 3, 4, 5, 7, 8, 9
Family support strategy	<ul style="list-style-type: none"> <li>Work with partner agencies to improve the range and sustainability of family support services that will provide long-term benefits for local children and families.</li> <li>Provide more tangible support to mums, dads and carers in our most vulnerable neighbourhoods.</li> </ul>	By year 3 – 2021-22	3, 4, 5, 9
Children's services – Whole system change	<ul style="list-style-type: none"> <li>Implement the child and youth mental well-being framework for the city</li> <li>Create an infrastructure which can provide earlier interventions for children on the 'edge of care' and their families.</li> <li>Improve families' wellbeing and divert children from compulsory measures (such as becoming 'looked after').</li> <li>Test out different approaches in each of the city's three localities during the next three years.</li> </ul>	Year 3 – 2021-22	2, 3, 4, 9
Quality improvement in primary care	<ul style="list-style-type: none"> <li>Support the implementation of the cluster model for GPs</li> <li>Support the implementation of 'Achieving Excellence in Pharmaceutical Care'</li> <li>Engaging with dental practitioners to support delivery of the Oral Health Improvement Plan</li> <li>Engaging with optometrists to support continued delivery of the</li> </ul>	By year 3 – 2021-22	Covers all outcomes

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
	Community Eye Care Services' Review		
Housing – Equipment and adaptations	<ul style="list-style-type: none"> <li>Identify gaps in current provision and solutions for service improvement</li> <li>Produce a best practice 'Protocol for Effective Housing Solutions' which will clarify the roles and responsibilities of all agencies and relevant staff, and recommended approaches</li> <li>Establish information and advice arrangements which provide clarity for all stakeholders</li> </ul>	Year 2 – 2020-21	1, 2, 7, 9
Neighbourhood teams for older people	<ul style="list-style-type: none"> <li>Continue to develop neighbourhood teams for older people, including redesigning community rehabilitation services.</li> <li>Develop closer working between neighbourhood teams, GP clusters, local housing providers and the third sector</li> </ul>	Year 2 – 2020/21	1, 2, 3, 4, 5, 6, 7
Anticipatory care plans	<ul style="list-style-type: none"> <li>Implement a standard model for anticipatory care plans targeted at people with COPD, a diagnosis of dementia, those with palliative care needs including those in residential and day care.</li> <li>Support users in determining a coherent plan to meet their care needs that reflects their individual wishes.</li> <li>Work with GPs to ensure Key Information Summaries are produced and updated for all patients who have had a recent hospital admission and / or may be at risk of a future admission.</li> </ul>	Year 1 – 2019/20	1, 2, 3, 4, 5, 6, 7
Falls prevention	<ul style="list-style-type: none"> <li>Prevent falls in frail older people and better support those who have fallen.</li> <li>Link to other programmes such as telecare reform programme and supported living.</li> </ul>	Year 1 – 2019/20	1, 2, 3, 4, 5, 6, 7
Frailty	<ul style="list-style-type: none"> <li>Implement a model to identify people with frailty in the community</li> <li>Enhance service delivery and develop new ways of working to support people with a frailty diagnosis to live at home or homely setting as independently as they can</li> </ul>	Year 1 – 2019/20	1, 2, 3, 4, 5, 6, 7
Addiction residential framework	<ul style="list-style-type: none"> <li>Develop new and different models of care to address increasing levels of vulnerability and risk associated with dependent alcohol and/or drug use.</li> <li>Implement a co-production model in re-designing residential services, where service providers fully inform the plans for future service provision.</li> <li>Residential services will develop strong links with community services and recovery communities to support long term recovery sustainability for</li> </ul>	Year 1 – 2019/20	4, 7, 8, 9

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
	individuals and families.		
Health Improvement - Poverty	<ul style="list-style-type: none"> <li>Lead and support action to reduce child poverty in Glasgow and challenge the stigma of poverty</li> <li>Support access to financial advice and employability for patients and service users and contribute to inclusive growth in Glasgow</li> <li>Act to mitigate welfare reform and support good work, healthy workplaces</li> </ul>	By year 3 – 2021-22	1, 4, 5, 9
Health improvement - Mental wellbeing and loneliness	<ul style="list-style-type: none"> <li>Implement the adult mental well-being framework within the city. This framework outlines 6 key priority areas for action to improve Mental Health &amp; Well-being.</li> <li>Implement the prevention components of the 5 year Mental Health Strategy for GGC NHS as part of the broader Moving Forward Together Programme.</li> </ul>	By year 3 – 2021-22	1, 4, 5, 9
Health improvement - Alcohol, tobacco and other drugs / healthy weight	<ul style="list-style-type: none"> <li>Promote harm reduction programmes including alcohol brief interventions</li> <li>Contribute to programmes to protect the public in terms of accessibility of alcohol and other harmful substances</li> <li>Promote healthy weight activities, including activity programmes, cooking skills and early years nutrition</li> </ul>	By year 3 – 2021-22	1, 4, 5, 9
Multi-Agency Distress Collaborative	<ul style="list-style-type: none"> <li>Build on recommendations of the final evaluation report due to be published in February 2019.</li> <li>Mapping of current service responses to distress across Greater Glasgow and Clyde, and develop proposals for alternative community responses.</li> <li>Implementation of the Standard Service Response Pathway, aimed at people who are known to mental health services who repeatedly attend Emergency Departments more than once in a six month period</li> </ul>	Year 2 – 2020-21	3, 4
Addictions	<ul style="list-style-type: none"> <li>Develop the Heroin Assisted Treatment facility</li> <li>Develop an outreach support for disengaged members of the community misusing alcohol and drugs</li> <li>Develop outreach support to Deep End GP Practices for patients who misuse alcohol and drugs and do not engage in any treatment programme</li> </ul>	By year 3 – 2021-22	1, 2, 4, 7, 9

## Providing Greater Self-Determination and Choice

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Carer support plans and young carer statements	<ul style="list-style-type: none"> <li>Support carers not just in relation to the substantive care that they provide to the cared-for person, but also by putting measures in place that will help a carer to live their own life and to achieve their own goals and aspirations.</li> <li>Document these day to day goals and longer term aspirations within support plans as the carer's personal outcomes.</li> </ul>	By year 3 – 2021-22	1, 2, 3, 6, 9
Housing allocations	<ul style="list-style-type: none"> <li>Explore the potential for Housing Associations' allocation policies to reflect a common understanding of and consistent approach to prioritising care groups</li> </ul>	Year 2 – 2020/21 to Year 3 – 2021/22	1, 2, 7, 9
Housing information and advice	<ul style="list-style-type: none"> <li>Review information and advice available both on websites, including the Council's/HSCP's and other media/formats and its quality; to establish whether there are gaps in provision and whether there can be improvements in 'signposting' to allow service users/carers/staff to access relevant information more quickly</li> <li>Develop and update the information and advice available to people, to ensure it continues to reflect service user and others' needs.</li> </ul>	Year 2 – 2020-21	1, 2, 7, 9
Palliative and end of life care	<ul style="list-style-type: none"> <li>Increase the number of people supported to exercise their preference to experience palliative and end of life care at home.</li> <li>Grow hospice services' presence in local communities, through initiatives such as local clinics etc.</li> <li>Support community services, particularly community nursing and GPs, which will be fundamental to delivery of the palliative care strategy</li> </ul>	By year 3 – 2021-22	1, 2, 4, 5, 6, 7,
Alcohol and drug recovery service – shared care	<ul style="list-style-type: none"> <li>Introduce recovery volunteers to Shared Care practices across Glasgow to meet patients and encourage further involvement in recovery activity.</li> <li>Provide information in relation to local recovery initiatives and lived experiences.</li> <li>Address stigma in relation to addiction within the wider community.</li> </ul>	Year 1 – 2019/20	1, 4, 9
Providers	<ul style="list-style-type: none"> <li>Tender for a framework agreement for social care supports to replace the</li> </ul>	Year 1 –	2, 3

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Framework	2015 Framework Agreement for Selected Purchased Social Care Supports covering <ul style="list-style-type: none"> <li>○ Care and Support Services</li> <li>○ Day Opportunities Services</li> <li>○ Short Breaks/Respite Services</li> </ul>	2019/20	
Alternatives to acute hospital admission	<ul style="list-style-type: none"> <li>• With GPs and acute clinicians develop alternatives to acute hospital admission to safely manage chronic and long term conditions in primary care / community settings.</li> </ul>	Year 1 - 2019/20	1, 2, 4, 9
Learning Disability	<ul style="list-style-type: none"> <li>• Review and redesign health and social care learning disability services</li> <li>• Develop an integrated support framework for people with complex needs</li> <li>• Develop a reform programme for day care provision</li> </ul>	By year 3 – 2021-22	2, 4, 9
Mental Health – Recovery	<ul style="list-style-type: none"> <li>• Develop a recovery orientated system of care for mental health service users</li> <li>• Delivery of peer support for service users</li> <li>• Enhance and support people with lived experiences to lead on the recovery model across the city</li> </ul>	By year 3 – 2021-22	1, 2, 4,



## Shifting the Balance of Care

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Primary Care Improvement Plan	<ul style="list-style-type: none"> <li>Enable the development of the expert medical generalist role through a reduction in current GP and practice workload.</li> <li>By the end of the three year plan, every practice in Glasgow will be supported by expanded teams of health professionals providing care and support to patients.</li> </ul>	Year 3 – 2021-22	Covers all outcomes
GP premises and space planning	<ul style="list-style-type: none"> <li>Ensure that our buildings allow the delivery of high quality health and social care services.</li> <li>Explore the opportunities from mobile/agile working to free up space within our existing properties that could be used to provide additional clinical accommodation.</li> <li>Take an integrated approach to our property strategy which will include working with the City Council and other local partners as part of the community planning arrangements to maximise the use of the land and buildings.</li> </ul>	Year 3 – 2021-22	9
Glasgow Alliance to End Homelessness	<ul style="list-style-type: none"> <li>Establish an Alliance with provider organisations to end homelessness in Glasgow, ensuring that people have appropriate services and support options available to them, when they need them, seeking to prevent homelessness wherever possible.</li> <li>Coordinate access to and delivery of purchased homelessness services to Glasgow citizens, reducing the risk of and the time spent homeless.</li> <li>Ensure individuals have access to joined up, person-centred, effective services, which promote health and wellbeing and enable people to focus on their strengths and abilities to maximise their potential for independent living.</li> </ul>	Year 1 – 2019/20	Covers all outcomes
Learning disability long stay inpatient	<ul style="list-style-type: none"> <li>Put in place alternative support arrangements in the community to move away from the current model of NHS long stay beds for people with a learning disability.</li> </ul>	Year 2 – 2020/21	2, 4

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
services	<ul style="list-style-type: none"> <li>Develop a discharge programme for our patients based in the one remaining facility in North West Glasgow,</li> <li>Commission robust supported living and/or specialist residential services to support the discharges, using funding released from the closure of long stay beds.</li> </ul>		
High-cost placements for children and young people	<ul style="list-style-type: none"> <li>Reduce reliance on high-cost residential care placements</li> <li>Re-focus investment on family and community based supports located in Glasgow for young people who are currently looked after by the Council.</li> </ul>	By year 3 – 2021-22	2, 3, 4, 5, 9
Hospital admissions from care and residential homes	<ul style="list-style-type: none"> <li>Work with care home providers and directly provided residential units to reduce admissions to acute hospitals from care and residential homes</li> <li>Manage older peoples' care in community settings with appropriate supports.</li> <li>Support this work through better use of anticipatory care plans and closer working between GPs and consultant geriatricians.</li> </ul>	By year 3 – 2021-22	1, 3, 4, 5, 7, 9
Social isolation and loneliness	<ul style="list-style-type: none"> <li>Work with the housing sector to deliver the broad range of services and initiatives which they are involved in, such as: <ul style="list-style-type: none"> <li>Addressing social isolation – e.g.: peer support, befriending, building community connections, lunch and other social clubs, community groups and opportunities for learning, leisure and fun, intergenerational activities.</li> <li>Provision of practical and timely support – e.g. handy persons services, neighbourhood wardens, energy initiatives, help with shopping, community safety and accident prevention.</li> <li>Provision of community transport.</li> <li>Activities that promote citizenship – e.g. volunteering opportunities. (also linked to tackling social isolation).</li> </ul> </li> </ul>	By year 3 – 2021-22	1, 2, 7, 9
Residential and day care reform	<ul style="list-style-type: none"> <li>Deliver two more care homes and two more purpose-built day care facilities over the next two years, giving Glasgow some of the best provision in the UK.</li> <li>Services will continue to evolve to meet service user needs, and not simply continue to provide the same services they have in the past.</li> </ul>	Year 2 – 2020/21	1, 4, 5, 8

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Reduction in care home placements	<ul style="list-style-type: none"> <li>Continue the trend in purchased placement reduction that has been in place for a number of years.</li> <li>Sustaining more frail older people at home through a combination of home care, family and carer support and expanding deployment of advanced telecare.</li> </ul>	By year 3 – 2021-22	2, 4, 5, 9
Hospital based complex care	<ul style="list-style-type: none"> <li>Work to meet complex intermediate care, palliative and end of life care needs outside of hospital settings</li> <li>Maximise the efficient use of resources whilst supporting very vulnerable older people to access the support they need in the right place for them.</li> </ul>	Year 1 – 2019/20	3, 5, 9
Delayed discharge	<ul style="list-style-type: none"> <li>Continue to improve performance in relation to delayed discharge and further review and develop our bed model including intermediate care</li> <li>Achieve a further reduction in delays from the current typical level of 40-50.</li> <li>Glasgow faces a particular challenge in relation to delays for adults aged 18-64, given the complexity that individual cases tend to present and further work may be required in this area.</li> </ul>	By year 3 – 2021-22	3, 5, 6, 7, 9
Older People's mental health services	<ul style="list-style-type: none"> <li>Develop a new five year strategy for older people's mental health services including inpatient and community services to respond to changes in needs and demands and shift the balance of care towards more community provision.</li> <li>Respond to projected increases in dementia by developing new service models and further development of post diagnostic support</li> </ul>	Year 1 – 2019/20  Year 1 – 2019/20	1, 2, 3, 4, 5, 7, 8, 9
Mental Health - rehabilitation	<ul style="list-style-type: none"> <li>Review complex care needs and the rehabilitation function of Mental Health in patient services</li> <li>Develop suitable community alternatives to support patients to be discharged from hospital and to live independently in the community</li> </ul>	By year 3 – 2021-22	1, 2, 4,

## Enabling Independent Living for Longer

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Supported living	<ul style="list-style-type: none"> <li>Continued expansion of supported living services for those at risk of admission to care homes, both on a core and cluster and dispersed basis.</li> <li>Re-direction of the remaining former housing support budget will be used to complement core supported living budgets to purchase additional core and cluster supported living places in local communities across the city.</li> </ul>	By year 3 – 2021-22	1, 2, 4
Accommodation based strategy	<ul style="list-style-type: none"> <li>Forge a stronger and more effective partnership with housing colleagues to enable frail older people to remain living at home</li> </ul>	By year 3 – 2021/22	2, 3, 4
Technology enabled care	<ul style="list-style-type: none"> <li>Step change in both the uptake and effectiveness of TEC in relation to older people and adults,</li> <li>Address a number of weaknesses in relation to brand recognition and trust, pathways and processes, client contribution and staff roles and responsibilities.</li> <li>A significant increase in the number of service users (older people and adults) being supported by complex telecare products is planned.</li> </ul>	By year 3 – 2021/22	1, 2, 4, 6
Community connectors	<ul style="list-style-type: none"> <li>Introduction of community connectors, co-ordinated by GCVS and embedded within local RSLs, with a remit to support and enable older people at risk of requiring health and care services to maintain and enhance their skills for independence.</li> <li>Address issues related to social isolation and loneliness, which remains a challenge not only for the HSCP but also all community planning partners.</li> </ul>	By year 3 – 2021/22	1, 2, 4, 5, 6, 9
Physical disability strategy	<ul style="list-style-type: none"> <li>Development of a city-wide strategy for Physical Disability, involving key stakeholders such as service users, carers and families</li> <li>Focus on the needs of adults with physical disability, to allow a strategy to be developed to facilitate transformational change to improve outcomes for this service user group.</li> </ul>	Year 1 – 2019/20	1, 2, 3, 4, 5, 7
Continuing care and aftercare	<ul style="list-style-type: none"> <li>Review and re-design our provided and commissioned continuing care and aftercare services to ensure that they maximise the achievement of positive outcomes for young people, and are financially sustainable in the longer-term</li> </ul>	By year 3 – 2021/22	2, 3, 4, 5, 9
New models of	<ul style="list-style-type: none"> <li>Work with the housing sector to introduce bespoke residential housing-</li> </ul>	Year 3 –	1, 2, 3, 4, 5, 6, 7, 9

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
housing provision for older people	<p>with-care solutions in Glasgow based on successful models from other local authority areas.</p> <ul style="list-style-type: none"> <li>• Involve clients or their guardians actively involved in this work, co-ordinated by Housing Association design teams with input from locality health and social care staff.</li> <li>• Pilot new build schemes - at least one for each relevant care group where this is feasible, built into the Affordable Housing Supply Programme / Wheatley Group New Build Programme.</li> </ul>	2021/22	

DRAFT

## Public Protection

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Housing First	<ul style="list-style-type: none"> <li>• Work with a range of partners to upscale the implementation of a Housing First approach in Glasgow to respond more effectively to homelessness in the city.</li> <li>• Support those who are homeless with multiple and complex needs to secure permanent accommodation.</li> <li>• Challenge established practice, by moving a number of individuals currently in emergency accommodation and therefore remove these people, who have multiple and complex needs from homelessness in the city.</li> </ul>	By year 3 – 2021/22	1, 2, 3, 4, 5, 7, 8, 9
Violence against women	<ul style="list-style-type: none"> <li>• Address abuse and all forms of violence against women.</li> <li>• Support rollout of the Caledonia Programme, an integrated approach to address men's domestic abuse and to improve the lives of women, children and men.</li> </ul>	By year 3 – 2021/22	1, 3, 4, 5, 7
Supervised bail and structured deferred sentences	<ul style="list-style-type: none"> <li>• Further develop the bail service by working with the judiciary to increase the use of supervised bail in Glasgow for individuals who would otherwise be held on remand.</li> <li>• Support individuals to comply with the conditions of their bail and therefore reduce the number of individuals held on remand at any given point in time.</li> <li>• Develop options to promote use of Structured Deferred Sentence (SDS) for individuals post-conviction but prior to sentencing, to identify where there are underlying problems such as drug or alcohol dependency, mental health, learning difficulties or unemployment that might be addressed through social work intervention. .</li> </ul>	By year 3 – 2021/22	3, 4, 5, 7
Prison healthcare	<p>Develop a service improvement programme for Prison Healthcare which will consider:</p> <ul style="list-style-type: none"> <li>• The development and implementation of a set of Key Performance Indicators</li> <li>• The development of Advanced Nurse Practitioner posts across the service to address the challenge of providing accessible GP cover.</li> </ul>	By year 3 – 2021/22	3, 4, 5, 7

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
	<ul style="list-style-type: none"> <li>The review of recruitment practice around nursing staff to support retention and vacancy management.</li> <li>A review of the workforce to enable improved service delivery</li> <li>A streamlined system around service user complaints.</li> <li>A robust Health Improvement approach, with a particular emphasis on mental health and smoking cessation.</li> </ul>		
Police custody healthcare	<ul style="list-style-type: none"> <li>Provide a combined high quality service, including delivery of Forensic Medical Service provision,</li> <li>By responsive to the Health care needs of people in custody and to ensure appropriate links are made to other services (e.g. Addiction, Mental Health Services) to meet individuals' on-going Health needs.</li> </ul>	By year 3 – 2021/22	3, 4, 5, 7

DRAFT



---

## About Glasgow: Demographic Context

Glasgow is a vibrant, cosmopolitan, award-winning city known throughout the world as a tourist destination and renowned location for international events such as the Commonwealth Games 2014 and European Championships 2018. The city has been transformed in recent years, developing remarkable business and tourism sectors and becoming one of Europe's top financial centres, whilst the physical enhancement of the city has been dramatic. However, challenges in addressing deprivation, ill health and inequality are significant and well documented. A lot of progress has been made in addressing these issues, but there continues to be more that can be done to ensure that there are opportunities for everyone in the city to flourish and live longer, and have healthier and more independent lives within stronger communities.

## Population and Projections

Glasgow City has a population of 615,070 (2016 National Records of Scotland), which is 11.4% of the population of Scotland. It comprises of:

- 110,239 (17.9%) children aged 0-17
- 421,041 (68.5%) adults aged 18-64 and
- 83,790 (13.6%) older people aged 65 and over.

The population is expected to continue to increase over the next few years and beyond. Estimates of population growth between 2016 and 2026 indicate an overall increase of just under 24,600 people. This is an increase of 4%, which compares to a projected increase of 3.2% for Scotland as a whole.

It is estimated that there will be much greater growth for the child (6.3%) and older people (14.4%) populations than for adults (1.3%).

## Life Expectancy

Life expectancy in Glasgow City is lower than across Scotland as a whole, and residents of Glasgow are estimated to become unhealthy at a younger age, and live longer with health issues, than the Scottish average.

2016-17 life expectancy for a Glasgow male is 72.9 years compared to 77.4 years for a Scottish male – a difference of 4.5 years. For females this is 78.2 years compared to 81.3 years – a difference of 3.1 years.

---

Life expectancy is forecast to increase steadily for both males and females; however, the gap between Glasgow and Scotland is likely to remain unchanged in size.

According to the most recent data available, healthy life expectancy at birth is 55.9 years for Glasgow males compared to 63.1 years for Scottish males – a difference of 7.2 years. Similarly, Glasgow females are expected to live in good health to 58.5 years, far lower than the Scottish average of 65.3 years – a difference of 6.8 years.

### Poverty and Deprivation

Glasgow City contains four in 10 of Scotland's 15% most deprived data zones; however, this proportion rises to almost six in 10 in the Partnership's North East locality (SIMD 2016).

More than a quarter of a million people, two-fifths of Glasgow's population, live in these deprived areas. Within Glasgow, around a third of North West locality's population lives in a 15% deprived area, compared to almost two-fifths in the South and just under three-fifths in North East.

In addition:

- 19.9% of Glasgow's population, more than 120,000 people, lives in an income deprived area compared to 12.2% for Scotland
- 15.7% of Glasgow's working age population, almost 70,000 people, lives in an employment deprived area compared to 10.6% for Scotland
- 48.6% of Glasgow's child and young person population aged 0-25 years, more than 95,000, lives in a most income deprived area compared to 21.5% for Scotland and
- 29% of Glasgow pupils P4 and above, more than 13,500, are registered for free school meals compared to 15.6% of Scottish pupils.

### Health and Social Care Needs Profile – Some Statistics

- Around 12% of Glasgow's 16 and over population, almost 62,000, has said that they live in 'bad/very bad' health compared to 8% of Scotland's adults.
- A third of Glasgow adults, more than 170,000, live with a limiting long-term illness or condition similar to 32% of Scotland's adults.

- 
- More than 8,000 people are estimated to be suffering from **dementia** in Glasgow.
  - Around 3,700 people, 0.6% of Glasgow's population, are recorded as having a **learning disability**, whilst almost 13,000 people, 2.1%, are reported as having a **learning difficulty**.
  - It is estimated that around 6,400 people in Glasgow have a form of **autism**.
  - It is estimated that more than 100,000 people in Glasgow have a **physical disability** – 17% of the population.
  - Almost 6.9% of the population has been recorded as having a **hearing impairment** (rising to 26.9% for people aged 65 and over), and almost 2.5% of the population having a **visual impairment** (rising to 10.6% for people aged 65 and over).
  - More than 57,000 (9.3%) Glasgow people are **unpaid carers**.
  - A fifth (21%) of Glasgow adults have common **mental health problems** compared to 16% of Scotland's adults, with far higher proportions for females (25% Glasgow and 17% Scotland) than males (17% Glasgow and 14% Scotland) in both Glasgow and Scotland.
  - A fifth of Glasgow's population, more than 125,000 people, is prescribed drugs for **anxiety, depression and psychosis**. The Scottish average is 18.5%.
  - Glasgow has more than 13,000 **problem drug users**, 3.2% of the adult population – almost double the national average of 1.7%.
  - Over a fifth (23%) of Glasgow adults are estimated to drink **hazardous / harmful levels of alcohol** – slightly less than the national average of 25%.

---

## Context

### Legislative Context

The Glasgow City Integration Joint Board (IJB) operates within an evolving legal landscape, with several significant pieces of national legislation impacting on aspects of the IJB's responsibilities. Fundamental to all of these is the **Public Bodies (Scotland) Act 2014**, which establishes the legal basis for the IJB. A number of other pieces of legislation have been passed since the Public Bodies Act that further develop the role of and duties placed on IJBs.

The **Carers (Scotland) Act 2016** came into effect in April 2018. This Act places a range of duties on Integration Joint Boards to support unpaid carers, including developing a Carers Strategy and having clear eligibility criteria in place. Within Glasgow City there is a long history of delivering effective services to carers, and implementation of the IJB's duties under this Act has progressed well.

The **Community Empowerment (Scotland) Act 2015** provides a new legal framework for community planning, replacing the community planning duties contained within the Local Government Scotland Act (2003). The Act creates new rights for community bodies and places new duties on public bodies. The Act aims to improve outcomes achieved as a result of public services and has a significant emphasis on addressing disadvantage and inequality. The Act also requires Community Planning Partnerships to prepare Local Outcome Improvement Plans and annual progress reports.

Within Children's Services, working within the national framework of **Getting it Right for Every Child (GIRFEC)**, Glasgow City Health and Social Care Partnership (HSCP) has forged good partnership relationships and working practices that are proven to work for children, young people and families. This is to ensure that every intervention contributes strongly to breaking the cycle of poverty, deprivation, poor life chances and poor outcomes. The Partnership's mission is to get it right for every child, and the aim is to act with every child's best interest at the heart of all that the Partnership does.

The **Children and Young People (Scotland) Act 2014** includes a requirement to develop an early intervention and prevention model and lays out duties on public bodies in relation to Corporate Parenting, Continuing Care and After Care. The Act is a key driver for Children's Services, and a number of actions to implement it are outlined later in this document.

## Equalities Context

The Equalities (Scotland) Act 2010 requires a wide range of public sector organisations to plan and report on equalities outcomes. Integration Joint Boards (IJBs) were made subject to the Act during 2015 and were required to publish Equality Mainstreaming and Outcomes plans by the end of April 2016. A wide ranging engagement process was carried out to develop Glasgow City IJB's first set of equality outcomes, which were approved by the IJB in March 2016.

Glasgow City IJB's equalities outcomes focus on three priority areas:

- to foster good relations and remove discrimination
- to contribute to closing 'gaps' and
- to listen to, and work with, people and communities.

More information on Glasgow City IJB's equalities mainstreaming and outcomes is available on the Partnership's website at <https://glasgowcity.hscp.scot/equalities>.

Further national legislation that will provide important context for future equalities actions within Glasgow City IJB include the following.

The **British Sign Language (Scotland) Act 2015**, which promotes the use of British Sign Language including making provision for the preparation and publication of national plans, requires certain authorities to prepare and publish their own British Sign Language plans. IJBs are not one of the listed authorities that must produce their own plan; however, both the Council and Health Board are required to do so and the IJB therefore has a role to play in supporting both bodies to fulfil those duties.

In 2017, with the introduction of the **Fairer Scotland Duty**, Scotland became the first part of the UK to introduce a duty on public authorities to do more to tackle the inequalities of outcome caused by socio-economic disadvantage. In particular, the duty aims to make sure that strategic decisions about the most important issues are carefully thought through so that they are as effective as they can be in tackling socio-economic disadvantage and reducing inequalities of outcome. The socio-economic impact of decisions has been adopted as part of the Equality Impact Assessment process used by Glasgow City HSCP.

---

## Planning Context

While Glasgow City IJB is responsible in its own right for the strategic planning of health and social care services within Glasgow City, there are a number of other related strategies in place across the city that provide important context for the IJB's Strategic Plan.

The **Glasgow City Council Strategic Plan 2017-22** sets out the priority themes and commitments that will be delivered by the Council over the next five years. There is a specific focus in Glasgow City Council's Strategic Plan to address health to ensure that everyone can reach their full potential and take part in all that Glasgow City has to offer in terms of job opportunities and good quality neighbourhoods. 'A Healthier City' is a priority theme within the Council's Strategic Plan, and there is a commitment to work with Glasgow City HSCP to deliver a number of priorities to achieve the following outcomes:

- Glasgow is healthier
- services are focussed on prevention and early intervention
- citizens and communities are more self-reliant for health and wellbeing and
- there are integrated services with health that support Glaswegians when they need it.

The Council Plan is available at <https://www.glasgow.gov.uk/C/HttpHandler.ashx?id=40052&p=0>

NHS Greater Glasgow and Clyde's **Moving Forward Together Programme** describes a new system of care, organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and able to provide best value. The Moving Forward Together strategy document is available at <http://www.nhsggc.org.uk/media/248849/item-9-18-24.pdf>.

Glasgow's **Community Plan** is produced by the Community Planning Partnership, of which Glasgow City IJB is a member. The Community Plan describes the key objective of inclusive growth, and three focus areas: economic growth; resilient communities; a fairer, more equal Glasgow. The Community Plan and associated Action Plan are available at <https://www.glasgowcpp.org.uk/communityplan>.

**West of Scotland Regional Planning** represents work across the organisational boundaries of five Territorial Health Boards, 15 Integration Joint Boards (including Glasgow City) and five National Health Boards to develop an over-arching model of care that provides a unified framework for the long-term planning of services for and with local people.

The **Integrated Children and Young People's Service Plan** sets out the strategic direction for the planning and delivery of services for children, young people and families in the Glasgow City. The plan was written in consultation with children, young people, parents, carers and staff from across partner agencies, to ensure everyone is working to and understands the vision, aims and priorities for Glasgow. The Integrated Service Plan encompasses all services for children, young people and families, including services that are not within the remit of the Glasgow City IJB, such as education services; however, the plan is central to the IJB's planning for health and social care services for children, young people and families.

Glasgow City HSCP's **Primary Care Improvement Plan 2018-21** provides the framework through which it will meet the commitments made in the new GP Contract. While the new contract is intended to primarily benefit patients – by reducing and re-focussing GP and GP practice workload to support the development of the GP role as an expert medical generalist and to act as senior clinical leaders within wider multi-disciplinary teams – its implications are much wider. There is an expectation that many HSCP services will need to be reconfigured and, crucially, there are clear expectations of gains for patients in the city, in terms of easier access to effective integrated assessment, treatment, advice and support as well as improvements in how they are directed to local support networks and, for more complex patients, more time with their GPs.

The **Health Promoting Health Service** (HPHS) is a settings-based approach that aims to embed effective health improvement and health inequalities practice, and establish a health promoting culture within the NHS in Scotland. Delivery focuses on the key areas of person-centred care, staff health and wellbeing and hospital environment. The Scottish Government's Chief Medical Officer has recently laid out the priorities for the HPHS over the next few years:

- leadership; embedding HPHS in core business
- patient pathways; needs assessment and referrals; building capacity
- staff Health and Wellbeing and
- transforming the hospital environment.

The **Public Health Priorities for Scotland** were launched in June 2018 by the Scottish Government and COSLA. These priorities were developed through a process of extensive consultation and reflect a consensus on the most important things Scotland as a whole must focus on over the next decade to improve public health and address health inequalities. They are intended to be a foundation for public services, third sector, community organisations and others to work better together to improve health, address health inequalities, empower people and communities and support more preventative approaches.



---

The strategic direction for **Health Improvement** in Glasgow sets out the context, evidence and policy direction, principles and priorities for Health Improvement work within the city. This focuses the health improvement workforce on reducing health inequalities in the city, particularly around poverty and mental health, and changing the culture for health around four behaviours – smoking, alcohol, drugs and obesity. Impacting on these key drivers of health outcomes will have the biggest public health impact. The priorities for health improvement in Glasgow are centred around three main areas:

- building mental wellbeing and resilience
- building structurally and socially resilient communities and
- creating a culture of health for the city

NHS Greater Glasgow and Clyde also has in place a **Public Health Strategy**, which describes six priority actions:

- Develop a better understanding of the health experiences of our population
- Work with partners to tackle the fundamental causes of poor health, including poverty, housing and challenging personal circumstances
- Promote health and wellbeing at all stages from early childhood to healthy ageing
- Create a culture of health and wellbeing in our communities to help people make healthy choices
- Improve health services to ensure they are fair, accessible and effective for all
- Protect the public health from risks and disease

**Scotland's Digital Health and Care Strategy** was published in April 2018 – with a strapline of 'enabling, connecting and empowering'. The strategy seeks to support the vision for health and social care in Scotland so that citizens have access to the digital information, tools and services they need to help maintain and improve health and wellbeing. Information is captured electronically, integrated and shared securely to assist staff and carers who need to see it, and so that digital technology and data will be used appropriately and innovatively to:

- help plan and improve health and care services
- enable research and economic development and
- ultimately improve outcomes for everyone.

---

NHS Greater Glasgow and Clyde published a Digital Strategy in the second half of 2018, and Glasgow City Council are expected to publish their own strategy in 2019. Glasgow City HSCP is both a contributor to these strategies and an expected beneficiary from strategic investments and transformations, such as the significant investment in communications technologies across Glasgow.

Within Glasgow City, we will aim to use digital technologies to support service transformations, in particular to improve the efficiency of our services and support staff to assist with meeting National Health and Wellbeing Outcomes eight and nine, and using technologies directly with service users, carers and other key stakeholders to assist with meeting outcomes one to seven.

### **Commissioning within Glasgow City HSCP**

Glasgow City CHSCP is committed to meeting the health and social care needs of Glasgow's citizens by providing access to high quality, flexible and responsive support services that share our values and principles and promote good practice standards. These may be provided directly by Glasgow and Clyde NHS or by Social Work Services or be delivered by voluntary and independent sector care providers on our behalf.

Glasgow City HSCP is committed to working in partnership with provider organisations and service users to deliver a wide-ranging variety of support services that support and promote choice, independence and that enable individuals and families to be supported in their own homes and local communities for as long as possible. Glasgow City HSCP recognises the knowledge and experience external providers and contractors have of the communities we all serve, and the Partnership works with them to meet the needs and personal outcomes and aspirations of patients and services users.

The commissioning resource within Glasgow City HSCP plays a crucial role in supporting delivery of Glasgow City IJB's / HSCP's vision and priorities outlined in this Strategic Plan. Commissioning activity is integral to planning structures that facilitate the commissioning of services that support our aspirations and the delivery of transformational change.

Glasgow City HSCP's commissioning activity is governed by Procurement Legislation, and follows the core principles of the Scottish Government Procurement Journey commissioning cycle (analyse, plan, do and review). Commissioning teams within the Partnership ensure Best Value (quality and cost) is achieved from purchased services through the application of a contract management framework that promotes safeguarding users of services and a culture of continuous improvement, efficiency and effectiveness. The commissioning and contract management approach adopted promotes a collaborative approach to planning, designing, implementing and managing purchased / contracted services.

---

In keeping with our overall approach to engaging meaningfully with communities in the planning and delivering of services, Glasgow City HSCP has adopted a collaborative approach to commissioning services in processes such as the 2019 framework tender for social care supports, Addiction service redesign and work to develop an alliance model for the delivery of homelessness services.

Glasgow City HSCP is strongly committed to engaging directly with service users and people with lived experience in relation to the planning, commissioning and contract management of services. We expect to see this area of activity continue to grow throughout the lifetime of this Strategic Plan

DRAFT

## Financial and Resourcing Context

### Financial Framework

The financial position for public services continues to be challenging and the IJB must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities of the Strategic Plan. To support this the IJB has developed a Medium Term Financial Outlook which provides an opportunity for the IJB to plan based on the totality of resources across the health and care system to meet the needs of the local people and support delivery of the Strategic Plan for 2019 to 2022.

The Medium Term Financial Outlook estimates a financial gap which will require to be met from savings. The Medium Term Financial Outlook highlights a number of financial pressures which contribute to this financial gap and more detail on these can be found within the Medium Term Financial Outlook.



The Medium Term Financial Outlook identifies a number of measures which will be required to address the financial challenge. These include:-

- Continuation of our Transformation Programme which will seek to deliver more efficient methods of service delivery which focus on outcomes and the needs of patients and service users.
- Development of 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 residential settings.

- 
- Continue to use our property to support the aims of the Integration Joint Board of delivering high-quality, effective services to people in their communities.

### **Budget Position**

Glasgow City IJB delivers a range of services to its citizens and in 2019-20 has funding of £1.1bn to spend on services. This is funded through budgets delegated from both Glasgow City Council and NHS Greater Glasgow and Clyde. As in previous years, savings will be required to be identified to enable the Partnership to meet demand and cost pressures whilst remaining within the funding that is made available from partners.

The Partnership is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. A number of core programmes have been put in place to support this.

### **Transforming Our Services**

The partnership has put in place a transformational change programme, as outlined in the previous context section of this Strategic Plan, which spans the entirety of the HSCP's business and seeks to deliver transformational change that will deliver innovative services for the people of Glasgow and realise financial savings to support a balanced budget. Detailed medium-term transformation programmes have been approved for Older People, Adult and Children's Services and demonstrate the continued commitment to transformation and the identification of opportunities to deliver efficiencies that will contribute to future year savings.

### **Investment Priorities and Plans**

Implementing the transformation programme requires the Partnership to look at what services are delivered, how they are delivered and where they are delivered from. Fundamental to these programmes is the partnership investment programmes and how it supports this transformation.

The Partnership has set out its investment priorities in its Property Strategy 2017-2020. The main objectives of the strategy are:

- to gain best value from our use of property
- to ensure that health and social care services are provided in and from fit-for-purpose, modern buildings
- to enhance provision of health and social care services in local communities and
- to rationalise our estate in order to reinvest savings into frontline services.

The Property Strategy has already delivered significant investment to support transformation, including the opening of the new Maryhill Health and Care Centre and continued investment in Older People and Children's residential accommodation.

Work has commenced on a new £20m Woodside Health and Care Centre and a new £17m Gorbals Health and Care Centre. These centres will accommodate a range of health and social care services, delivering integrated services for these local communities. Both sites are planned to be operational in spring 2019.

Future plans are also being developed with a business case being progressed for a new health and care centre in the East End of Glasgow. The Partnership is also working jointly with Scottish Prison Service on the development of the Maryhill Community Custody Unit, the first in Scotland and anywhere in Europe, to be opened in late 2020, and continues to provide full backing to the development of the UK's first Safe Drug Consumption Facility.

### Staffing and Workforce Plan

Staff within Glasgow City Health and Social Care Partnership (HSCP) – our people – are integral to our success and particularly the success of our transformational journey.

As at April 2018, Glasgow City HSCP has a workforce of 7,680 Whole Time Equivalent (WTE) staff, made up of 3,602 WTE employed by Glasgow City Council and 4,078 WTE employed by NHS Greater Glasgow and Clyde. The significant majority of staff work directly with patients, service users, carers and their families to support them. The breakdown of staff across care groups and between Council and Health Board is outlined within the following table.

<b>Glasgow City HSCP</b>			
<b>Staff in post April 2018</b>			
<b>WTE by Employer and Core Leadership Group</b>			
<b>Core Leadership Group</b>	<b>Council</b>	<b>NHS</b>	<b>Grand Total</b>
<b>Children's Services</b>	1,004	767.75	<b>1,771.75</b>
<b>Adult Services</b>	857	2,433.05	<b>3,290.05</b>
<b>Older People's Services</b>	1,127	877.57	<b>2,004.57</b>
<b>Business Support</b>	614	**	<b>614</b>
<b>Grand Total</b>	<b>3,602*</b>	<b>4,078.37</b>	<b>7,680.37</b>

## Notes

\*Council figures do not include care services staff from Cordia (Services), LLP who transferred into the Council under the management of Glasgow City HSCP in September 2018. Please refer to further information in this section of the Strategic Plan.

\*\*Staff within business support functions in NHS GGC are allocated across service areas and included in those totals.

At the heart of Health and Social Care Integration is shifting the balance of where and how care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. The Partnership has developed a Workforce Plan that will support the redesign of services around communities and ensure that they have the right capacity, resources and workforce. The Workforce Plan is reviewed on an annual basis. Optimising and joining up balanced health and care services, whether provided by NHS, local government or the third and independent sectors, is critical to realising our ambitions.

To support Glasgow City HSCP's workforce through service redesign, integration and transformational change programmes, our organisational development approach is fundamental to building a culture of shared objectives and close partnership working. An Organisational Development Plan (as part of the Workforce Plan) for Glasgow City HSCP is in place, focussing on four strands:

- culture
- service improvement and change
- establishing integrated teams and
- leadership development.

In September 2018, approximately 2,300 WTE care services staff previously employed by Cordia (Services) LLP transferred into Glasgow City Council under the management of Glasgow City HSCP. These staff cover a range of services and functions, including:

- all home care services
- assessment and review
- community alarms
- all home care operational support staff
- EquipU
- stair lifts / ceiling track hoist services
- transport and support service (TASS)

- 
- EquipU and TASS – operational support staff
  - transport and fleet management and
  - linguistics.

A programme of communication and engagement activity with affected staff was put in place to welcome them into Glasgow City HSCP and support them to continue to deliver high quality care and support services under the management of the Partnership.

DRAFT



---

## Partnership Working

Glasgow City Health and Social Care Partnership (HSCP) does not operate in isolation; everyone has a shared responsibility at varying levels for the provision of health and social care support and services – whether this be people who are supported by services, who may have a role in planning and delivering them or who may have an interest in them. We must work together to ensure that services provided are complimentary and easy to access, and that we have a shared understanding of how our services can integrate properly to better meet the needs of the citizens of Glasgow and support them to meet their aspirations. The public, private and third sectors and local communities share responsibility for providing services and support to meet public needs, and the meaningful involvement and engagements of patients, service users and carers in the planning of services is essential.

We must collectively embrace change, more of the same won't meet the projected health and social care needs in Glasgow. Transformational change requires real commitment from all partners and service providers / contractors. We are ambitious in achieving more from integration and the significant resources that are available to us. We will work collaboratively with all stakeholders in the city to make best use of resources and achieve more.

Glasgow City IJB and HSCP want to make sure that health and social care services reflect the priorities and needs of local people and communities, and this is reflected in Locality Plans for each of the HSCP's three areas.

There are a number of ways in which patients, service users and carers can either be involved or share their views in the planning of services. The **IJB membership** has patient, service user and carer representatives as part of its (non-voting) membership. They attend every meeting and are involved in the decision-making process. Third and independent sector and staff representatives also make up the IJB membership as non-voting members.

To strengthen the engagement of stakeholders further, the IJB has a **Public Engagement Committee**. It enables Glasgow's citizens and local third and independent sector organisations to have a direct route of engagement and a role in developing policy for integrated services.

Glasgow City IJB's / HSCP's **Participation and Engagement Strategy** outlines the principles and approach that it has adopted in Glasgow to ensure that our participation and engagement activities meet local expectations, national standards and the needs of everyone in Glasgow who has an interest in the development and delivery of health and social care services in the city. This strategy is supplemented by our **Consultation and Engagement Good Practice Guidelines**, which aim to ensure a consistent approach to consultation that is good quality, supportive and effective so that individuals, groups, communities and organisations have opportunities to be fully engaged in an informed way.

---

Across the city we have established **Locality Engagement Forums** in each of the Partnership's localities, which feed into local management arrangements and city-wide networks. The Locality Engagement Forums are made up of a range of stakeholders, mostly patients, service users and carers from local communities, and they have an important role to play in linking to the governance, decision-making and planning structures of the locality and HSCP, ensuring that feedback from and the opinions and views of patients, service users and carers is heard.

**Community Planning**, as defined by the Scottish Government, is how public bodies work together and with local communities to design and deliver better services that make a real difference to local people's lives. Glasgow City IJB is a statutory member of Glasgow's Community Planning Partnership, and works with all partners to deliver the Community Plan and its associated action plan.

The Community Planning Partnership also has responsibility for planning the **Community Justice** function within the city. In Glasgow the Community Justice Authority is unique, as it is the only single local authority area Community Justice Authority in Scotland. The Community Justice Authority has developed a local Community Justice Outcome Improvement Plan, which the Glasgow City IJB / HSCP will work with other partners to deliver.

Planning for the range of **Children's Services** (not just health and social care services) takes place within a wide-ranging partnership of key stakeholders. The Children's Services' Executive Group is chaired by the Executive Director of Education Services and the membership includes senior management from a range of agencies, including third sector agencies. This group provides leadership and strategic direction for children's services through the development and implementation of the Integrated Children and Young People Services' Plan.

The **Glasgow Alliance to End Homeless** aims to end homelessness in Glasgow, by ensuring that people have appropriate services and support options available to them, when they need them, and by seeking to prevent homelessness wherever possible.

The Alliance will continue to coordinate access to and delivery of purchased homelessness services to Glasgow citizens, reducing the risk of and the time spent homeless. This is to ensure individuals have access to joined up, person-centred, effective services, which promote health and wellbeing and enable people to focus on their strengths and abilities to maximise their potential for independent living. This approach recognises that 'more of the same' won't do, and it will aim to transform homelessness services in Glasgow, bringing together a range of partners with different expertise, skills and ideas.