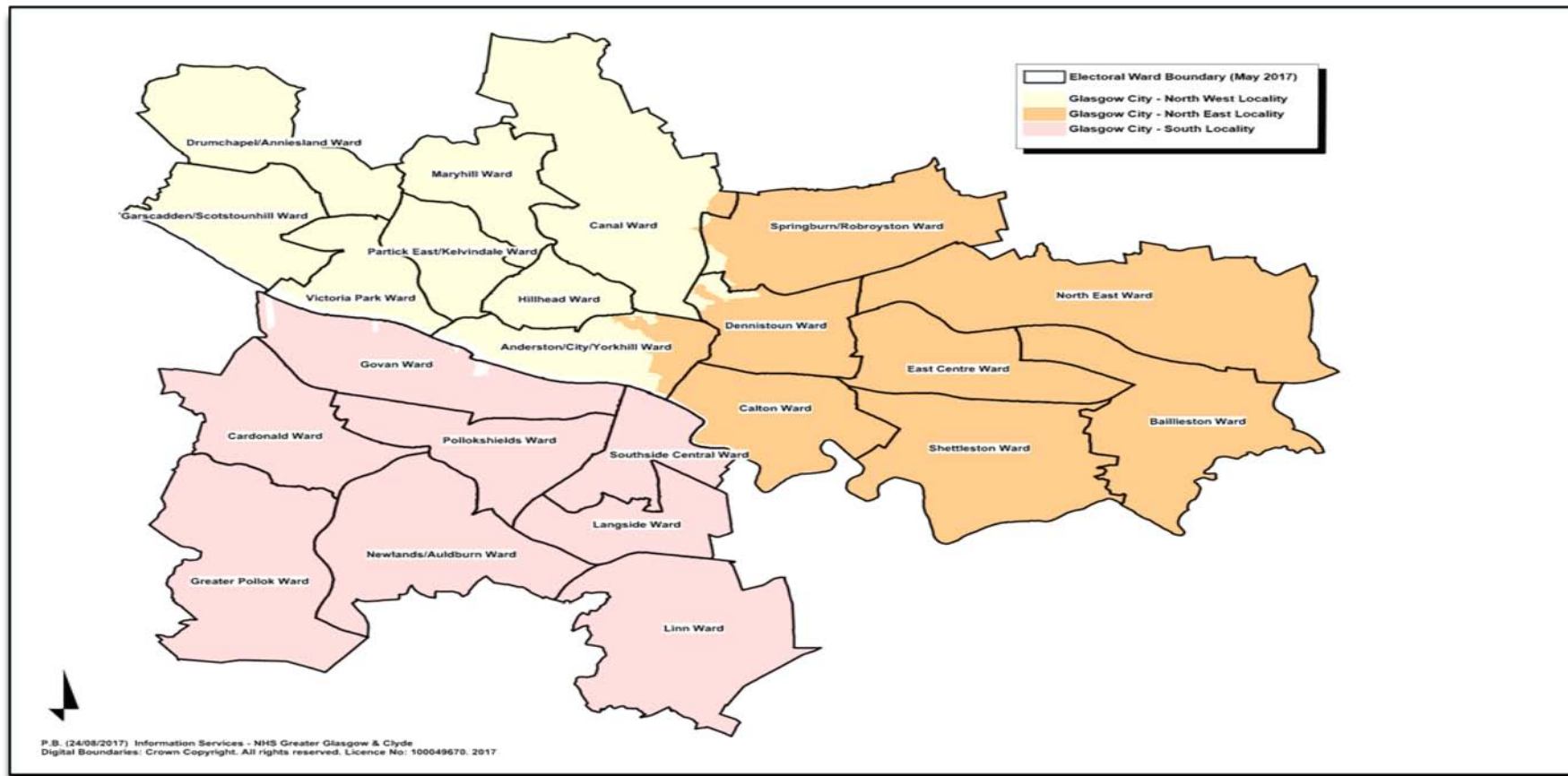


North East Glasgow Locality Plan 2018/19



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FOREWORD

This Plan represents an update of the North East (NE) Locality Plan 2017/18. The plan aims to provide an overview of the progress made during 2017/2018 and to identify our priorities and actions for 2018/2019.

Over the last year, we have taken opportunities through a diverse range of forums to engage with community representatives, the housing sector and third sector colleagues in what we do and what we want to achieve. A significant focus of our engagement strategy has also been to focus on meeting our staff and hearing from them what opportunities Health and Social Care integration gives us to improve the services we are responsible for delivering in the North East of the city. I am delighted to report that we have achieved performance improvement in a number of areas (detailed later in this report) and this is directly attributable to the efforts of our frontline staff and managers who are focused on really making a difference to the lives of the people who use our services. Our aim is to continue this across our services in the coming year. We know the impact that poverty and deprivation has on the lives of people in places like the North East of Glasgow and we have worked on a number of initiatives to tackle poverty including the significant investment in financial inclusion and the Thriving Places approach across the North East area. Again, our aim will be to keep focused on that work.

We continue to work in a challenging financial context which means we need to continue to ensure that we are delivering services that genuinely and significantly impact positively on people's lives and redirects resources where they don't.

We are committed to building on our achievements over the last year and looking forward once again to working closely and in partnership with our local communities, our staff and other agencies/ organisations.

We will be consulting widely on our plan throughout this year, and if it becomes apparent that we need to amend/ change any of it, we will commit to do so.

Mike Burns,
Head of Strategy & Operations (Children's Services),
Glasgow City Health & Social Care Partnership

Introduction

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and in March the Board endorsed a three year Strategic Plan for the period up to 2019. In that Plan the IJB set out its vision for health and social care services -that the City's people can flourish, with access to health and social care support when they need it. The IJB envisaged that this would be achieved by transforming health and social care services for better lives. This Locality Plan runs alongside and is driven by the Strategic Plan.

1. HSCP KEY PRIORITIES

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

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

In the HSCP localities are an important part of our integration arrangements to improve the delivery of health and social care services for the people of Glasgow. We have agreed three localities in Glasgow – one covering the North East of the city, one covering the North West and one the South of Glasgow. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for North East Glasgow. Similar plans are also available for the North West and South.

The purpose of this plan is to:

- Show how we will implement the HSCP's Strategic Plan 2016-2019 in the North East of the city, and what this will mean for service users, patients and local communities; and
- How we will respond to local needs and issues.

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

- What we know about health and social care needs and demands and any changes from the 17/18 plan;
- Our current performance against key targets;
- The key service priorities as defined in the HSCP's Strategic Plan, including health improvement and what we are doing to tackle inequalities; and,
- The resources we have available including staff and accommodation.

We will report later in the year on how we are doing in implementing the plan and identify further areas of improvement for next year's plan. If you have any comments on this plan, let us know.

2. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM



Glasgow City Health and Social Care Partnership recently completed a consultation on how best to engage with local people about health and social care issues. North East sector held a number of public consultations asking for people to comment on the HSCP Participation and Engagement Strategy and the comments made by North East Representatives during the Consultation. This resulted in a number of key actions to be developed:

- Groups should receive information regarding changes to services
- The opportunity to comment on changes before the final decision is taken.
- The importance of providing consultation feedback to service users explaining the reasons for the decision and evidence that their views were taken into consideration.
- Two way communications is very important.
- Particularly important is the commitment to provide support to enable people to participate in engagement activity.

Representatives from North East Public Partnership Forum, North East Voices for Change, East End Community Addiction Forum and Carers Forum, met in March 2017 and agreed to establish the North East Locality Engagement Forum. Over the past 12 months the priorities for this new Forum have been:

- Development work with community representatives to agree working arrangements ensuring that the Forum can achieve the aspirations set out in its new remit
- Further develop the membership of the Forum and establish a wider network to include hard to reach vulnerable groups
- Focus on the North East Locality Plan to ensure that local people have their say on current and future service provision
- Support wider public involvement in the planning and decision making of services that are delivered locally
- Approve full engagement on the Parkhead Hub proposal be carried out by the HSCP from April to June 2017

The North East Locality Forum is now well established with regular meetings taking place between Forum members and Heads of Service who discuss the priorities and performance of services. The aim of the monitoring of the information is to measure the difference being made to local services. This allows forum members to help identify the outcomes and priorities that will make a real difference to the lives of local people.

The North East locality were asked to undertake engagement and communication across the area with staff, the local community and third sector organisations on the proposal to have a purpose built Health and Social Care Hub in the area. An engagement plan was developed to ensure appropriate coverage together with a poster, information leaflet, Q&A sheet and questionnaire available in hard copy or as a survey monkey on line questionnaire. Following the consultation period two public meetings were held to update on activity undertaken.

In the coming year 2018/2019 we will further develop the membership of the Forum and establish a wider network to include hard to reach vulnerable groups

To find out more about the Locality Engagement Forum please contact: Tony Devine, community Engagement Officer (North East Locality) on 0141-553-2861

4. PERFORMANCE INFORMATION

Where We Are Performing Well

Older People:	Additions:
Open OT activities : % over one year	% of service users with a Recovery Plan
	% commencing treatment within 3weeks of referral
	%Parental assessments completed within timescale
Continence Service – Waiting Times	Primary care:
Home Care: % Reviews	Numbers on GP practice dementia registers
Reablement: % requiring no further home care support following reablement	Unscheduled Care:
number of Anticipatory Care Plans in place	Bed Days Lost to Delayed Discharge (Older People 65+)
number of Residential Care Reviews	Health Improvement:
number of referrals to Telecare	Breastfeeding: 6-8 weeks (exclusive)
Deaths in Acute Hospitals 65+ and 75+	Nos of Alcohol Brief Intervention deliveries
Homelessness:	
Number of individual households not accommodated over last quarter	
Prescribing Costs:	Carers:
Compliance with Formulary Preferred List	Qualitative Evaluation Question: Improved your ability to support the person that you care for
Annualised cost per weighted list size	Number of Carers who have completed an Assessment during the quarter
Children:	Business Processes:
Access to specialist Child and Adolescent Mental Health Services (CAMHS) services – Waiting Times	% of elected member enquiries handled within 10 working days
Nos of referrals to healthier and Wealthier Children's Services	NHS complaints within agreed timescale
	SW Complaints - % handled within agreed timescales
% of HPIs allocated	
	Human Resources:
	Social Work Sickness Absence Rate

Where Improvement Required

Older people:	Health Improvement:
	Number of 0 – 2 year olds registered with a dentist
Reablement: % receiving a service following referral	Alcohol brief intervention delivery (ABI)
Intermediate Care :	Smoking quit rates at 3 months (40% most deprived areas)
Average length of stay	Breast Feeding 6 – 8 weeks (exclusive) in 15% most deprived areas
Unscheduled care:	
Delayed discharge: No. of patients over 65 breaching the 72 hour target	Criminal Justice:
No. of patients over 65 classed as AWI breaching the 72 hour target	% of CPOs with a Case Management Plan within 20 days
Adult Mental Health patients breaching the 72 hour target (Under and over 65 including AWI patients).	% of Unpaid Work (UPW) requirements completed within timescale
Adults under 65 breaching the 72 hour target.	% of Community Payback Order (CPO) work placements commenced within 7 days of sentence
Children:	% of CPO 3 month reviews held within timescale
% of young care leavers in employment, education or training	Homelessness:
	Number of households reassessed as homeless or potentially homeless within 12 months
	% decision letters issued within target after initial presentation
	% of live homeless applications over 6 months duration at end of quarter
	Human Resources:
	NHS Sickness absence rate
	NHS staff with an e-KSF

5. SERVICE PRIORITIES

Children and Families

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Early and effective intervention aiming to give all children and young people the best possible start in life</p>	<p>Review duty and redesign services which target families sooner and reduce need for statutory services</p>	<p>Review of North East early years Joint Support Teams (JST) took place and remit now expanded to discuss well being concerns by Named Person</p>	<p>Consultation on findings June 2017</p>
	<p>Continue to reduce the number of children placed on the Child Protection Register and the length of time of registration.</p>	<p>Third sector engaged in assisting with the provision of family support services across the locality at immediate point of contact and improved rapid response to early intervention nos reduced by 50% Jan 2018. Lottery Bid successful to develop a consortium approach in partnership with third sector organisations</p> <p>Health Improvement team has established a link with the Family Group Decision Making (FGDM) team and a proposal has been drafted which outlines the potential HI contribution to this workstream;</p> <p>Review impact of Family Group Decision Making (FGDM) in reducing the need for child protection</p>	<p>Ongoing 2018/19</p> <p>Information will be available for end of Feb 2018 on the Review of impact of Family Group Decision Making. (interim evaluation has been produced and has positive findings)</p>
<p>Involve children in decisions that affect them, have their voices heard</p>	<p>Continue to consult with young people and develop contemporary strategies which reflect how young people currently communicate through social media and determine how this can influence child protection and looked after children and processes</p>	<p>NE Safeguarding group established and have reviewed Have Your Say, Talking Mates and Viewpoint for all Looked After/Looked After and Accommodated Children</p> <p>Local consultation planned with health improvement, social work and planning detailing NE service user process and outcomes</p>	<p>Joint approach to this work with Children's Rights commenced June 2017 and will consider role of social media</p> <p>Work will be ongoing in 2018/2019</p>

Children and Families (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Work with families to improve the life chances for children, with a specific focus on family resilience, health improvement, educational attainment and reducing the number of children looked after away from home</p>	<p>Implement the new Universal Pathway for Children aged 0-5 years</p> <p>Build on the success of the Early Years Joint Support Teams and repeat a Validated Self Evaluation for each one Implement</p> <p>Change to support children who require dental extraction and promote the Dental Health Support Worker (DHSW) role of health improvement and prevention of dental caries</p>	<p>No clear reason was identified in 2017/18 for the low uptake of Triple P discussion group in the North East Locality. This will be reviewed again as part of the Universal Pathway implementation in 2018/19</p>	<p>Ongoing in 2018/2019</p>
	<p>Implement the new antenatal support model identified by the Glasgow HSCP group working with the Scottish Government Children and Young Person Improvement Collaborative</p> <p>Roll out the Early Years Collaborative test of change to support children who require dental extractions</p>	<p>Team Established and Training Completed</p> <p>Steering Group established</p> <p>Research and Evaluation Resource identified</p>	<p>Interim Report completed February 2018</p> <p>Work ongoing in 2018/2019</p>

	<p>Implement and evaluate the Family Group Decision Making team. (FGDM)</p> <p>Promote extended family network searches to offer a FGDM process to priority groups identified as cusp of care, recently accommodated young people, pre birth and young people placed in residential units within and outwith the city.</p> <p>Support the roll out of FGDM across the city</p> <p>Promote Life Long Links model of practice to those within the pilot age range (accommodated up to 3 years, 5-15), and work to embed the approach in services to support LAAC young people who do not fit the trial criteria</p>	<p>Team Established and Training Completed</p> <p>Steering Group established Research and Evaluation resource identified</p>	<p>Ongoing roll out of the service in 2018/2019</p>
<p>Review Permanence Planning process and improve performance</p>	<p>Introduce new review systems via permanence tracker and identify ASM champions</p> <p>Roll out development of permanence processes to children and young people in kinship placements</p>	<p>City wide target of permanence reviews of 96% met by Nov 2017 and sustained</p>	<p>Maintain performance level for 2018/2019</p>

Criminal Justice

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Better Access to Addiction, Mental Health and homelessness services for Criminal Justice Service Users	<p>Quarterly liaison meetings to continue between Criminal Justice and Addiction teams to monitor and address local issues</p> <p>Organise development sessions with the mental health team to look at improving joint working between teams</p>	<p>Local liaison meeting between Criminal Justice and Addiction Services led to development of paper looking at local processes / protocols</p> <p>Development session held with Criminal Justice and homelessness staff looking to improve joint working between the services</p>	<p>Quarterly monitoring meetings</p> <p>July 2018</p>
Promote interface, communication and information sharing with Children and Families services in response to child protection concerns	Continue to raise awareness of the information sharing tool and ensure it is used appropriately. Evaluate impact of the tool in the Child Protection process	<p>Information sharing tool developed and rolled out to Children and Families team</p> <p>Work done with Children & Families team leaders to raise awareness of tool and ensure use at Child Protection Meetings</p>	Dec 2018
Evaluate North East Women's Team in terms of effectiveness and impact on service user's wellbeing indicators	Cohort of women to be interviewed, data to be collected and analysed and report to be completed summarizing findings	N/A	Dec 2018

Adult Services

• **Alcohol and drugs**

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Early Intervention and Harm Reduction by increasing Blood Borne Virus (BBV) and HIV testing and increase in harm reduction interventions</p>	<p>Implement further Hepatitis clinics within the Alcohol and Drug Recovery Service (ADRS) to support more patients to access Hepatitis treatment alongside Opioid Replacement Therapy (ORT) prescription</p>	<p>Increase in addiction patients that have engaged with Hepatitis treatment in the community through specialist ORT clinic</p>	<p>Further Hepatitis clinic to be established by July 2018. A further 10% increase in patients receiving Hepatitis treatment at ORT clinics by September 2018.</p>
	<p>Increase Blood Borne Virus testing through dry blood spot testing and maintain overview of new HIV diagnosis in NE. Engage patients in treatment through links with community Brownlee service.</p>	<p>Numbers of patients tested by medical officers and nursing staff increased in 2016/17; Increase in numbers of patients accessing treatment through Brownlee assertive outreach</p>	<p>Data will be reviewed in June 2018 to consider whether further work is required to target testing;</p>
	<p>Access team to engage service users who require treatment quickly, identify vulnerabilities and complex needs, and outreach to the harder to reach population. Deliver harm reduction advice and support as a core task</p>	<p>Access teams established in 2017 with the aim of engaging patients appropriate to the service and linking with other services where required; Non-medical prescriber aligned to the New Patient Clinic; Pathways being developed with other teams within the service for speedy allocation to appropriate teams – Criminal Justice, Parents, Shared Care or Core.</p>	<p>Pathways to be developed and embedded by July 2018; Audit of access team and outcomes to take place in March 2018 and September 2018; Harm reduction toolkit to be rolled out by June 2018</p>
	<p>Continue to receive regular feedback from citywide ADP Harms Group (formerly drug and alcohol death prevention sub group). NE locality ADP Prevention Group, chaired by ADRS and Health Improvement to produce action plan and report quarterly to NE ADP Strategic Group. Link to full prevention and harm reduction agenda across all statutory and third sector services</p>	<p>Quarterly reporting from ADP Drug and Alcohol death prevention sub group took place and services were reviewed to take account of the increase of HIV Diagnosis, with an improved link with Brownlee service. Fire safety and young people were added to the NE ADP Prevention action plan.</p>	<p>Quarterly reporting and review of services</p>

<p>Ensure recovery is an integral part of treatment, from the first point of contact through to exit from service</p>	<p>Recovery planning from initial contact and throughout treatment and care, assisted by implementation of new model. Implementation of Recovery Outcome Indicator tool (ROI) in line with Scottish Government timeline</p>	<p>ROI was piloted and useful in recording recovery outcomes for service users. Awaiting Scottish Government guidance on timescales for full implementation.</p>	<p>At least 70% service users with recovery plans by December 2018. Implementation of ROI by December 2018</p>
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Alcohol and Drugs (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Ensure recovery is an integral part of treatment, from the first point of contact through to exit from service</p>	<p>Continue staff training in recovery planning through team development</p>	<p>Sainsbury's model for recovery planning was introduced in 2017 and requires ongoing development in setting priorities for the Alcohol and Drug Recovery Service</p>	<p>Review team development plans and priorities, and outcomes for service users by September 2018</p>
	<p>Continue staff training for recovery</p>	<p>Recovery training for staff (social care, nursing and medical) commenced June 2016</p>	<p>Completed June 2017</p>
	<p>Continue to Support and develop Recovery Communities and Recovery Hubs. All developments in service to consider recovery hubs and recovery community involvement. Develop recovery clinics led by peers.</p>	<p>Interface meetings with Recovery Hubs established; Recovery Hub staff are linked to sub-teams within ADRS; Service users accessing Recovery Hubs increased by 10%</p>	<p>A further 10% increase in service users accessing Recovery Hub by July 2018; Recovery clinics to be established and embedded in ADRS by July 2018.</p>
	<p>Increase the number of alcohol and drug users in recovery and using community supports</p>	<p>Reporting framework not available although numbers attending recovery initiatives have been maintained</p>	<p>Increase of 10% of service users leaving the service through planned discharge due to recovery by December 2018</p>
	<p>Continue to re-model the service to continue to promote recovery and lived experience input into service developments</p>	<p>Implementation of Alcohol and Drug Recovery Service complete; Lived experience represented at all NE ADP sub-groups and Strategic Group; Lived experience representation at Recovery Hub and Alcohol and Drug Recovery Service interface meetings.</p>	<p>Consult recovery communities, lived experience and wider community in September 2018 to review the effectiveness of community involvement.</p>

<p>Support Children and Young People affected by their own, or their carers', alcohol or drug use</p>	<p>Assess, and access support for, children and young people affected by parental alcohol and/or drug use</p>	<p>Parents sub-team established in the Alcohol and Drug Recovery Service, focusing on families where child protection issues have been identified, and early intervention cases;</p> <p>Homework clubs for children affected by parental substance use developed in Springburn and Haghill; Chronology began to be developed for use by ADRS Parents Team</p>	<p>Chronology to be developed and implemented by August 2018;</p> <p>Review of the Impact of Parental Substance Use assessment by August 2018;</p> <p>Further Homework Club to be developed in Easterhouse area by January 2019</p>
	<p>Increase support to young people who use alcohol and/or drugs. Identify specific Alcohol and Drug Recovery Service (ADRS) young person's workers to link to children's residential units in NE Glasgow to offer direct interventions or indirect support through advice to residential staff.</p>		<p>Service to be established with residential units by June 2018;</p> <p>Review outcomes for children and young people by December 2018</p>

Learning disability

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continue personalisation assessments for all people who have a learning disability and are eligible to receive a service	Ensure that all service users are assessed through personalisation, appropriate funding agreed commensurate with their level of need	- 67 new SNAs (resulting in 62 OBSPs). Remaining 5 are care home placements- OBSP not required.	Continues to be a priority area of work that will be reviewed every three months
	Outcome Based Support Plans (OBSPs) are developed in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible	- 62 new OBSPs in place	As Above
Partnership approach to remodeling of some of our social care provision to meet changing needs and financial challenges	Collaborative work ongoing with providers and HSCP in relation to service users profiles and modeling appropriate health and social care provision	4 service users in NE (2 are currently subject to 13 discharge planning discussion).	Ongoing
	Continue to review all those brought through personalisation in the last two years, to ensure ongoing support is targeted to meet current needs and where appropriate remodel services/approaches	303 Reviews completed by Project Team to targets set (30 more being completed at present).	City wide panels set up to complete 1,100 reviews of all service users across the city receiving day time supports – to be completed by October 2018
	Phase 2 – service users who receive sleepover services as well as day time supports – 132 service users care packages to be reviewed	139 service users (previously subject to proportionate review) will require full care management review in line with commissioned services re-design/ Telecare development.	Locality Care Management Project Team established to review all service users receiving services from social care providers - to be completed 2018

Adult mental health

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continue to improve waiting times to access Primary Care and Community Mental Health Teams	<p>Collate the relevant data to establish a baseline and:</p> <p>Continue to monitor the 18 weeks to referral to treatment - Access target for Community Mental Health Teams (CMHTS)/Primary Care Mental Health Teams (PCMHTS)</p> <p>Review staffing profiles in the community and agree an action plan.</p> <p>Recruitment issues - reduce temporary/secondment post to encourage sustainability of the workforce</p>	<p>Standard operating procedures introduced across CMHTs</p> <p>Agreed response times to referrals of Emergency – same day</p> <p>Urgent within 5 working days and routine within 20 working days</p>	Ongoing review throughout 2018/2019
	Continue to ensure we have the most appropriate and efficient staffing model as we further develop the future CMHT models and clinical care pathways.	Review of all CMHT staffing posts across all disciplines	Ongoing throughout 2018/2019
Ensure effective transfer of wards on Parkhead site to Stobhill Site	Continue to liaise with staff, patients and carers to ensure effective communication regarding progress.	Achieved - wards transferred to the Stobhill site.	Ongoing and transfer expected by early 2018

Adult Mental Health (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Complete personalisation assessments for all people who have a mental health difficulty and are eligible for services</p> <p>Support people to live as independently as they can within their own home with support</p>	<p>Improve performance in relation to the completion of Support Needs Assessments and Outcome Based Support Plans which will improve access to social care services.</p> <p>Additional performance targets to be set with all plans to be routinely completed within two month period</p> <p>Carry out a data cleanse exercise and ensure timely reviews</p>	<p>17/18 - 41 service users care plans were reviewed with support remaining in place</p>	<p>Continues to be a priority area of work that will be reviewed every three Months in 2018/2019</p>
	<p>Outcome based support plans(OBSPs) are developed in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible</p>	<p>37 new OBSPs completed (7 abandoned due to service being declined)</p>	<p>Ongoing in 2018/19</p>
	<p>There is a continued need for improvement, which would require to pick up on individual staff performance. However Mental Health (MH) input to Adult Care duty has increased to accommodate targets around sleepover reviews, where expertise sits with Learning Difficulties.</p> <p>The MH Team has lost 2 Mental Health Officers (MHOs) within the last year however a new MHO is now in post.</p> <p>Adult Care is subject to review where throughput of MHO work (less than 10%) will be balanced against staff commitment (28.5%)</p>	<p>60 Support Needs Assessments (SNAs) completed (17 abandoned due to non engagement by service users) Of 60 completed – 37 translates to OBSPs as per above. The other 23 translated to residential services/SARA supported accommodation placements where OBSP is not required</p> <p>There were 34 reviews completed, with an additional 30 completed by the NE Project team (therefore transferred from Original Worker)</p>	<p>Resource Allocation Panels to increase to weekly from monthly to ensure performance targets are met for completion of Support Needs Assessment and Outcome Based Support Plans</p>
	<p>Improve how we work across HSCP and the voluntary sector to ensure that the spectrum of need from mild to moderate mental distress/illness to acute chronic and enduring mental illness is addressed</p>	<p>Meetings with voluntary and social care providers have been ongoing throughout 2017/2018</p>	<p>Ongoing – agreed approach for 18/19 to be agreed at Adult Mental Health Management Team</p>

Adult Mental Health (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
Inpatient Services Reduce average length of stay ensure effective use of beds Ensure delayed discharges are within target range Unscheduled Care – ensure early identification of barriers to discharge	Review all models of support to take forward the reshaping of supported accommodation and supported living to meet current needs, ensuring that people in most need can be prioritised for high levels of support	44 people currently supported within supported accommodation in North East	Ongoing during 2017/2018
	Actions 18/19	Progress 17/18	Target/Timescale
	Review inpatient pathways Review complex care reviews Reduce occupied bed days Investigate data behind absconson rates and reduce by 10%	New Action	Work ongoing in 2018/2019
	Appoint a Discharge Co-ordinator	New Action	Post filled in 2018
	Implement regular meetings at HSCP level with housing/social work/inpatient and community based services. Rehabilitation services – ensure effective use of beds in conjunction with NW	New action	Ongoing in 2018/2019

<p>Inpatient Activity</p>	<p>Improve therapeutic interventions for inpatients Reduce illicit drug use Increase referrals to Link Workers, financial inclusion services and employment opportunities Implement supplementary staffing action plan Reduce the use of Bank staff</p>	<p>Development of increased staffing resource to provide therapeutic activities in evenings and weekends – due to commence April 2018. Roll out of PcPsych AIMS across all inpatient areas commencing April 2018</p>	<p>2018/2019</p>
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Homelessness Services

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Improve interface with housing providers to increase access to settled accommodation	Continue to input into Local Letting Communities	Represented at Local Letting Community Forums to achieve targets on settled accommodation	Ongoing
		Work ongoing to increase the number of available permanent tenancies through RSLs	Ongoing
	Registered Social Landlords (RSLs) to provide sessions to the Community Homeless Team highlighting areas of tenancies that are regularly void	Referrals for permanent accommodation has increased significantly in the last six months	Ongoing throughout 17/18
Increase in number of households securing permanent accommodation	Increase in homelessness referrals for permanent accommodation	20% increase in resettlement plans has been achieved	Achieved
Improving tenancy sustainment through early support and identification of need.	Continue to embed Housing Options approach in practice with registered social landlords and Community Homeless Team	Housing Option approach rolled out across team and continuing to be developed	Completed by September 2017
	Continue to improve access to third sector support services	New Flexible Housing Outreach Support Services launched March 2017	Ongoing and completed by March 2017
	Improve knowledge, access and interface with Health and Social Care Partnership services for people at risk of homelessness	Updates and interface meetings have taken place over the past six months and will continue throughout 2018	Regular updates to be provided at NE Essential Connections Forum, Homeless Providers Forum and NE housing events

Older People's Services

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Ensure effective Intermediate Care (IC) Service to deliver good outcomes for service users and their carers.</p>	<p>We will strengthen the multi disciplinary teamwork within IC by aligning dedicated staff, including social work, and a continued focus on supports at home</p> <p>Ensure effective use if Intermediate Care (IC) and service user <i>outcomes</i> via the development and implementation of the Intermediate Care Performance Improvement Plan</p>	<p>NE continues to increase the use of intermediate care and maintain high occupancy rates in 17/18.</p>	<p>Implementation of IC Performance and Practice Improvement actions over the course of 2018/2019</p>
<p>Balance of Care: Continue to optimize opportunities to support individuals to remain at home or to return home via effective multidisciplinary team working and optimizing community supports the city wide including carers support, supported living options and telecare solutions</p>	<p>We will continue to focus on supporting service users to return home, where possible, with the support of a range of health and social care services to meet their individual needs.</p> <p>Pivotal to this will be building supported living capacity and further application of the Cordia Supported Living Service</p>	<p>We have successfully developed effective multidisciplinary team (MDT) working in the implementation of a supported living MDT forum and staff development and awareness sessions</p> <p>The Cordia Supported Living model is well established in NE Locality, supporting individuals to return home.</p>	<p>Continue to support the development and establishment of Cluster Supported Living Models throughout 2018/19.</p> <p>Ensure outcomes of Glasgow City HCSP's Telecare strategy is embedded in practice and effectively communicated- 2018/19</p> <p>Develop a locality Palliative Care Action plan and commence implementation- 2018/19</p>
<p>Support for individuals with Palliative Care needs and their families and ensure delivery of the key aims of Glasgow City HSCP's Palliative and End of Life Care Strategy.</p>	<p>Continue to develop a NE Locality Palliative Care plan in partnership with key stakeholders and partners taking account of key priorities outlined in the Palliative and End of Life Strategy</p>		
<p>In line with Glasgow City HSCP's Falls strategy ensure delivery of a NE Locality Plan to reduce the number of falls and falls injuries through awareness training and evidence based practice.</p>	<p>Deliver a North East Locality Falls Action and Plan with ref to include ref to the four priority areas, in partnership with key stakeholders</p> <p>Four key elements</p> <p>Stage 1: Supporting active aging, health improvement & self-management</p> <p>Stage2: Identifying high risk individuals and/or fragility fractures</p> <p>Stage 3: Responding to an individual who has fallen and requires immediate assistance</p> <p>Stage4: Coordinated management and specialist assistance</p>		<p>Action Plan developed and agreed July 18</p> <p>Progress implementation plan Aug- March 19</p>

Older People's Services (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Focus on and develop service capacity particularly in relation to prevention and early support	We will continue to build the numbers of service users who have an anticipatory care plan to reduce unscheduled admissions to hospital with a particular focus on a reduction of hospital admissions from a care home setting.	NE has met the target for anticipatory care plans	Work will be ongoing in 2018/2019 to continue to increase the numbers of service users who have an anticipatory care plan and ensure communication to optimize positive use across agencies/[partners 2018/2019
Post Dementia Diagnostic Support	Continue to Increase the number of service users with a diagnosis of dementia on the GP Dementia register and ensure effective delivery of post diagnostic support	NE continued to achieve good performance in relation to number of service users with a diagnosis of dementia on the GP Dementia register (target 1,218, 1,457 registered	Ongoing
Establish Integrated Neighbourhood Teams and the Home is Best (Hospital Discharge) Service	<p>Develop the agenda and implement Neighbourhood Teams for Older People and Adults affected by disability, including the implementation of the Occupational Therapy Review and Home is Best (Hospital Discharge) service.</p> <p>Ensure a focus on maintaining independence, health and well being, access to the right service at the right time, working effectively with communities partner agencies acute and GPs</p>	HR Process has been concluded over the course of 2017/18 which will enable the new structures to be implemented and developed	April to July 2018: NE will transition into the new integrated Neighbourhood Management and City Home is Best (Hospital Discharge Team) arrangements

Health Improvement

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Support the further development of Thriving places work stream in Parkhead/Dalmarnock/Camlachie and in Easterhouse, Springboig/Barlanark</p>	<p>We will develop an Action Plan with short, medium and long term actions for the three Thriving Places (TP): Parkhead/Dalmarnock/Camlachie/Easterhouse/Springboig</p>	<p>A range of community led activities delivered across 2017/18 including:</p> <ul style="list-style-type: none"> 'Charrette' approach in E'house which involved 1,000 local people in sharing their thoughts and aspirations for a new town centre action plan. Winterfest 2017 Play Cafes Tea Dances Drop Ins Family Meal and Homework clubs 	<p>Continue to report on Health Improvement Neighborhood work via: Collection of a range of evidence including case studies, photographs and via supporting University Masters students in their research dissertations</p>
	<p>Continue work on the delivery of the Local Plan and Action Plan work streams above.</p> <p>Continue to support specific partnership working in Dalmarnock</p>	<p>TP places Plans were approved in October 2017</p>	<p>Work ongoing to implement local action plans in 2018/19</p>

Health Improvement (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Support individuals and families with health related issues: build positive mental health and resilience, reducing alcohol, drugs, tobacco use and obesity	We will review the funding requirements for Lifelink and continue to support and oversee the contract	Lifelink has been ongoing and delivering well, exceeding targets	Work ongoing in 2018/2019 Quarterly Performance Monitoring Reports produced
	Oversee the delivery of the Lifelink Youth contract	2017-18 Quarter 1, - 3 there has been 296 young people seen for counseling this is 52% over target.	Quarterly reporting meetings; extract case studies and utilise in HSCP performance monitoring. Ongoing in 2018/2019
	<p>Include consideration of mental wellbeing and resilience into all family focussed programmes e.g. family meal homework clubs</p> <p>Within our tobacco cessation services we will continue to further develop innovative targeted approaches to increase referrals into our community service</p> <p>Continue to build positive relationships with GP practice and Pharmacy staff</p>	<p>As part of the Health Issues in the Community certificate, which is a recognized evidence based community capacity building course, people and groups were encouraged to explore local issues which were giving them concern. This included successful alcohol and traffic campaigns</p> <p>A new City Tobacco Group has been set up to develop a consistent, evidence based and cost effective approach for the delivery and development of tobacco work.</p>	Report on impact of resilience building work in a place context at midyear and end year via HSCP performance framework
	Develop the health improvement contribution to the North East kinship pilot model	Links have been established through representation on the Family Group Steering Group with Quarriers Care management which includes access to Health Improvement activities and services in general: support for young people and kinship carers/signposting to other services.	Continue to develop links with Quarriers in 2018/2019

Health Improvement (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Contribute to reducing poverty and supporting people living in poverty in North East Glasgow	Provide financial inclusion services delivered in a range of settings across North East Glasgow and influence other service areas and primary care to make referrals into this service	<p>Referrals to money advice services continue to increase from NHS staff . Work has been on going to improve and increase referrals.</p> <p>Have worked closely throughout 2017 with a Deep End Cluster of GPs to embed advice provision within their GP Practice Pilot funded via iHub</p>	<p>Continue to increase referrals to financial inclusion services in 2018/2019</p> <p>Implementation of service re design including small tests of change. Quarterly reporting</p>
	Extend approaches to income maximisation in primary care building on the Parkhead Health Centre	IHUB funding in place for ongoing pilot with GP deep end practices. Have been able to extend the early work in Parkhead Health Centre to Parkhead Cluster Practices (9 in total)	Secure further funding to continue to develop and learn and learn from the programme for a further year
	Alleviate food poverty through the provision of programmes which include, as part of a wider activity, the provision of food e.g. extend the network of breakfast clubs in the North East for school aged children	<p>Dalmarnock Family Meal and Homework Club continuing, new clubs commenced in Easterhouse Aultmore Park and Parkhead Quarrybrae.</p> <p>A number of organisations across NE have been supported with small grants to develop family nutrition work this includes growing, cooking and provision of kitchen equipment.</p>	Develop a <i>how to</i> guide following experience and best practice for establishment of Family Meal and Homework Clubs

Primary Care

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Improve health life expectancy</p>	<p>Continue to improve publicity and ensure health promotion opportunities at all contacts and locations ensuring all contractors are linked in</p> <p>Develop and encourage wider use of online digital technology, including the GP website</p> <p>GPs to be encouraged to use website and reception redirection to ensure best use of resources</p>	<p>All Know Who to turn To posters developed and distributed to GPs, Optometrists and Community Pharmacists</p>	<p>Ongoing in 2018/19, and will maximise publicity materials</p>
	<p>Continue to support the benefits of screening.</p> <p>Work with McMillan to ensure Information Stalls are kept up to date</p> <p>Encourage clusters to access data sets to inform good practices including:</p> <p>Referral data from the Community Respiratory team Chronic Obstructive Pulmonary Disease(COPD), PARS, (Practice Activity Reports) and SPIRE</p>	<p>Prostate Cancer stands now in Health Centres 28 weeks</p> <p>McMillan@glasgow libraries stands now in Health Centres</p> <p>COPD referral data can now be provided to clusters for improving referral rates to the community respiratory services</p>	<p>Ongoing in 2018/19, and will maximise publicity materials</p>
<p>Carers are encouraged to have life outside caring</p>	<p>Continue to promote the use of "A Local Information System for Scotland (ALISS)</p> <p>Ensure Carers booklets are available in primary care premises. Ensure Public Health Directory is kept up to date</p>	<p>A Local Information System for Scotland" (ALISS) being launched 31/1/2018</p> <p>Carers booklets are now being distributed to optometrists and community pharmacists. Electronic translated language versions of the booklets are available.</p> <p>Public Health Directory being accessed by Practices</p>	<p>Work ongoing 2018/19</p>

Primary Care (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
<p>Support older people to live healthier lives</p>	<p>Continue to identify 'vulnerable' population and ensure they are linked into appropriate services through using</p> <ul style="list-style-type: none"> • Anticipatory Care Plans • Chronic Disease Management <p>Establish a Test of Change Project in Riverside for Anticipatory Care Plans/Chronic Disease Management</p> <p>Encourage Clusters to request reports from the Carers Services in respect of numbers of referrals and actions taken.</p> <p>Encourage practices to use electronic versions of the carers referral form.</p>	<p>Anticipatory Care Plans promoted regularly including at 17c annual visits and at Primary Care Implementation Group meetings</p> <p>GEMAP services and chronic disease management services promoted at Primary Care implementation Groups Meetings and 17c annual visits.</p> <p>Share widely outcomes from GEMAP iHUB bid for Parkhead area.</p>	<p>Ongoing with particular focus on widening the number of staff who contribute to Anticipatory Care Plans</p> <p>Ensure chronic disease management programme continues</p> <p>Encourage practices to refer to GEMAP services.</p>
<p>Support sustainable Primary Care services (including out of hours and urgent care)</p>	<p>Better utilise all members of the primary care team (for example increase access to treatment from community pharmacy and optometrists)</p> <p>Work with Clusters and Cluster Quality Leads (CQLs) to promote training/signposting to other organisations/health professionals/community infrastructure</p>	<p>Know Who To Turn To poster incorporating Optometry distributed to GP Practices and all North East community pharmacy and optometrists</p> <p>Making the most of Your Practice developed and translated into 21 languages</p>	<p>Support the development and delivery of the Primary Care Improvement Plan to ensure the implementation of the new GP contract.</p>
<p>Support sustainable General Practice</p>	<p>Continue to pilot new ways of working with GP Practices</p> <p>Share information on good practise based on evidence and Evaluation from Pioneer Projects.</p> <p>Promote Patient education, self management of Long Term Conditions (LTCs) promotion of available resources including the third sector.</p> <p>Continue to work with Clusters on developing Patient Education - information access (NHS Inform) and learning events</p>	<p>Link Worker in four NE Practices</p> <p>Pioneer Project in four practices to provide additional clinical support</p> <p>Pharmacy initiative in 21 practices Learning sessions held on resilience for Small Practices < 3,500 pts.</p> <p>Patient education events e.g. diabetes are ongoing</p>	<p>Support the development and delivery of the new Primary Care Improvement Plan to ensure the implementation of the new GP contract.</p>

<p>Support GP Cluster working</p>	<p>Continue to drive the agenda for Quality Improvements with/ across the NE GP Clusters</p> <p>Support integrated/multidisciplinary working across Clusters and neighbourhood teams</p> <p>Access Scottish Government funding to develop Cluster working</p> <p>Continue to develop links with secondary care through cluster working and the Primary Care Implementation Group</p>	<p>7 GP clusters and 7 Cluster Quality Leads identified. Working city clusters arranging educational meetings and patient self management documentation</p>	<p>Ongoing 2018/19</p>
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Cross cutting service priorities

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continuing to further develop strong interface with the housing sector	Housing and Homelessness Lead will work with landlords as first point of contact for any tenancy sustainment issues and will continue to work with Housing Options staff in the North East	We have continued to hold joint meetings with Housing Options staff during 17/18 and our Housing and Homelessness Lead has been based in local housing associations to assist in the roll out of Housing Options approach	Work ongoing into 2018/2019
	Further housing events to be held during 18/19 with themes/topics developed in partnership with local landlords	Three housing sessions held with over 40 housing representatives at each event	Housing sessions will continue 2018/2019
	Training will be offered to all landlords and any specific training needs will be identified	North East Training Plan developed in partnership with local housing providers	Training Plan will be updated throughout the year to show uptake and topics delivered
	Statements of Best Practice (SOBP) revised and will be disseminated across all housing providers	Essential Connections Forum continued to meet and share best practice during 2017 and SOBP refresh discussed	Statements of Best Practice have been shared with all housing providers and relevant staff teams .
Corporate Parenting	Ensure that all NE HSCSP staff are aware of their responsibilities to Corporate Parenting within the organisation	We have consulted staff and managers about the content of the Corporate Parenting plan, but now require to ensure it is presented and discussed on an annual basis at all team meetings.	April 17 - March 18

Cross Cutting Service Priorities (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continue to review all of our accommodation, both leased and owned across the North East to ensure that we have accommodation which meets the needs of services users and staff	<p>We will continue to rationalise our use of buildings across North East</p> <p>We will complete the communication strategy for the development of Parkhead Health and Social Care Hub and continue to identify capital and revenue funding to finance this initiative</p>	Accommodation Strategy Group set up and meeting bi monthly	Ongoing 2018/ 2019
Provision of employability support for local people	40 students attending NQ (Level 4) and 16 students attending SVQ 2 Health and Social Care courses and all will work towards placements within NE locality	Joint initiative with Glasgow Kelvin College with new Placement Coordinator in post as of February 2016. 53 students on courses and 50 placed within health and social care placements, with 47 progressing to further training/employment	Students across both courses to complete and take part in placements with 100% progression to further training/employment to be achieved 2018
Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams	Continue to build increased links with all older people, primary care, acute setting and adult teams to promote carer pathways	300 adult carers and 100 young carers per locality (target for 17-18) 16-17 Actual 641 referrals – 581 AC & 60 YC Aiming to utilise Sci-Gateway as a new referral	Target remains 300 new adult carers with aim to increase preventative referrals from Primary Care and Acute Care
	Ensure all staff are aware of their roles and responsibilities in identifying and supporting carers	Carers Act Scotland [2016] Implementation Group has a communications strategy with dedicated Young Carers (YC) information workers as well as generic	Official launch 3 rd April and then ongoing
Continue to identify and support young carers (YC) through a family based approach	Ensure all staff are aware of their roles and responsibilities in identifying and supporting young carers	Carers Act Implementation Group have a communications strategy which dedicated YC information workers as well as generic information workers have contributed to launch in April 2018	Annual Target is 100 young carers to be identified in NE. School online YC resource pack and updated Young Carers Statement will be officially launched on 3 rd April 2018
	Continue to work in partnership with Education Services to develop a pathway from schools to young carers' services	New worker completed induction and work is now underway in schools in NE. New Carers Partnership Logo designed. New material developed to promote service, increase YC awareness and support staff to deliver Young Carer Statements	Pathway embedded and resources developed across all schools will be ongoing work

8. EQUALITIES

We have continued to ensure that local equalities priorities flow from Glasgow HSCP Equality Plan 2016-18. Our Equalities Group has continued to meet and during 2017/18 actions undertaken have included:

- Work with the acute sector on leaflets for the redesign of older people's services at Lightburn, especially in relation to making sure that public information is accessible
- Follow up on the event hosted by the Glasgow Disability Alliance to develop a set of actions to improve quality of and access to services for disabled people
- Provided multi-agency training to raise awareness of referral pathways
- Hold development sessions on a number of equality topics
- Funded various local organisations to deliver projects, workshops and seminars on violence against women and related topics
- Review of equality impact assessments undertaken across the various services

We will continue to monitor this work and link in with the city wide Equality Action Plan for the coming year.

9. BUDGET

The table below shows the budget for North East 2018/19.

Strategic care Groups Grouped	Health Annual Budget £'000	SW Annual Budget £'000	Total Annual Budget £'000s
Children & Families	4,564.9	10,832.7	15,397.6
Prison Services & Criminal Justice	0.0	2,630.9	2,630.9
Carers	0.0	555.4	555.4
Older people	10,068.8	21,382.2	31,451.0
Elderly Mental Health	8,357.1		8,357.1
Learning Disability	925.6	20,519.7	21,445.3
Physical Disability	0.0	5,731.5	5,731.5
Mental Health	18,718.2	3,245.1	21,963.3
Alcohol + Drugs	1,953.7	2,544.3	4,498.0
Homelessness	2,672.1	1,784.4	4,456.5
GP Prescribing	40,774.7		40,774.7
Family Health Services	55,960.7		55,960.7
Hosted Services	5,951.7		5,951.7
Other Services	5,193.9	804.0	5,997.9
Expenditure	155,141.4	70,030.2	225,171.6
Children & Families	0.0	(2.0)	(2.0)
Prison Services & Criminal Justice	0.0		0.0
Older people	(69.4)	(754.4)	(823.8)
Elderly Mental Health	(434.6)		(434.6)
Learning Disability	0.0	(13.0)	(13.0)
Physical Disability	0.0	(20.5)	(20.5)
Mental Health	(922.8)	(15.0)	(937.8)
Alcohol + Drugs	(166.2)	(0.7)	(166.9)
Homelessness	(107.7)		(107.7)
Family Health Services	(2,706.5)		(2,706.5)
Hosted Services	(336.3)		(336.3)
Other Services	(109.5)		(109.5)
Income	(4,853.0)	(805.6)	(5,658.6)
Glasgow Hscp	150,288.4	69,224.6	219,513.0

10. PARTNERSHIP WORKING

We will continue to work with our community planning partners (including Education, Police Scotland, Scottish Fire and Rescue, Voluntary Sector, Glasgow Kelvin College, Glasgow Life, Skills Development Scotland) through the Area Senior Officers Group and the Community Planning Partnership Board and will ensure that we continue to take forward the community planning strategic objectives to address the issues of alcohol, youth unemployment and vulnerable people whilst contributing to the emerging community planning transition process.

In addition, a main priority for the North East in 17/18 was our partnership working with the housing sector to improve housing access within the community as well as linking this to our accommodation based strategy for older people. During 16/17 we hosted three events with the housing sector and this will continue over the coming year. Events for this year will again focus on our HSCP services and how we can best work with housing providers more effectively and efficiently.