



West Glasgow Community Health and Care Partnership

*Towards better local health and care
services*

Draft Plan 2007 – 2010

(Version Control Draft 2 V1 09.04.07)

CONTENTS

	Section	Page
	Foreword	
1	Introduction	5
2	Background to West Glasgow Community Health and Care Partnership	7
3	Context and key characteristics	10
4	Profile of health and social care services	15
5	Summary of progress and achievements	18
6	Partnership development and community engagement	20
7	Planning and working together 7.1 Working with the independent sector 7.2 Working with the acute sector 7.3 Funding and commissioning services 7.4 Sexual health	23
8	Promoting equality	27
9	Plans and priorities	29
	9.1 Local plans and priorities	
	Improving employability Tackling alcohol misuse Progressing integration of services Addressing performance issues 9.2 Reducing inequalities through health improvement Health improvement	
	9.3 Service change and improvement Primary care Children's services Services for older people and people with physical disabilities and sensory impairment Mental health services Services for people with addictions Services for people with learning disabilities Support for Carers Criminal Justice Social Work services Housing and Homelessness Integrated Transport Initiative	
10	Prescribed medicines	76
11	Hosted and 'Lead Role' services	77
12	The administrative infrastructure	82
13	Communication	84
14	Maximising human resources	85

	14.1 Human resources management 14.2 Organisational Development and Learning, Education and Development	
15	Finance and capital works	88
16	Challenges and risks	94
17	Monitoring and managing performance and quality assurance	95
	Appendices	
	1. CHCP Committee members	97
	2. Key indicators for West CHCP	98
	3. Organisational development plan and objectives	99
	4. CHCP Financial Plan 2007-2010	102

Foreword



It's with great pleasure that I introduce the first three-year Plan for West Glasgow Community Health and Care Partnership (CHCP).

Over the last year the CHCP has made tremendous progress not only towards establishing itself as a credible and valued partner but as an organisation committed to making a difference by

adding value and impetus to the efforts of NHS Greater Glasgow and Clyde and Glasgow City Council to improve the health and wellbeing of the resident population in West Glasgow.

The title of the Plan *Towards better local health and care service*, sums up our primary objective and the Plan sets out in an explicit and transparent way how we intend to achieve that objective. With a committed management and staff team and with the support of enthusiastic Committee members, considerable headway has been made towards improving the performance of services and in developing health-improving service models which focus on responding to the needs of vulnerable people and the most deprived local communities.

Naturally, producing a plan of this magnitude and detail, covering all the aspects of our work, has been a huge challenge which I believe the CHCP has risen to with aplomb. It is the product of partnership at various levels within the CHCP and externally with a variety of stakeholders. Most importantly, the Plan will enable us to maintain a clear sense of direction as we approach the next phase of change and reform of the public sector in Glasgow.

I hope you find the Plan interesting and informative. I would urge you to engage with us as we roll out the various actions, tell us about your experiences of our services and help us to identify and shape future priorities as new information about needs comes to light.

The detailed Plan, a short version and a summary are available from the CHCP website www.chps.org.uk/westglasgow or The Head of Planning and Health Improvement at West Glasgow CHCP, P.O. Box 1055, Glasgow G11 9BH

Baillie Hanzala Malik
Chair,
West Glasgow CHCP Committee

1. INTRODUCTION

This Plan builds on our achievements in 2006/07 and sets out our priorities and aspirations for West Glasgow Community Health and Care Partnership (CHCP) for the next three years, 2007 to 2010.

It is intended to demonstrate how we will work towards: continuously improving and delivering effective high quality services; improving outcomes for service users; reducing health inequalities and promoting wellbeing by targeting and using our resources efficiently. To achieve these objectives, we will continue to work in partnership with other local Partnerships, service users and communities.

The Plan details the actions we will take in year 1 (2007/08) and outlines those that we will pursue in the following two years, as far as it is possible. This Plan is a working document. It is intended to inform staff about our agenda for action as well as to provide clarity for our partners and stakeholders so that we can engage on areas of mutual interest. The areas covered in this plan and the level of detail it contains reflects the scope and complexity of our work.

The plan seeks to be comprehensive, realistic and transparent. It links the processes of planning, performance and budgeting. It highlights how the CHCP will contribute to the achievement of the corporate objectives of NHS Greater Glasgow and Clyde and Glasgow City Council Social Work Services and it identifies local priorities and targets in the light of our experience over the last year.

Approach

In order to produce this plan, we adopted the approach outlined below.

- The feedback received during the engagement process with stakeholders in 2006 has been taken into account by the relevant service area management groups and addressed in the new plan.
- The progress of each Service area in relation to the objectives /actions identified in the last Plan (2006/07) have been reviewed and re-examined to assess their current and future relevance.
- The performance reports (first two Quarters April to October 2006) for the CHCP in relation to the corporate objectives have been reviewed and remedial actions (Exception Reports) and or new targets have been identified and included in the new plan
- The impact of and actions required to address new imperatives on the CHCP such as the Equalities Schemes have been assessed.
- The key issues and priorities identified by the CHCP Committee have been taken into account.

- In order to ensure synergy with the priorities of our main partners at local level, views and suggestions have been requested from the local Partnerships, namely the two local Community Planning Partnerships, the local Community Safety Forums, the two Local Housing Forums, and the Council's Culture and Leisure Services.

The format of the plan is intended to enable us to track progress over the course of the year.

2. BACKGROUND TO WEST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP (CHCP)

This section explains the vision and values of West Glasgow CHCP and sets out the governance and management structure of the organisation.

Our Purpose

West Glasgow CHCP's purpose is to deliver our parent organisations' (NHS Greater Glasgow and Clyde and Glasgow City Council) vision for a healthy, economically active and inclusive community where gross health and social inequalities in the status of residents are unacceptable effectively challenged and remedied.

Achieving the vision

To achieve this vision, we will work with partner agencies, service users and community groups to improve the health, wellbeing and quality of life of the local population.

Our strategic direction

The strategic direction for the West Glasgow CHCP has been determined by NHS Greater Glasgow and Clyde and Glasgow City Council. In summary it is to:

- Deliver better health and social care outcomes for service users
- Ensure community health and social care services are effective, coordinated and offer value for money
- Underpin all actions and interventions with the objectives of improving health and tackling inequalities
- Work in partnership with related sectors, organisations, communities and groups and be locally accountable.

Our way of working

All aspects of our work will reflect the following values:

- Openness and transparency
- Responsibility
- Respect and empathy
- Fairness
- Effectiveness

Our services will be person-centred, and as a whole the CHCP will promote a learning and development culture which values the contributions of staff, service users and other stakeholders in helping us to deliver the best quality of services possible.

Principles

Our principles are based on:

Equity – designing and resourcing health and social care services to meet the needs of specific population groups, in line with available evidence.

Self-reliance – this shared responsibility will challenge the traditional expectations and relationship between professionals and service users. It will mean more time being spent on empowering and building the capacity of individuals, families, and communities over the long term.

Multidisciplinary and coordinated – teamwork and integrated care will be the basis of all services, with the contribution of all members valued equally. This will mean working with many different people and agencies, across the statutory and independent sectors with the most appropriate professional taking the lead.

Participation and engagement, individually and collectively – community representation and the views of service users will feature in the planning and decision making of the CHCP. Executive membership and business processes will be inclusive.

Quality and best value – service redesign and modes of delivery will reflect a clear evidence base, best practice and national standards and use available resources efficiently.

Our governance and management structures

The CHCP's governance structure includes the following components:

A Committee which oversees the work of the CHCP whose membership comprises five Elected Members of Glasgow City Council, two NHS Board members, the CHCP Director and representation from the Professional Executive Group (four), Public Partnership Forum (one), Voluntary Sector (one) and the Staff Partnership Forum (one). [The list of members is outlined in Appendix 1]

A Professional Executive Group (PEG) to involve the professions which deliver front-line services in the CHCP in the governance and decision-making process. The PEG supports clinical and care governance arrangements, audit of practice, service development and redesign.

A Staff Partnership Forum whose membership is drawn from the recognised trade unions within the NHS and management representatives.

A Public Partnership Forum which is a vehicle for informing, engaging and involving service users, carers and the public in the work and decision-making process of the CHCP.

The framework in which these committees and groups link together and relate to external organisations is shown in the following diagram.

In addition to these standing groups the CHCP Committee will establish time limited sub-committees to address areas of particular concern or priority. The first of these has been established to give focus to and to coordinate activity in the area of employability.

The Committee has cross representation with the two Community Planning Boards within the area. This reflects the vital task of ensuring that our work fits within the broader strategy of health improvement and tackling inequalities.

DIAGRAM OF WEST GLASGOW CHCP GOVERNANCE STRUCTURE

To be included

West Glasgow CHCP has over 1,200 members of staff. The organisation has an executive management structure which includes a Director, six Heads of Service covering areas such as Planning and Health Improvement; Children; Health and Community Care; Mental Health; Addictions and Learning Disabilities. The operational managers are supported by a professional and administrative support structure that includes the Clinical Director, Lead Professionals, Head of Finance, Business Support Manager and a Head of Human Resources. The CHCP's Line management structure is outlined in Appendix 2.

Within the management structure a number of internal Groups enable us to develop and coordinate our business. These are:

- Capital Planning and Premises
- Information Technology
- Planning and Performance
- Clinical and Care Governance
- Learning, Education and Development
- Health and Safety, Risk Management and Business Continuity

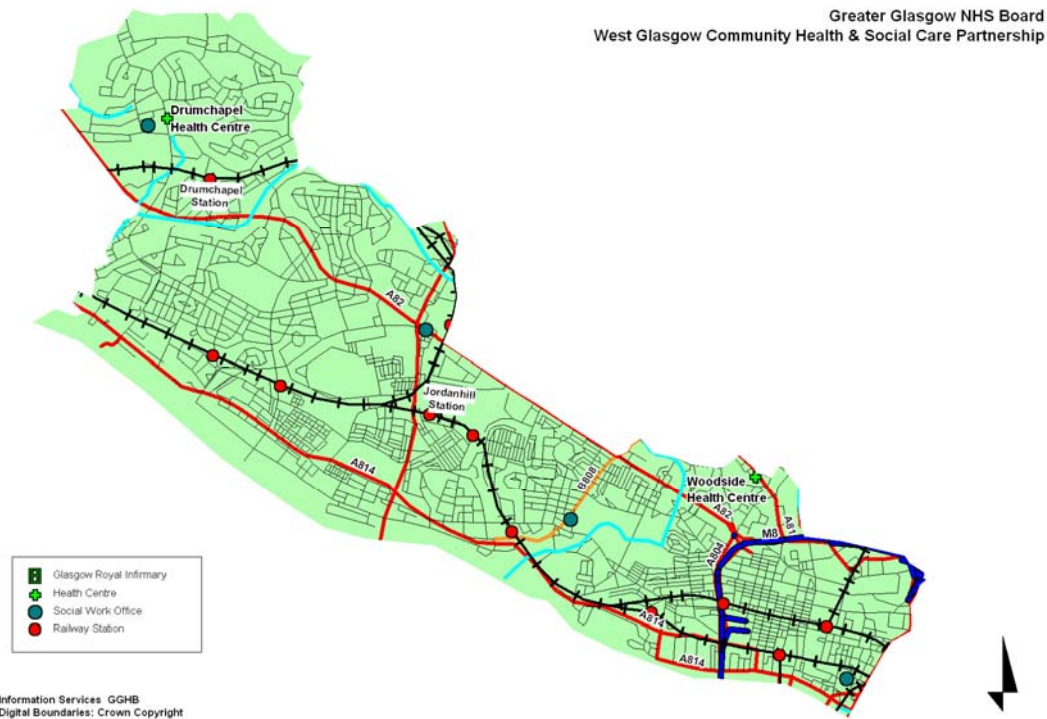
The governance structure of the CHCP continues to develop, based on experience and will be responsive to changing needs and circumstances.

3.CONTEXT AND KEY CHARACTERISTICS

This section provides a profile of West Glasgow CHCP and highlights the key health and social issues evident in the area.

Geographical area

This map shows the area covered by West Glasgow CHCP and describes the boundaries.



Key Characteristics of the Area

The West Glasgow CHCP area is characterised by stark contrasts from economic, social and health perspectives, and diverse communities and localities. The boundary contains defined communities, such as Drumchapel in the outermost western boundary of the area to inner city areas such as Anderston and City Centre. Unsurprisingly, the different social environments and the wide range of issues that confront them present considerable challenges for the CHCP from a service provision, health improvement and inequalities perspective.

Population

The most recent Census (2005) information indicates that the resident population of West Glasgow CHCP is 136,409 of which 51.7% were female and 48.3% were male.

The Community Health Index (CHI) population is approximately 178,563, which is the number of people registered with General Practices located in the area.

Children (0-15years) made up 14.2% of the CHCP population totalling 19, 585. A total of 9 596 children were female and 9 989 children were male. Children within the CHCP represented 19.9% of Greater Glasgow population.

Adults (16-64 years) made up 72% of the CHCP population totalling 99 605. A total of 50, 000 were female and 49 605 were male. Adults in West CHCP represented 25.2% of the Greater Glasgow population.

Older people (65+ years) made up 13.9% of the CHCP population totalling 19 219. A total of 11 952 were female and 7 267 were male. Older people in West CHCP represented 22.4% of the Greater Glasgow population.

Diversity

The CHCP area contains some of the most deprived as well as some of the more affluent areas within Glasgow City. Forty one percent of the local population lives in the 15% most deprived areas, while 9% live in the most affluent areas.

The percentage of working age population is 69%. This is slightly higher than that for the whole of Glasgow (65%) and Scotland (63%).

The area has a mixed ethnic population, with approximately 30 languages spoken within the area. Some parts of the area have a relatively high density of distinct ethnic minorities. The area has in relative terms a high Chinese (1,355), Indian (1,359) and Pakistani (2,651) population. This information is based on the 2001 Census and as it is now 6 years out of date, it may not be an accurate reflection of the current ethnicity within the CHCP area given the arrival of asylum seekers and other migrant groups in the last few years.

What the data tells us

The West Glasgow CHCP area has the highest rate of pensioners living alone (46%, compared to the Glasgow average of 43.1%). Knightswood North has a particularly high number of elderly people (27.5% compared to 15.9% in Scotland); this is further thrown into sharp focus when consideration is given to single person households and the number of elderly living on one or more welfare benefits.

The percentage of the population with a limiting long-term illness is 23% in the West CHCP, compared to 26% for Glasgow and 20% for Scotland.

Hospital admissions data for the CHCP area indicates that:

- The rate (per 100,000) for heart/coronary disease is 309. This is much lower than that for Glasgow (466) and for Scotland (422).
- There is a relatively low rate of admissions for alcohol misuse (939 per 100,000) compared to the whole of Glasgow (1,272), but this is much higher than the rate for Scotland (734)

- The rate for drug misuse is 189 for the West CHCP, again lower than that for Glasgow as a whole (315), and higher than the figure Scotland-wide (121)

This data, although it is useful, does not readily allow us to identify priorities in communities where people have high levels of need to inform future planning. The West Glasgow area does not have a homogenous population. It consists of a range of very different localities and communities with widely varying health and social care needs. There are marked differences in life circumstances, lifestyles and life chances both within and between the communities.

Deprivation levels and Community Planning Partnerships

There are two Community Planning Partnerships (CPP) in the West Glasgow CHCP area. Together they cover around 23% of the City's population:

- **The Drumchapel, Anniesland and Garscadden/Scotstonhill CPP**
Covers a population of 57,000. Its boundary contains 37,000 people in 46 (out of 71) areas which are ranked in the 15% most deprived neighbourhoods in Scotland. 17,800 people in the area fall into the 5% most deprived neighbourhoods, with Summerhill ranked the lowest. Less than half the population now included in the CPP area was previously included in the Social Inclusion Partnership designated (priority) areas. Unemployment or worklessness, health and housing are identified as specific issues for action.
- **The Partick West, Hillhead and Anderston/City CPP**
Covers a population of 77,000. Of the 89 neighbourhoods in its boundary, 21 (including 18,200 people) are in the 15% most deprived category. Only 4% (3100 people) of the resident population live in an area which was previously included in a Social Inclusion Partnership designated (priority) area. The major concerns are similar to those of the other CPP but on a smaller scale. Drug and alcohol related crime is several times the city norm.

The CPP's analysis of the needs of the communities is consistent with those identified by the CHCP, above.

Indications of health and social inequalities in West Glasgow

Data from the Health and Well-being Community Profiles highlights the following: (The data excludes the City centre)

- Majority of wards have children within workless households, ranging from 19.4% in Broomhill to 58.2% in Drumchapel North East
- Teenage pregnancy rate is 3% in Kelvindale; Kelvinside compared to 24% in Drumchapel West
- Lone parent households – a difference of 35% higher in the most deprived areas compared to the most affluent.
- Breastfeeding rates are 78% in the most affluent compared to 8.5% in the most deprived areas.
- Hospital admissions for deliberate self-harm is 988.6 per 100,000 compared to 109.6 in the most affluent.

- Inability to work due to illness or disability is 29.5% in Drumchapel North East compared to 2.6% in Hyndland; Dowanhill
- Average gross household income is £15,010 in the most deprived area compared to £40,291 in the most affluent
- Smoking recorded at hospital booking is 61.8% for the most deprived compared to 9.3% in Hyndland; Dowanhill
- Male life expectancy is 62.9 years in Yorkhill compared to 76.6 years in Hyndland; Dowanhill

Poor health is strongly linked to deprivation and inequality. Although life expectancy rates have increased for both male and female, inequalities are apparent between the affluent and more deprived areas.

This inequality is also reflected in death rates from coronary heart disease, stroke and lung cancer. The rates are improving more rapidly among the more affluent communities compared to the ones that are disadvantaged.

Social work service users

One source of information which indicates the type and extent of social problems we need to address is the Social Work Client Database, although the information it contains relates to services provided in the year 2005/06 and we cannot assume for future service planning purposes that the volume of demand has stayed the same or decreased since then.

Social work data (2005/06) indicates that services were provided to 10,117 people out of our resident population of approximately 136,000; this was the second highest number of clients overall in the City. The total includes 1,772 children, 3,648 adults and 4,636 older people (almost a quarter of the Glasgow total). These clients and their health and social care needs are not spread evenly across the CHCP area. Some examples are:

Older people

In Glasgow, the West of the city has the highest population of older people with the largest concentration in Knightswood. The West Glasgow CHCP has the highest proportion of people over 85 in Glasgow City. Drumchapel has lower numbers of older people but a significant number of those live in care homes. It is worth noting that less than 16% of these older people live in extremely deprived areas.

Children

Overall the CHCP area has a relatively low number of child clients but 49.5% of these children live in extremely deprived neighbourhoods. Child clients in West Glasgow are 70% more likely to live in deprived areas against the general child population. There are low numbers of children in the City centre but they have high levels of need.

Fifteen per cent of the 21,262 residents aged 8 to 20 years in West Glasgow are living in the most deprived 5% of neighbourhoods in Scotland.

Within the CHCP area, there were 353 children 'looked-after' at the end of September 2006, with lack of parental care, parental substance misuse, and child protection being main reasons for this. Around half these children are accommodated in foster care or residential care, with the other half being at home. In the year to September 2006, there were a total of 92 children placed on the child protection register in West Glasgow CHCP having been identified as at risk of significant harm, and there were 83 children on the child protection register at the end of September.

Adults

Knightswood South, Townhead, Yoker South and Drumchapel North East represent the highest number of adult social work clients totalling around 1,400.

Homelessness

There is a significant client group population of homeless people or hostel residents in the City centre area.

Black and minority ethnic (BME) populations and asylum seekers

Amongst the local BME population, who are generally under represented within social work clients, there around 380 clients concentrated in a range of small areas. There is a population of around 800 asylum seekers in Scotstoun and Knightswood (Census, 2001).

Other key indicators for the CHCP area drawn from the Census 2001 are highlighted in Appendix 3.

4. PROFILE OF HEALTH AND SOCIAL CARE SERVICES

This section outlines the type and range of services managed by West Glasgow CHCP, those that are hosted by us and those for which we have a lead role within the NHS Board area

A wide range of services are directly provided and managed by the CHCP within the community in West Glasgow. Other services, notably primary health care services, are provided by independent contractors. They include (158) general practitioners, (48) pharmacies, (45) opticians and (122) dentists. The CHCP also has responsibility for purchasing services from a number of private and not-for-profit organisations on behalf of our local population.

The CHCP's health and social care services are delivered from centres located throughout the area as well as on an outreach basis, and within people's own homes. Details of all service locations in West Glasgow are on our website.

The CHCP actively collaborates with the specialist partnerships for addictions, learning disability and mental health that provide more highly specialised services and operate across the City and Health Board area.

Planning and health improvement

The Planning and Health Improvement and Inequalities section is responsible for:

- Developing and delivering a wide range of targeted (in terms of age, gender and issue-based) health improvement programmes to reduce health and social inequalities
- Increasing the capacity of the CHCPs services to promote the wellbeing of service users and the community as a whole. This work is carried out in primary care and community settings, in partnership with other agencies and members of the community
- The community development team whose remit is to promote all aspects of community engagement and public participation
- Enabling users and carers to have a say in the services available for them.

Health and community care services

The Health and Community Care section provides the following services:

- Assessment and care management
- Rehabilitation and enablement services
- District nursing
- Allied health professional services – podiatry, dietetics, physiotherapy and occupational therapy
- Community care services – home care

- Day care and day services, short breaks or respite; residential and nursing home care
- In-patient hospital care and continuing care for older people with mental illness
- Chronic disease management programmes
- Sensory impairment services
- Palliative care

Children's services

The Children's Services section is responsible for the provision of:

- Health Visiting and School nursing services
- Parents and Children Together (PACT) service – integrated intensive support teams working with vulnerable families
- Assessment and care management for children
- Services for children with disabilities, including the Child Development Centre
- Child protection
- Children looked after, and looked after and accommodated
- Support to care leavers
- Youth justice – providing therapeutic individual and group work interventions to address offending behaviour
- Child and adolescent mental health services

Mental health services

The Mental Health services section is responsible for:

- Primary care mental health teams
- Two community mental health teams – specialist mental health assessment and care
- Intermediate services – assertive outreach and crisis services
- Area services (on a CHCP-wide basis) including the In-patient services for adults at Gartnavel Royal Hospital; the psychotherapy service; the Esteem Early Intervention Service; and the psychology services

Learning disability services

The learning disability team is responsible for the provision of:

- Assessment and care management, including the protection of vulnerable adults
- Specialist community health services, for example, nursing, allied health professionals, psychiatry and psychology
- Day services
- Supported living services
- Support for carers
- Respite care
- Local area co-ordination
- Specialist sport and leisure opportunities

Addiction services

At local level, Addiction Services are responsible for:

- Integrated Community Addictions Team
- Delivering a range of interventions for people with alcohol and drug related problems in the community
- Enabling service users to access day programmes, residential rehabilitation and supported accommodation facilities according to their needs

Criminal Justice Services

At local level, criminal justice services are responsible for:

- Assessments and reports on offenders to Courts
- Parole Board and other reports for serving prisoners
- Supervision in the Community of those subject to statutory orders imposed by the Courts including community service; probation; and supervised attendance orders
- Throughcare Services including involvement in the integrated case management system. Supervision of those released from custody on statutory licence such as parole; life licence and extended sentences
- Diversion from Prosecution scheme
- Assessment and management of high risk offenders in collaboration with partners such as the police.

5. SUMMARY OF PROGRESS AND ACHIEVEMENTS

This section summarises our progress and achievements against the planned actions we set ourselves in 2006/07, our transitional year, and explains our performance using the information available to us at this point in time

In summary, the various actions identified our Plan for 2006/07 were directed towards establishing the CHCP as a viable operational entity. The priorities were to ensure a safe transition of services and staff into the CHCP, establishing an effective infrastructure for the organisation, ensuring uninterrupted service provision and implementing a programme of re-designing services to ensure integration at the point of delivery.

During the last year, we implemented a number of processes, arrangements and programmes to consolidate the organisation and deliver the stated objectives. Our achievements included the following:

Ensuring an effective organisation

- Enhancing the governance and management structure of the CHCP with the establishment of the Staff Partnership Forum, the Clinical and Care Governance Group and the recruitment of senior staff (Business Support Manager and Heads of Human Resources, Addictions and Learning Disabilities) to the Executive Management Team

Improving resource utilisation

- Implementing programmes of work to improve administrative structures and systems, addressing staffing issues (recruitment, retention, and absenteeism), enhancing communication and promoting organisational development.
- Gaining an understanding of the performance issues that the CHCP needs to focus on in key service areas. (See also Section 17, *Monitoring and Managing Performance and Quality Assurance*)

Shifting the balance of care and focussing on greatest need

- Service redesign, restructuring or development programmes have been implemented within Children Services, Health and Community Care Services and Health Improvement. The most extensive of these related to the realignment and integration of Children's Services and the development of local joint planning arrangements. The Parent and Children Together (PACT) teams are now in place offering an integrated service to families.

Improving individual health status

- Attracting additional funding for the delivery of two pilot projects to tackle inequalities, specifically in regard to domestic violence and enhancing access to services for women from black and ethnic minority communities;

- Putting in place new arrangements and services to address employability issues in partnership with Opportunities, West Area Community Planning Partnerships and Equal Access

Modernising our services

- Four new capital projects were commenced to deliver integrated services from new-build facilities- two day centres in Drumchapel (for older people and children), a Dental, Health Improvement and Community Care facility in Yoker and a Mental Health day service in Partick.

Improving access

- Putting in place arrangements to address transport issues within Glasgow and leading on this project for the CHCP's in Glasgow City.

Consolidating partnership

- Forming new relationships with our main partners operating in the CHCP area- the Community Planning Partnerships, Housing Forums and Community Safety Services Forms.
- Developing constructive, inclusive and enabling relationships with service users and local communities through the Public Partnership Forum and community engagement activities.

Further reference is made to these achievements in the relevant sections of this plan.

6. PARTNERSHIP DEVELOPMENT AND COMMUNITY ENGAGEMENT

This section outlines what we have done so far and how we will further develop positive working relationships with a range of stakeholders in our organisation.

The Public partnership Forum (PPF) is the main vehicle for developing partnership and engaging with the public, community groups and voluntary sector agencies, service users and carers to enable them to influence the work of the CHCP.

Progress and achievements

A PPF steering group has been working to identify an appropriate model and/or arrangements for community engagement and user involvement as well as a constitution for the Forum and its Executive. Two interim representatives of the Steering Group are members of the CHCP Committee.

The steering group has undertaken two significant public engagement and consultation events, in Partick and in Woodside to find out participants' views about how they would wish to be involved in the work of the CHCP. An event for voluntary and community groups was also attended by representatives of over 50 local organisations.

The challenge of developing a sustainable culture of engagement without creating unrealistic expectations has meant that progress has been slower than anticipated.

Performance in 2006/07

- Database of agencies, community groups and interested individuals established
- Consolidation of Local Service Users Network
- Glasgow News established as a means of communication with the local population in west Glasgow, in partnership with local Community Planning Partnership (CPP) and Opportunities and other publicity about the PPF
- Joint work undertaken with the CPP to develop and roll-out the community engagement framework
- Support provided to a wide range of community care representative groups and the Voices for Change User network
- Projects established to consult and develop engagement opportunities for specific populations, namely people who are homeless and people with mental health problems.

Plans

	<i>When</i>
We will: Establish a PPF in accordance with feedback received from the engagement events	2007/08
Set up a PPF Executive with invited representation and develop a work plan for 2008-10 linked to the CHCP Plan	2007/08
Ensure synergy between the PPF and the local community engagement	

hubs	2007/08
Implement a new staffing structure for community development and engagement following the review of Community Work Services. Recruit to vacant Community Work posts	2007/08
Consolidate the development of the West Voluntary Sector Network	2007/08
Ensure continuous improvement of communication vehicles such as Glasgow News and the CHCP website and link to the Signpost to the West website	Ongoing
Improve publicity about the PPF and organise 6 (i.e. bi-monthly) joint events with community organisations per annum and review	2007- 2009
Integrate equalities-sensitive practice into all aspects of the PPF with the assistance of the Equalities Network, GARA and other local coalitions / alliances	2007/08
Engage PPF members in a local transport survey	2008
Explore options for continuation of dedicated support and funding (c. £24k) for Local Area Coordination project in West Glasgow, following evaluation of the existing service.	2007/08
Develop volunteering opportunities within the CHCP to enable people to get involved at a level that suits them	2008/09
Ensure that the national standards for community engagement are integrated into all CHCP services as common practice	2007-10
Develop appropriate targets for the PPF and a system for monitoring performance and outcomes	2008/09
Involve PPF members in all quality assurance programmes within the CHCP	2008/09
Continue to support community groups and organisations, particularly service users and those with an interest in community health issues, so that there are representatives who can engage with the CHCP and City Wide Service Planning structures through the PPF. Priority will be given to community care groups and seniors forums and the Seniors Sub-group in the area.	Ongoing
Undertake Community Profiles of local areas (Cowcaddens/Dundasvale, Yorkhill, Townhead, Anderston, Garnethill) to enable the CHCP to gain a better understanding of the needs / issues in the areas and assist groups and organisations to engage with the CHCP and be informed of our objectives. The focus will be on 'hard to engage' groups.	Ongoing

Continue to refocus support to community groups and organisations in line with CHCP priorities and the PPF / Community Engagement local plan.

Ongoing

Success will mean that...

- The CHCP continues to develop as an inclusive and transparent organisation and demonstrates a clear commitment to working in partnership with others for the benefit of the people of West Glasgow.

7. PLANNING AND WORKING TOGETHER

This section explains how we will continue to develop positive working relationships with a range of stakeholders in our organisation in order to deliver effective, joined-up services and use our resources effectively.

The roll-out of the next phase of public sector reform in Glasgow will see the creation of local Pathfinders based on the strategic boundaries of the CHCP's with a number of City Council services and those provided by the new (Culture and Sport) Trusts being redesigned and refocused on new (CHCP) boundaries for service provision purposes. The aim of the Pathfinder is to bring public sector organisations together so that they can coordinate plans and by doing so, improve the effectiveness of services and use resources more efficiently.

Also, with the City Council bringing Education and Social Work into a single Department which will be aligned to the CHCP at a local level, there will be opportunities to improve radically the way the whole system of children's services supports the achievement of good outcomes for all children

Our priority is to continue to develop an inclusive planning and service delivery culture within the CHCP, with other service partnerships established at local level to reflect pathfinder vision of an integrated public sector and with the community through our Public Partnership and community engagement structures.

Progress and achievements in 2006/07

The CHCP assumed active membership of, and representation on a number of interagency forums and joint planning groups at NHS board-wide level, city-wide level and at CHCP-wide or community level.

Plans

We will:

Continue to develop joint working arrangements with the Learning Disability, Mental Health and Addictions Partnerships and the Acute sector (via the twinning arrangements) Ongoing

Empower and involve local people, service users and communities of interest in all relevant aspects of our planning and decision-making processes through the Public Partnership Forum. Ongoing

Ensure that the CHCP is actively represented on the Housing Forums, Community Safety Forums and Community Planning Partnerships Ongoing

Continue to be actively involved in all relevant inter-agency Planning and Implementation Groups- Sexual Health; RES; Employability etc Ongoing

Ensure that our partners and relevant stakeholders are involved in local planning groups established by the CHCP- e.g. Children's services; RES; Youth Justice Ongoing

Improve the information and communication flow with our stakeholders	Ongoing
Ensure effective collaboration with our partners on joint project and initiatives.	Ongoing
Maximise the opportunities for co-locating staff from a range of public sector organisations and office sharing as a way of breaking down barriers and using resources efficiently	Ongoing
Involve staff and the appropriate trade union / staff partnership forums in early discussions about proposed service changes.	Ongoing

7.1 Working with the independent sector

Progress and achievements in 2006/07

The CHCP continued to develop its relationship with service providers in the voluntary and private sectors. We have liaised with the Community Care Providers Forum to enable a greater understanding of the role and function of the CHCP and supported the development of the West Voluntary Sector Network, which will in due course nominate members to the Public Partnership Forum.

Plans

We will:

Develop continue to develop and sustain inclusive, effective relationships with independent sector organisations	Ongoing
Support the efforts of GCC Social Work centre in promoting collaboration with the city-wide Community Care Providers Forum	Ongoing
Develop a Local Service Providers Forum for the CHCP area	2007/08
Support the development of the West Advice and Information Network	Ongoing

7.2 Working with the Acute Sector

Progress and achievements in 2006/07

The CHCP successfully engaged in a 'twinning' relationship with the Laboratory element of the Diagnostics Directorate of the Acute Sector which led to the development of a proposal for a redesign Collaborative. (See Section 9.3, *Service Change and Improvement*)

Plans

We will:

Aim to implement the redesign Collaborative for Laboratory (Diagnostic) services in the NHS Board area, subject to the availability of funding

2007/08

7.3 Funding and Commissioning

Progress and achievements in 2006/07

The CHCP has continued to provide funding for a number of services and initiatives in the area on the basis on grant aid (for small projects) or service level agreements. The funding is sometimes provided on a single-agency basis or on a joint basis with other organisations.

GCC Social Work Service's centre and the Mental Health, Learning Disability and Addictions Partnerships retain central teams with the responsibility of commissioning a range of services from providers, which are delivered in the CHCP area.

Plans

We will:

Continue to commission local services consistent with the requirements of the CHCP Plan objectives

Ongoing

Review the service agreements of all services currently funded directly by the CHCP

2007/08

Collaborate with Social Work Centre and the Partnerships to develop a clearer understanding of the service requirements and each other's purchasing intentions / commissioning plans for the CHCP area.

2007/08

Participate in the Social Work Centre's review of current commissioning arrangements

2007/09

Work with other local funders (e.g. the CPP) towards adopting a single monitoring and evaluation / quality assurance framework for locally commissioned services to reduce the reporting burden on service providers.

2007/09

7.4 Sexual health

Progress and achievements in 2006/07

West Glasgow CHCP has a lead role for Sexual Health services across the NHS Greater Glasgow and Clyde area. Accordingly we have established a city-wide Implementation and Coordination Group with representation from all five CHCP's.

Sexual health services are delivered by the various clinical and health improvement teams at the Sandyford Initiative and at local hubs throughout the City and other local authorities in the NHS area.

The Sexual Health strategy reflects the priorities of the national Rights and Responsibilities policy framework and is steered by the Sexual Health Planning and Implementation Group for the NHS Board area. The Young People's Sexual Health Steering Group provides the strategic and policy direction for education, prevention and support issues in this area of work for the city.

The priorities for sexual health support and treatment services and health improvement are outlined in Section 11, *Hosted and Lead Role Services*. Our local priorities for sexual health improvement are contained in the section on Health Improvement (page xx) of this plan.

Plans

We will:

Consolidate the Glasgow City Sexual Health Implementation and Coordination Group, with representation from all five CHCP's. 2007/08

Explore the option of setting up a sexual health forum within the CHCP so that local agencies are fully informed and engaged in delivering the agreed objectives of the strategy. 2007/08

Success will mean that....

- Plans and actions at local level are consistent, coherent and fit together seamlessly
- We make better and more effective use of our resources.

8. PROMOTING EQUALITY

This section highlights what we will do to ensure that our services are accessible to all sections of the community and operate on a fair and equal basis

CHCPs have a moral and legal responsibility to ensure equality of access to services and prevent harassment or discrimination towards staff and service users on grounds of race, disability or gender, following the introduction of new 'duties' from December 2006. In response to the new duties, NHS Greater Glasgow and Clyde has produced a Single Equalities Scheme while the Council has separate corresponding Schemes and departmental Action Plans

Progress and achievements in 2006/07

A wide range of services and initiatives have been, and will continue to be implemented by the CHCP in relation improving access to services for the equalities groups. They are outlined in the section on Health Improvement and throughout this Plan.

Our objective is to ensure that equalities issues and anti-discriminatory practice are embedded throughout the CHCP and reflected in everything we do. Of course, on occasions we will implement specific actions to enhance our activities in particular areas or to meet the specific needs of people who require our services.

Plans

We will produce an Action Plan for the CHCP detailing what we will do to enable the NHSGGC and GCC Social Work objectives to be met:

[This section is currently being drafted in tandem with the production of the Equalities Action Plan]

We will:

- Collaborate with the NHS Corporate Inequalities Team (CIT) to promote and embed inequalities-sensitive practice within the West CHCP, following an identification of 'what works best'.
- Develop an implementation plan and monitoring framework around the Single Equality Scheme and identify two areas for 'impact assessment'.
- Promote training and awareness-raising on equalities issues and inequalities sensitive practice for 100 CHCP staff per annum
- Utilise available toolkits to assess the impact of our plans and services on equality groups and adjust services according to the findings.
- Incorporate health improvement and tackling inequalities into mainstream practice of all our frontline services.
- Work towards equalities-proofing all material produced by the CHCP.
- Pilot a project to identify best practice and influence service redesign for disabled black and minority ethnic women and their carers, in collaboration with key partners.
- Implement the Impact pilot project to identify early intervention and best practice for social work and health staff in responding to domestic abuse and violence against women.

- Audit our service premises against the requirements of the Disability Discrimination Act

Specific initiatives in relation to services

Continue to second a development worker to the Chinese Community Development Project (CCDP). Support CCDP to pursue its long term aim of achieving a Chinese Community Centre as a hub for all services to the Chinese community. Ongoing

Support CCDP to pursue external funding of £200,000 over five years for continuation of the Chinese Carers post and development of services including; Home Visiting; Training for befriending; and Development of a Support and Advice Service for people in their 50's who are too young for elderly services and who have a disability or a long term limiting illness. 2008/10

Continue to host the management of the singleton Travellers post and Travellers Site for Glasgow. Review this post due to increased commitments and the loss of the TPLO Post for support to Show People. Ongoing

Refurbish two of the units at the Rodney St Travellers Site into a community facility that may support the education of children and young/women with £35,000 given from the Scottish Executive. (Young women are often not educated past primary and young men are often put to work post primary.)

Explore how to fund the second half of the refurbishment of the kitchen/bathroom units at the Rodney St site at a cost of approx £140,000 following the first stage in March 2006 funded by the Scottish Executive at a cost of £120,000. 2007/08

Review funding arrangements, service level agreements and performance monitoring arrangements to ensure they reflect the requirements of the legislation. 2007/08

Refer to Financial Inclusion and Fuel Poverty strategies and specific actions:

- Recruit additional Project Worker for West Glasgow Money Advice Project to meet growing demand- recruit worker
- Welfare Rights review- work with Social Work centre re future management 2007/08

Success will mean that...

- Everyone will be able to access our services on an equal basis and feel that they are treated fairly and respectfully.
- All our services apply the highest standards in a consistent way.

9. PLANS AND PRIORITIES

The CHCP's extensive range of objectives is largely defined by the corporate objectives of NHS Greater Glasgow and Clyde and Glasgow City Council's Social Work Services Plan. A full description of these and the performance management and reporting requirements are described in a separate document. This part of the plan addresses highlights three major areas,

- Local plans and priorities
- Reducing health inequalities and health improvement
- Service change and improvement

Our actions aim to focus our resources on greatest need, reduce health inequalities and shift the balance of care. Our overall objective is to consolidate West Glasgow CHCP as a well managed, integrated, effective and responsive organisation. The extent to which we achieve this will depend on the success of our bids for additional investment in some areas of service (See Section 15, *Finance and Capital Works*).

9.1 LOCAL PLANS AND PRIORITIES

This section outlines what we have identified as local priorities because positive outcomes will impact widely across our services.

Progress and achievements in 2006/07

In relation to the local priorities identified last year, we have achieved the safe transition of services into the CHCP and secured a stable foundation for the management and further development of services. However we will continue to monitor the situation as new responsibilities are transferred to the CHCP.

Significant progress was made in relation to most of the developments identified although work will continue during the next two years to consolidate progress. Key areas of work and further actions are identified in this and sections of the plan.

The priorities for the CHCP this year have been identified through consultation and development sessions with the CHCP Committee, the CHCP Management Group, our staff and our partners. The 'local' priorities for the CHCP over the next two years, 2007-09 will be a continued focus on:-

Improving Employability

Progress and achievements in 2006/07

An employability framework was agreed between the CHCP, the Community Planning Partnership and Opportunities and is in the process of being implemented. The framework is intended to enhance employer engagement and provide strategic direction, coordination and monitoring of outcomes for employability services in the West Glasgow area.

Initiatives to increase the awareness of staff in health and social care services were implemented. They included the production of a directory of services and a networking event, attended by 60 health and social care staff and 14 employability service providers. An employability forum for providers in the field of learning disabilities is coordinated by CHCP staff.

Joint funding (CHCP, Opportunities and Equal Access) has been agreed for the development of new (Employability Development Adviser) posts to enable social work and community health staff to address employability issues with service users and to support CHCP service users within specific service areas to engage with employability initiatives. A similar Adviser post has also been assigned to focus on the needs of young people from the Chinese community.

Performance in 2006/07

Information gathering systems are currently being developed. However, performance information indicates that there were 360 referrals to employability initiatives from CHCP Addictions Services.

The Work Development Team received 80 referrals from local mental health services.

Plans

Our overall objective is to support the City Strategy Consortium to reduce the number of workless residents in Glasgow by approximately 17,000 by 2010.

We will:

Ensure the effective implementation and evaluation of all tiers of the agreed Employability Framework and support the engagement of all relevant service providers, with the CPP, Equal Access and Opportunities	2007-10
--	---------

Organise with Equal Access at least two networking/ practice sharing events for health and social care staff per annum	2007-10
--	---------

With the support of the two (pilot) Employability Development Adviser posts ensure that 120 referrals are made to employability services in 2007 (year 1) and that this number is increased by 10% per annum thereafter	2007-10
---	---------

Facilitate the engagement of 70 people from the Chinese community engage with employability services	2007/08
--	---------

Establish a CHCP Employability Development Group, with Opportunities and Equal Access, to steer and monitor the performance of our work in this area	2007
--	------

Explore options for mainstreaming / funding (approx. £100k p.a.) the Employability Development Advisers beyond March 2008	2007/08
---	---------

Explore the feasibility of developing a Local Enhanced Service (a

part of the GMS contract for General Practitioners) for employability referrals with a sample of local GP practices. Estimated costs of £48k p.a.	2007/08
Develop volunteering opportunities for up to 30 people within the CHCP including 5 'training' placements within appropriate settings.	2007/08
Continue to work in collaboration with other CHCP and stakeholders in delivering the employability agenda and related objectives in Glasgow through multi-agency forums such as the Employment Planning and Implementation Group and the Employment and Health Strategic Group	Ongoing

Tackling alcohol misuse

Alcohol misuse, binge-drinking and drunkenness are key contributory factors to ill health, debt, teenage pregnancy and young people's sexual health, domestic abuse, house fires and anti-social behaviour and violence.

Recognising the relationship between alcohol misuse and a wide range of social and health problems (and inequalities) that our services respond to, as well as the impact on local communities, the CHCP will work seek to work actively with the Community Planning Partnerships, Community and Safety Services (CSS) and Glasgow Addictions Partnership to implement a range of initiatives locally.

Tackling alcohol misuse and its impacts require long-term, sustained and joint action on many fronts. The challenge is to prevent problems arising in the first place and to provide services that can be accessed quickly by those who need support. To do that effectively will require concerted action by the Partnerships and the engagement of local communities.

The strategic direction for responses to alcohol and drugs misuse in Glasgow City is provided by Glasgow's Drug Action Team and Alcohol Action Team coming together through the Addiction Policy and Implementation Group (APIG). Our actions (below) will reflect the objectives of those Teams.

Plans

We will

Establish an interagency Addiction Planning and Coordination Group for West Glasgow CHCP.	2007/08
Explore the feasibility of develop a single Addictions Forum for the CHCP area, linked to the Community engagement Hubs and the Public Partnership Forum, with a clear focus on public and service user involvement	2007/08
Refocus the CHCP Addictions Service as part of a redesign process	2007/08

Increase the opportunities for an additional 70 people with alcohol related problems to access counseling and support this year	2007/08
Develop the role of mainstream services to respond effectively to alcohol related problems at an early stage	2007-09
Seek to implement awareness-raising programmes (alcohol misuse prevention) for local licensees with the support of the Police and CSS	2008/09
Collaborate with Culture and Leisure Services and other partner agencies to develop diversionary activities for young people.	Ongoing

Progressing integration of services

Progress and achievements in 2006/07

The CHCP has continued to implement the extensive service redesign and integration programmes identified in last plan. Significant progress has been made and outlined in the relevant sections for the service areas later in this plan.

Plans

In summary, over the next two years we will

Improve access to Children's Services and responsiveness with a particular focus on looked after children.	2007-09
Complete the redesign and integration of Rehabilitation and Older Peoples services	
Improve waiting times for Physiotherapy, Podiatry, Dietetics, Primary Care Mental Health, Older People Assessments	2007-09
Develop best practice in use of Laboratory Services in conjunction with the Acute sector Diagnostics Directorate through investment in redesign	2007-09
Implement the Integrated Transport Pilot	2007/09

Addressing performance issues

Progress and achievements in 2006/07

Our performance information to date shows that the CHCP has made good progress and improvements in the following areas of services:

Waiting times for upper GI endoscopy;	Coronary Heart Disease patients receiving all LES services;
48-hour access to primary care team;	Emergency re-admissions of people aged 65+ by days of stay in hospital;
Interventions and care within Addictions Services;	Social work complaints responded to within the statutory deadline;
Community Physical Disability Teams;	Stroke patients receiving all Local Enhanced Services (LES);

However the performance 'hotspots', that is, areas in which we are not currently meeting our targets, are

Children's Services (E.g. reducing the number of looked-after children who are accommodated; responding to requests for reports from the Reporter more quickly) Delayed discharges Shared assessments of older people Learning Disability Services (% of service users with named workers; consenting to share information) Physiotherapy and dietetic waits over 5 weeks	Oral health in children under 5 Percentage of women in deprived areas breastfeeding at 6 weeks Sickness absence – in both Social Work and NHS Child immunisation - MMR Cervical screening.
--	--

Plans

We will:

- | | |
|--|---------|
| Implement improvement plans to address the deficits in the Hotspot areas identified above. The specific actions are to be taken are indicated in various sections of this Plan (mainly in Section 9). The additional resources required to implement remedial action are highlighted in Section 14, Finance and Capital under Investment Priorities. | 2007-09 |
| Introduce absence management arrangements to achieve the stipulated targets and ensure that line managers are trained to implement them. | 2007/08 |
| Continue to monitor performance in line with the actions outlined in Section 16, Performance Monitoring | 2007/10 |