



West Glasgow Community Health and Care Partnership

Development Plan Update 2008 – 2011

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Foreword



It is a pleasure to have the opportunity, once again, to introduce West Glasgow CHCP's Development Plan which has been updated to cover the next three years, 2008 to 2011.

This is our third Plan which has been produced following a process involving a review of our performance over the previous year, assessing the challenges that lie ahead, and discussions with staff, service users and partners. It sets out our agenda for future action.

I am pleased to say that over the last year we have made considerable progress in improving services and making them more accessible and efficient, as the section on Achievements highlights. But, as we work in support of our parent organisations, NHS Greater Glasgow and Clyde and Glasgow City Council, huge challenges lie ahead of us arising from a combination of factors such as the continuing implementation and impact of public sector reform in Glasgow, new imperatives from central government and increasing constraints on our budgets. Against this background it is important that we recognise our achievements and celebrate the successes.

As this Plan reflects, our priorities are to continue with our work on redesigning services and refocusing expenditure so that we make the best use of resources available to us. Of course, everything we do is underpinned by the objectives to improve health and tackle health inequality in West Glasgow. So we have added a Focus on Parenting and Tackling Obesity to our list of 'cross-cutting' priorities and we will work in partnership with our Community Planning Partners and the Public Partnership Forum (PPF) so that both of these issues are addressed effectively.

The implementation of the Plan will be monitored by the CHCP Committee and we will do our best to keep service users informed of developments as they occur via the PPF.

I hope you find this Plan informative and helpful in understanding the CHCP. As always, we would value your feedback and suggestions.

Finally, I would like to thank all staff and Committee members for their ongoing support and commitment to improving services and express my gratitude to local partner agencies and the PPF for continuing to work with us for the benefit of everyone in West Glasgow.

Bailie Hanzala Malik
Chair
West Glasgow CHCP Committee

1. INTRODUCTION

This Development Plan Update sets out our strategic priorities for West Glasgow Community Health and Care Partnership (CHCP) over the next three years, 2008 to 2011. It builds on our achievements in 2007/08 and addresses new imperatives arising from policy and service developments at national and local level.

The Plan is a strategic document. Like the previous two CHCP Plans it sets out the vision for the organisation, the direction and specific objectives for service areas for the future. Each of our service areas will develop their own comprehensive action plans rolling forward the objectives contained in the 2007/08 plan and addressing new areas of work.

This Plan demonstrates 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 collaboration with other local Partnerships, other agencies, service users and local communities.

As a strategic document, this plan links the processes of planning, performance management and budgeting. It highlights how the CHCP will contribute to delivering the corporate objectives of NHS Greater Glasgow and Clyde (NHSGG&C) and Glasgow City Council (GCC) Social Work Services and is based on guidance issued by the two corporate organisations ^(1,2).

How we produced this plan

We produced this plan by,

- Reviewing our progress against the objectives we set ourselves in the Plan last year and assessing their current and future relevance.
- Horizon-scanning- examining the impact of and actions required to address new imperatives on the CHCP, as well as the outcome of various needs assessments that have been carried out by us or our partners;
- Reviewing the performance reports (April 2007 – March 2008) for the CHCP in relation to the corporate objectives and deciding on remedial actions required to address performance deficits or to respond to new targets that have been identified for us to achieve;
- Considering the feedback received during the engagement process with stakeholders in 2007/08 and taking into account the views expressed by the Public Partnership Forum Executive Group and the CHCP Committee;
- Taking into account the priorities of our main partners at local level – namely, the Community Planning Partnerships and Glasgow West Regeneration Agency, to ensure synergy between our respective plans.

The format of this plan

The objectives in this plan correspond to Glasgow City Council's five Key Objectives and NHS Greater Glasgow and Clyde's eight Transformational Themes, outlined in the box below.

Glasgow City Council – Key Objectives	NHS Greater Glasgow & Clyde – Transformational Themes
<ul style="list-style-type: none"> • Improving the efficiency and effectiveness of our services; • Increasing access to lifelong learning; • Making Glasgow a cleaner, safer city; • Building a prosperous city; and • Improving health and wellbeing 	<ul style="list-style-type: none"> • Improve resource utilisation • Shift the balance of care • Focus resources on greatest need • Improve access • Modernise services • Improve health • Effective organisation • Inequalities sensitive services

The priorities and objectives in the plan are set out under the respective headings of the eight transformational themes.

Changing Context

Over the past year there have been a number of policy and organisational changes at national and local level which we need to take into account as we plan and develop our services for the future. Some of them are outlined below.

National Context

Better Health, Better Care (2007) outlines how the NHS will contribute to the Government's overarching strategy of creating a healthier Scotland and helping people to sustain and improve their health and ensuring better, local and faster access to health care.

Better Health, Better Care: Planning Tomorrow's Workforce Today (2008) which outlines the strategic direction for the development of the NHS workforce.

Taking Forward the Government Economic Strategy: Tackling Poverty, Inequality and Deprivation in Scotland: Outlines the Scottish Government's proposals to achieve economic growth and to reduce income inequality and poverty.

Equally Well: The Ministerial Task force on Health Inequalities

The Concordat Between the Scottish Government and Local Government sets out the terms of the relationship between national and local government and underpins the budget setting process for local authorities until the 2010/11.

The Road to Recovery - A New Approach to Tackling Scotland's Drug Problem (2008) outlines the shift in the national agenda to recovery and a drug free life for people with addiction problems.

Healthy Eating, Active Living. An action plan to improve diet, increase physical activity and tackle obesity

Local context

A Call to Debate: A Call to Action: Report by the Director of Public Health (2007) which outlines the major public health challenges for the Greater Glasgow and Clyde area.

A Draft Strategic Framework for the Management of Long Terms Conditions was issued by the Health Board in 2008, It outlines how care will be changed for people who have "conditions which require ongoing medical care, which limits what they can do and last longer than one year".

Towards Community Based Rehabilitation and Enablement Services for Older People, Older People with Mental Health Problems and Adults with Physical Impairments': outlines proposals to create Rehabilitation and Enablement Teams.

The Review of Child and Family Health Services was completed and will lead to the creation of geographically based, children and families' teams

People Strategy - Together we make a difference (2008) which expresses Glasgow City Council and NHS Greater Glasgow and Clyde's ten commitments to and standards for staff.

City Strategy/Glasgow Works Business Plan : the strategic focus for employability, setting out employment-related targets as part of the 2008-11 Council Plan

Glasgow City Draft Joint Community Care Plan sets out the strategic direction for the development and delivery of community care services in Glasgow

The Corporate Parenting Policy, 2008 which confirms that all Glasgow City Council services have responsibility for the welfare and well being of children who are looked after by the Council.

The Draft Carers Strategy 2008-11, which has been issued by Glasgow City Council for consultation.

Social Work Inspection Agency (SWIA) Action Plan , 2008

Glasgow City Single Outcome Agreement (SOA) 2008, which contains 17 local priorities with 23 outcomes.

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

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 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 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.

Teamwork- Multidisciplinary, coordinated and integrated care will be the basis of all services, with the contribution of all members valued equally.

Participation, engagement and inclusion – community representation and the views of service users will feature in the planning and decision making of the CHCP. Business processes will be inclusive.

Quality and best value – service redesign and modes of delivery will reflect a clear evidence base, best practice, 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. Its 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 (two) and the Staff Partnership Forum (one). The Committee has cross representation with the local Community Planning Boards.

A Professional Executive Group (PEG) to involve the professions which deliver front-line services in the CHCP in the governance and decision-making process

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 a diagram in Appendix 1.

Staff and management

West Glasgow CHCP has over 1,200 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. They are supported by a professional and administrative structure that includes the Clinical Director, Lead Professionals (Social Work, Nurses, Allied Health Professions), Head of Finance, Business Support Manager and a Head of Human Resources.

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

- Clinical and Care Governance
- Learning, Education and Development
- Equalities
- Capital works

The CHCP has a lead role for managing two NHS GG&C Board-wide services - The Sandyford (a comprehensive sexual health service) and Primary Care Support.

3. CONTEXT AND KEY CHARACTERISTICS

Geographical area

The map below shows the area covered by West Glasgow CHCP and 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 ^(3,4). 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.

West Glasgow has a population of nearly 139,000 people of whom 14% are children, 72% are young and middle aged adults and 14% are older people. There has been relatively little change in the size of the overall population in the last ten years.

However, the number of children (there were over 1,300 live births in 2006) and older people has fallen over the period, while the number of both young (16-44) and middle-aged adults (45-65) has risen. Our Needs Assessment of the city centre (2008) also highlighted this trend. ⁽⁵⁾

Approximately 1,200 asylum seekers live in the area. The proportion of the population from a minority ethnic community (6.1%) is three times the Scottish average.

There are eleven neighbourhoods in the West Glasgow CHCP area (See Appendix 2) containing nearly 70,000 households; of these 32,000 (46%) are single adult households. Single parent households, of which there are 5,500, make up 39% of all households containing children.

Population Projections

Unlike other CHCP areas in Glasgow which show a concave population structure with a reduction in pre-5 age children, growth in the numbers of working age people and a fall in older people, West Glasgow CHCP has the highest number of working age people in the City and this trend is expected to grow year on year. The area also has 40% of the ethnic minority community and this population is also expected to grow in the longer term. The CHCP has the highest proportion of people over 75 years living in the area and this trend is expected to continue. ^(2, 3)

Life Expectancy and Mortality

For men, life expectancy (at birth) is estimated to be 70.8 years, approximately three years below the Scottish average and has only risen by about a year in the period 1994-98 to 2001-05. Female life expectancy (77.7) has risen by 1.7 years in the same period and is closer to, but still below, the Scottish average.

Comparing different areas of the community, there is a gap in life expectancy across the local neighbourhoods of over 11 years for men and over eight years for women. The mortality rates from cancer, coronary heart disease and cerebrovascular disease (in the under 75's) are all above the Scottish average but have all fallen considerably in recent years.

Lifestyle choices and behaviour

Nearly 1,400 patients are admitted to hospital annually for alcohol-related or attributable causes and there have been over 340 deaths due to alcohol in the last five years. An estimated 34,000 adults smoke: 30% compared to 27% nationally. There have been 173 drug related deaths in West Glasgow over the last ten years.

Hospitalisation

Around 700 new cancer cases are registered annually and over 1,000 heart disease patients are admitted to hospital each year. There are nearly 9,000 patients admitted as a medical emergency annually. There were 5883 emergency admissions of older people above the age of 65 years.

Mental Health

There were over 150 suicides in the period 2001-2005, not all of whom were local residents.

Child and Maternal Health

Compared to 24% nationally, 29% of women smoke during pregnancy and 44% of mothers breast feed at six to eight weeks following birth (36% nationally). Primary immunisation rates are slightly below the Scottish average. The rate of low birth weight babies is 45% above the Scottish average, while the teenage pregnancy rate (under 18) is 37% above the average. Child (and adult) road accident casualty rates are much higher than the Scottish average probably because West Glasgow CHCP

takes in the city centre of Glasgow, an area with high volumes of traffic and pedestrians.

Prosperity/Poverty

There are 28,000 people, 20% of the population, defined to be income deprived and over 15,000 adults, 16% of the working age population, are employment deprived. There are 10,270 workplaces, employing nearly 240,000 people. These figures are particularly high because the City Centre falls within the West Glasgow community. Forty one per cent of all Incapacity Benefit claimants live outwith the 15% most deprived areas of West Glasgow CHCP.

Crime

In recent years over 600 serious assaults have been recorded in the area annually, as well as nearly 1,200 domestic abuse incidents and around 180 assault episodes (for residents) requiring overnight hospital treatment.

4. WHAT THE SERVICE DATA TELLS US ABOUT NEED IN THE AREA

One source of information which indicates the type and extent of social problems we need to address is the Social Work Client Database. The data for 2006/07 illustrates and increasing need for social work services. Glasgow West has the second highest levels of open cases in Greater Glasgow ⁽⁴⁾.

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 population of service users included 1,772 children, 3,648 adults and 4,636 older people (almost a quarter of the Glasgow total). The main needs related to homecare, residential care, respite placements, child placements and supported living packages.

Heath and Community Care

There are 661 people in West Glasgow who suffer from dementia and there is an expectation that this number is set to rise over the coming years with a growing need for support for these individuals and their carers .

There were increased demands for Allied Health Professional (Physiotherapy; Dietetics and Podiatry) services in 2006/07.

Long Term Conditions

In 2007/07,2363 people with long term conditions attended Accident and Emergency and were admitted to hospital. The average bed days for these conditions were COPD: 4.7 days, Asthma: 2.0 days, Diabetes: 7.9 days and CHCD:3.0 days.

Addictions

The Community Addictions services from March 2007 to December 2007 has seen a 28% rise in people seeking support. 1371 people with alcohol and drug problems are currently receiving services, reflecting approximately an 18% increase on the previous year. The Community Addictions Team (CAT) has 'inherited' 500 service users from North Glasgow CHCP following disaggregation of the North West area CAT during 2007/08.

Children and Family Services

Our Children and Families teams were providing support to a total of 1, 825 children and young people at June 2008. An increased number of children are being supported in home based foster care or their own homes.

Mental health Services

There are nearly 500 new in-patient admissions to psychiatric specialties annually in West Glasgow CHCP and Social Work services had 376 open mental health cases until October 2007.

Learning Disabilities

The Learning Disability Service of the CHCP is currently working with 550 people with a learning disability, and 179 of them require support to live independently in the community.

Carers

The most recent information from General Practices in West Glasgow indicated that 45 GP Practices covering a registered list size of 177,582 undertook carers assessments involving 779 people; of this total, 128 carers (16%) were referred for support to the local Carers Centres.

Employability

An increasing number of referrals are being made to the local employability 'Bridging' services by all CHCP service areas reflecting that 'worklessness' is increasingly being addressed with service users by health and social care staff. Over 100 people from the Chinese community have registered with our Chinese Employment Project for assistance with training and support as a means of getting on the path to work.

5. CROSS-CUTTING THEME PRIORITIES

The CHCP Committee has agreed the following cross-cutting theme priorities for the CHCP over the next three years. All our services will work together to achieve these objectives:

<i>Priority Theme</i>	<i>Rationale</i>
Progressing the integration and improving the performance of services	Better outcomes for service users and using resources efficiently
Improving employability options for service users	'Work' improves wellbeing, potentially reduces poverty; enables service users to move away from services
Address alcohol problems	Clear evidence of the impact of alcohol related harm on individuals, families and communities; Large number of licensed premises in the area
Tackle obesity	60% of adults and 20% of pre-school age children overweight with accompanying health problems
Focus on parenting	Provide children with a good start in life and intervene early where support is needed

6. OUR ACHIEVEMENTS IN 2007/08

In our Plan for 2007/08 we identified specific actions that we would take to develop, change and improve the services we provide. These actions continue to be implemented and progress is monitored through our performance management and monitoring arrangements.

Some of our significant achievements over the last year are outlined below.

Working towards addressing health inequalities and promoting well being

Our achievements included

- Producing a Health Improvement Action Plan for 2007-09 and securing buy-in and the support of partner agencies to deliver its objectives.
- The integration of health improvement activities into CHCP frontline services- Mental Health, Children and Addictions and promoting joint working between health improvement staff and frontline practitioners.
- Improved access to physical activities for older people and people with learning disabilities
- Successfully engaging local nurseries and parents in programmes to improve children's oral health and mothers in peer-support programmes to increase breast-feeding rates
- Implementing a number of initiatives to improve nutrition and mental health, reduce alcohol and drug related harm and promote men's health and wellbeing.
- Working with older people in communities to design and implement safety-at-home initiatives such as the 'falls prevention' project and the *Message in a Bottle Scheme*

Further developing partnerships and engagement with communities to promote mutual understanding of needs and priorities and develop joint solutions

Our achievements included

- Consolidating The CHCP's Public Partnership Forum (PPF) as a valued resource to the CHCP and the local Community Planning Partnerships. The PPF and the CHCP have staged a number of engagement events as a means of connecting communities with the CHCP.
- Undertaking a number of needs assessment projects (e.g. City Centre; Youth health) to enable us to design and implement effective programmes to address health inequalities in particular communities (e.g. Yorkhill, Townhead, Anderston)
- Delivering a pilot multi-agency initiative (Impact Project) to improve service responses to gender-based violence affecting black and minority ethnic women and those with learning disabilities.
- Supporting local communities and service users to engage with a number of important consultation exercises on various aspects of service planning / redesign (e.g. Learning Disabilities Day Care review, Long-term Conditions) and national policy (e.g. Better Health, Better Care') developments.

Improving access to services

Our achievements included

- Implementing the objectives in our Equalities Action Plan as a means of improving access to services for people from the inequalities groups. A number of Equalities Impact Assessments on various service areas have been undertaken.
- Implementing the Empower Project to identify best practice and influence service redesign for disabled black and minority ethnic women and their carers, in collaboration with key partner agencies.

Older people/ People with physical disabilities (OPPD)

- Implementing an integrated model of service provision (a single duty system).
- Significantly reducing waiting times for podiatry, physiotherapy and occupational therapy services as well as delayed discharges from hospital.

Mental Health

- Changing the service model of the Integrated Community Mental Health Teams to enhance an assertive outreach approach to service users with complex needs.
- The Primary Care Mental Health Team establishing a range of psychological and self help interventions both on a referral and self referral basis.

Addictions

- Increasing the capacity of Alcohol dependency services in the CHCP to meet the needs of an increasing number of clients who need support and counselling.
- The Community Addiction Team re-designing its mode of operation to enhance access to the service and signposting to other services.
- Developing a second site for the delivery of addiction services in the Woodside/Anderson area.

Learning Disabilities

- Extending Learning Disability day services to workspace within the Whiteinch Neighbourhood Centre to enhance capacity and develop closer links with the local community.

Ensuring better support to enable vulnerable adults to live safely and independently in the community

Our achievements included

Older people

- Improving links between primary and secondary care services so that the transition from hospital to home is better coordinated.
- Increasing the capacity of the Intensive Home Care Service so that people with complex needs could be supported at home by a new pilot system for the Management of Medication.

Mental Health

- Establishing Crisis Resolution Services, supported by Carr-Gomm as an alternative to hospital admission and facilitating early discharge by providing same-day care and support

Learning Disabilities

- Continuing to work towards meeting the demand for supported living in the community by increasing the number of people in their own tenancies/homes by 5% (i.e. 7 more people)
- Implementing a comprehensive health screening and follow-up for all service users who wish to be involved
- Increased choice for respite services, including non-building based respite options, were being explored. A plan for a new 8-bed respite unit for adults to be built in Drumchapel was agreed, with a scheduled opening in summer 2010.

Addictions

- Developing effective links with local housing support providers to ensure some of the most vulnerable people with addiction problems have access to housing support services

Carers

- Continued support for Carers provided via General Practice/ Health Centres and the two local Carers Centres with 779 assessments for carers undertaken.

Improving Employability and opportunities for work

Our achievements included

- Working closely with Glasgow West Regeneration Agency to develop and consolidate the West Referral Team (WRT) as a 'bridging' employability service and Routes to Wellbeing a pilot specifically targeting Incapacity Benefit claimants. 143 people accessed WRT with 96 individuals being actively engaged. Fifty one clients were supported to access training, further education, employment or volunteering. Two people with learning disabilities gained employment with the NHS.
- Setting up the Chinese Employability Project as a part-time pilot bridging service; sixty clients registered for support with the project.
- Successfully developing a Volunteering Initiative with the capacity to establish 6 placement opportunities

Supporting and protecting vulnerable children and their families in the community and improving their health and wellbeing

Our achievements included

- The proportion of children on the child protection register (who have previously been on the register) has been significantly reduced, and more children are now Looked After at home with family or friends than a year ago.
- Service integration is continuing driven by a Local Management Review (LMR) programme for Looked after Children and Child Protection.
- The Parent and Child Together (PACT) Team has been developed to focus on early intervention and a service for children affected by parental drug and alcohol misuse was commissioned.
- More local community supports have been put in place resulting in a reduction in the numbers of children in residential accommodation and changes have been implemented so that decisions on children's permanent care are taken without delay.

- Commissioning a review of the health and social care needs of children looked-after in the community to be published in Autumn 2008.
- Establishing a multi-agency Children's Planning Group to ensure a targeted and coordinated approach to meeting the needs of vulnerable children and families.

Supporting our staff to adapt to service changes and new ways of working so that the CHCP operates effectively

Our achievements included

- Putting in place revised arrangements for managing absenteeism and raising awareness across the CHCP
- Exploring options for promoting staff wellbeing, including the development of a programme of work towards achieving the Healthy Working Lives Award.
- Staging staff engagement events, including Protected Learning events and extended Management Team sessions.
- Establishing a Learning, Education and Development Group which has overseen the implementation of staff training programme, the protected learning events, the Knowledge and Skills Framework and Personal Development Plans for staff.

Creating new environments to deliver our aspirations for modern, joined-up services and new ways of delivering them

Our achievements included

- The opening of the New Gartnavel Royal Hospital
- Relocating inpatient beds for older people with mental health problems from (Timbury and Cuthbertson wards) to the new Gartnavel Royal Hospital and undertaking an option appraisal on McNiven Ward for the re-provision of Canniesburn.
- Improving the available use of space and environment within Arndale Community Mental Health Team to the benefit of Service Users and Staff
- Developing the Sandy Road site to improve the service delivery accommodation within Partick Area
- Completing the Plean Street development to deliver a new model of health and care services.
- Commissioning an integrated Children and Family Centre in Drumchapel as a centre for integrated services for children with disability and co-location of Child and Adolescent Mental Health and social work provision.

7. OUR STRATEGIC PRIORITIES FOR 2008-2011

This section highlights the key priorities for CHCP services over the next three years under the headline (NHS Greater Glasgow & Clyde) corporate themes and (Glasgow City Council) key objectives outlined in Section 1 on page 5. The priorities are grouped under specific service areas where appropriate.

1. IMPROVE RESOURCE UTILISATION

We will, Cross-cutting

- Ensure the CHCP's is organised and staffed to meet its responsibilities by reviewing vacancies, staff deployment and skill mix in the short term and in the longer term, through the implementation of the social care work force review and proposals for the integration of services.
- Continue to make better use of our buildings and the space within them
- Review our administrative services across the CHCP to develop integrated services with the specialised areas once the admin review has the second tier in place.
- Pursue the implementation of waste reduction, energy saving and recycling initiatives that complement the development of sustainability policies by NHSGG&C and GCC
- Ensure that the CHCP makes best use of Information Technology.

Planning and Health Improvement

- Consolidate the Health Improvement Team in one location (William Street) and explore options for co-locating the new Community Development and Engagement Team with the HIT in the same premises.
- Ensure efficient and cost-effective use of resources and support NHSGG&C and GCC savings programmes by
 - Reviewing CHCP grants to/ expenditure on voluntary organisations with a view to achieving coherence and consistency with CHCP objectives and greater financial sustainability.
 - Commissioning a single Healthy Living Initiatives provider for the CHCP area.
- Develop a joined-up approach to Community Engagement with the local Community Planning Partnership's and Glasgow West Regeneration Agency
- Work closely with NHSGG&C and GCC to further develop commissioning processes.

Health and Community Care

- Ensure an action plan is in place to meet the target reduction in home care costs

Children's Services

- Improve the integration of services through co-location and develop proposals for integrated teams and identify workforce requirements.
- Develop services to facilitate parental contact for accommodated children and free social worker time
- Conclude a review of the use of transport to deliver efficiencies.

Addictions

- Reshape the CAT workforce and improve productivity by consolidating new systems in Hecla Square site and develop a full addiction service in Callander Street to serve the farthest North East area of West Glasgow CHCP.

Mental Health

- Eliminate variances in practice where these are inappropriate /inconsistent with a clear evidence base for effective service models.

Learning disabilities

- Continue to develop person-centred supported living services that make the best use of resources available

Primary Care

- Develop a spend to save proposal in relation to the prescribing budget with greater emphasis on CHCP priorities
- Work with NHS GG&C to develop a robust monitoring process in relation to securing better value for money from Local Enhanced Services and similar resources.
- Develop improved communication arrangements between Primary Care and A&E Departments
- Develop a CHCP Primary Care action plan to reflect how we can best develop or refocus primary care services in line with the needs of the local population.
- Develop new (brief intervention) services within primary care for patients with alcohol problems.

2. SHIFT THE BALANCE OF CARE

We will

Cross-cutting

- Implement the agreed NHS GG&C Long Term Conditions strategy at local level with the involvement of partner agencies such as Direct and Care Services and Community Pharmacy
- Develop and deliver action plans to ensure timely discharges (within six weeks) from hospital for older people and people with mental health problems

Health and Community Care

- Enhance the effectiveness of services in the community so that
 - The ratio of acute episodes managed in community settings is increased.
 - The number of patients experiencing more than 4 hospital admissions per year is reduced.
 - The proportion of older people who are admitted as emergency inpatients two or more times in a single year is reduced
 - Emergency inpatient bed days for people are reduced by 10%
- Establish an integrated Older People's Mental Health (OPMH) team to work across inpatient and community services to deliver single shared assessments and provide care at home.
- Redesign inpatient and community OPMH services and ensure that they link effectively with planned development of the local Rehabilitation and Enablement Service

Children's Services

- Establish services to improve family support, develop evidence-based community interventions for children with behavioral problems and implement best practice for planning for children's permanent care.
- Develop integrated services for children with complex disabilities
- Deliver evidence based programmes to reduce offending through Criminal Justice Social Work Teams

Mental Health

- Review in-patient bed usage within West Glasgow and its impact on Community Mental Health Services with a view to achieving a further organisational-wide reduction in the number of beds in line with national targets
- Reduce the number of readmissions (within one year) for those individuals that have had a hospital admission of over 7 days and those who have experienced more than 4 hospital admissions per year.
- Ensure that people who are agreed as being detained in conditions of excessive security are placed within local community services in line with agreed Mental Health Treatment Service timescales.
- Reduce anti-depressant prescribing in line with national targets and develop alternative therapies and support for service users.
- Work with local partners on a number of fronts to reduce national suicide rate

Learning Disabilities

- Further develop alternatives to residential respite services

Primary Care

- Work with primary and secondary care services to develop and implement additional enhanced services across two disease areas.
- Increase the uptake of Long Acting Contraception by 20%
- Aim to increase (by 50%) the level of uptake of new Local Enhanced Services by GP's

3. FOCUS RESOURCES ON GREATEST NEED

We will,

Cross-cutting

- Ensure that the services provided for the various care groups are joined up and have clear protocols so that people with complex or multiple needs receive an effective and timely response.
- Enhance the capacity of the CHCP to respond effectively to housing issues (particularly vulnerable households) and prevent homelessness by
 - Ensuring that the agreed interagency Statements of Best Practice are implemented
 - Establishing an Essential Connections Group to promote joined-up working with local Registered Social Landlord's, Glasgow Housing Association (West) and the voluntary sector
 - Obtaining a better understanding of current and anticipated local housing need by working with GCC and GHA
 - Establishing an Engagement / Liaison Forum for local frontline services (CHCP and homelessness) to address issues of concern
- Ensure the development and delivery of effective support for Carers by

- Implementing the agreed joint City Strategy for Carers
- Reviewing and redesigning local specialist services for carers
- Identifying priorities in relation to Carers information and Carers Support monies
- Implement the Employability agenda, ensuring that the CHCP makes an active and positive contribution to the West Strategic Employability Framework Groups and the key NHSGG&C and GCC strategic/ coordination groups in order to achieve the local Targets. Specific actions include,
 - Supporting the development of the West Referral Team (a Bridging Service)
 - Further embedding 'employability' into the practice of CHCP services
 - Engaging GP's and Primary Care in addressing employability through a pilot Local Enhanced Service arrangement
 - Further developing the capacity to provide volunteer and training placements as a pathway to paid work
 - Establishing a local interagency Employability Development Group with Glasgow West Regeneration Agency.
- Ensure that resources are allocated on basis of identified/assessed need, and targeted at most deprived communities / inequalities groups.

Health and Community Care

- Implement a risk analysis model which identifies and enables us to target resources at high risk patients in the community especially those with Long Term Conditions
- Work with North and East CHCPs to deliver the re-distribution of Community Older Peoples Team (COPT) and Older People's Mental Health (OPMH) resources across North and East CHCPs in line with the NHS resource allocation formula.

Children's Services

- Deliver the objectives of the Glasgow City Youth Justice Strategy at local level.
- Development and implementation a parenting strategy for the CHCP in line with city-wide priorities
- Implement the recommendations of the health visitor review.
- Ensure that there are robust planning processes in place for Children's Services and that NHSGG&C and GCC resources are targeted towards vulnerable children
- Implement joint-screening for children with complex needs with Education Services, and pre-referral screening arrangements jointly with the Police and SCRA in non-offence referrals.

Addictions

- Improve the care pathways into purchased services, especially community alcohol services, community rehabilitation services and employability services for people with addiction problems.

Mental Health

- Establish effective links, joint working and shared care arrangements with Community Addiction services for people within Mental Health services that require specialist home or partial Hospitalisation Detoxification
- Over the next eighteen months assess the new GGC Autism Spectrum Disorder strategy and work with CHCP services and partners to implement this new strategy.

Learning Disabilities

- Continue to promote the Relationship and Sexuality Groups in line with agreed Glasgow Learning Disability Partnership policy
- Increase the number of service users with an Single Shared Assessment and an annual review
- Compile Risk Register for the West Learning Disability Service

Primary Care

- Collaborate with GP's and Primary Care to increase breast feeding and cervical screening rates in the most deprived areas by at least 10% and 1% respectively

4. IMPROVE ACCESS

***We will,* Cross-cutting**

- Ensure that the CHCP Equalities Action Plan is implemented and monitored and that a programme of Equalities Impact Assessments of our services is undertaken and that the outcomes are acted on.
- Review access to CHCP services from an inequalities perspective with a particular focus on older people and gender based violence.
- Ensure continued access to primary care services.
- Implement a range of actions to ensure that health improvement and early intervention services are fully accessible to vulnerable people and health inequality groups.
- Deliver the objectives of the Transport Strategy through the implementation of a local action plan in order to realise efficiencies.
- Implement the GCC-led redesign of Welfare Rights and Money Advice services and ensure that local people / service users have unhindered access to income maximisation services
- Progress the development of service delivery Hubs in the CHCP
- Explore the options of developing integrated duty systems for access to CHCP services

Health and Community Care

- Contribute to the NHSGG&C wide work to re-consider the options of self referral and direct access to Podiatry, Physiotherapy and Occupational Therapy services
- Improve waiting times performance for Allied health Professions by redesigning services across NHSGG&C , subject to resource availability

Children's Services

- Improve access to universal services for the most vulnerable children through co-location and integration
- Work with Education Services to support the development of a Learning Centre and reduce exclusion from mainstream education

Mental Health

- Increase the number of people supported by the Early Intervention Service for Psychosis within West Glasgow
- Ensure that the local Primary Care Mental Health Team develops and implements self referral access to their services in partnership with Primary Care and the wider West Mental Health Network
- Ensure increased access to Primary Care Mental Health Teams and Community Mental Health Teams' services for individuals in the most deprived groups especially for older people
- Develop a Primary Care Mental Health Partnership for West Glasgow that maximises ease of referral between services/agencies and minimises duplication of services.

Addiction services

- Ensure that new contacts continue to be seen within 21 days
- Increase the number of adults and children being seen by the Community Addiction Team

Learning Disabilities

- Prepare Funding Options to commercialise the Café and Garden Centre at Southbrae to enhance employment opportunities.
- Work with Culture and Sport and other leisure agencies to encourage the use of facilities by people with a learning disability.

Primary Care

- Work with independent contractors to ensure that access is improved as a result of developments across the four contractor groups e.g. direct referral from optometrists to secondary care (without recourse to GP practices)
- Implement effective action plans to support the achievement of the urgent cancer referral targets.

5. MODERNISE SERVICES

We will,

Cross-cutting

- Ensure that Health Improvement Team is restructured.
- Ensure that the proposal for the redesigned Community Engagement and Development Team is implemented and integrated within the CHCP
- Ensure best use is made of accommodation across the CHCP and that all our staff are housed in local premises which are maintained to a good standard.

Children's and Criminal Justice Services

- Ensure there are clear measures to improve children and family's social work services to deliver statutory and good practice requirements, including ensuring best use of current resources and additional investment

- Ensure Criminal Justice services are housed within the WEST and accommodation is made available to allow Criminal Justice to deliver programmes in line with Government legislation.

Health and Community Care

- Ensure the NHSGG&C-wide Rehabilitation and Enablement Service model is finalised and implemented within the CHCP in line with current integration plans.
- Implement the national training framework for assessment and care management and single shared assessment in preparation for the delivery of an integrated model of care/case management.
- Develop plans for the modernisation of in-patient and community services for older people with dementia, and for the replacement of existing ethnic minority day services in line with the GCC plan for the Future of Local Authority Care Homes and Day Care Services

Addictions

- Ensure continued improvement and development of addiction services across the CHCP area especially for children and families affected by addiction problems
- Develop effective links between Mental Health, Criminal Justice and secondary care medical services notably Kershaw.

Mental Health

- Ensure continued improvements of therapeutic environment of inpatient services at Gartnavel Royal
- Implement the agreed model for Mental Health Rehabilitation services
- Reduce the annual rate of increases of defined daily dose per capita of antidepressants
- Ensure that key frontline staff are trained in using suicide assessment tools/suicide prevention programmes
- Progress the implementation of Integrated Care Pathways for Psychosis and the other agreed care groups.

Learning Disabilities

- Support the modernisation of the Balshagray Service delivered by Enable Glasgow.
- Implement Day Services Reform and contribute to the GCC Service Redesign process, involving service users and carers as integral partners.

Primary Care

- Drive forward the Laboratory and Imaging redesign programme in conjunction with Acute sector to make the most efficient use of resources and effectively manage demand.

6. IMPROVE HEALTH STATUS

We will,

Cross-cutting

- Implement a programme of action to improve health status by producing a detailed Health Improvement Action Plan and seeking to deliver its objectives with the local Community Planning Partnerships and other key local statutory and voluntary agencies. The key objectives of the Action Plan will be to,

- Contribute to reduction in coronary heart disease (CHD) and inequalities in CHD mortality through Nutrition, Physical activity and Smoking related action plans.
- Deliver objectives of the alcohol, drugs and tobacco strategies to reduce prevalence rates, consumption and related harms.
- Improve mental health in line with the Mentally Flourishing Scotland report, particularly focussing on the needs of people with severe and enduring mental illness and contributing to a reduction in the suicide rate.
- Deliver the Oral Health Action Plan and increase the number of five years olds without dental disease so that 60% will have no signs of dental disease by 2010.
- Improve the overall breastfeeding rates.
- Address the health and well-being needs of pre-five children and their families; promote Child and Youth Health and roll out the Hall 4 health improvement programme
- Improve Men's Health
- Improve health and wellbeing of Older People
- Implement a Nutrition Action Plan to tackle obesity
- Enhancing leisure access and developing specific initiatives for people with learning disabilities.
- Improve access to sexual health services in local communities.
- Support adults within workplaces to improve health
- Support Community Safety and Injury Prevention.
- Refocus and redirect our resources and attract other funding from other sources.
- Integrate Health improvement activities into all aspects of CHCP services
- Lead the Health Theme for the Community Planning Partnership and develop a Strategic Health Framework with other key partners and agencies to influence their contribution to improving health and tackling inequalities.
- Enable frontline staff to develop (early/brief intervention) skills to address health improvement and lifestyle issues with service users.

7. EFFECTIVE ORGANISATION

We will,

Cross-cutting

Governance

- Ensure compliance with Clinical and Care Governance standards of NHS GGC and GCC and appropriate regulatory boards through effective systems of delegation.
- Develop the role of lead social work officer to establish a standing governance group involving social workers across services and grades.
- Further develop the Staff Partnership Forum and the Professional Executive Group

Partnership working

- Ensure the CHCP develops its role as an effective partner and has a central and responsive role in community planning at every appropriate level.
- Develop and foster partnerships and relationships that build effective community services
- Increase the reach and influence of the Public Partnership Forum arrangements and the community engagement which underpins it.
- Establish an effective West Acute In patient Forum in line with the Mental Health Delivery Plan ensuring an inclusive approach with Service Users and Carers.

- Roll out the NHSGG&C Public Partnership, Patient Focus strategy at local level when it is developed.

Planning and Performance management

- Develop and implement a robust and effective performance management and reporting system including identification of local targets and use the information to make any improvements necessary
- Develop and monitor the implementation and performance of the CHCP Plan
- Ensure that there are effective management processes across local services.
- Ensure the CHCP meets the requirements of inspections including SWIA and the joint inspection of child protection.
- Ensure the CHCP has a clear allocation of resources and those are appropriately delegated and governed.
- Work with GCC and NHSGG&C to support the delivery of the Single Outcome Agreement and the related corporate objectives and to maximum efficiency, effectiveness and coherence.
- Ensure that absence levels are reduced in line with the NHSGGC and GCC targets.
- Ensure that the GCC's Social Work Inspection Agency's Action Plan is effectively rolled out at local level
- Ensure that the CHCP has an appropriate infrastructure and adequate capacity to cope with unforeseen circumstances, namely through its Business Continuity, Pandemic Flu and Winter Plans

Human Resources and Workforce Development

- Resolve Agenda for Change and Welfare Pay and Benefits outstanding issues.
- Ensure all staff have an agreed Knowledge and Skills framework and PDPs
- Work towards achieving the Healthy Working Lives award
- Deliver a programme of Protected Learning Time Events incorporating the identified learning priorities of the CHCP workforce
- Contribute to the process of Practice Team service redesign

Administrative infrastructure

- Ensure the CHCP has the required infrastructure support for frontline staff including IT and administration support.
- Deliver a short and medium term accommodation plan making best use of the CHCP estate and available capital resources
- Improve our performance in relation to responding to enquiries, suggestions and complaints
- Ensure that all staff are trained in Fire Safety, Health and Safety and Risk Assessment to an appropriate level
- Improve our performance in relation to recycling and energy efficiency.

Organisational Development

- Roll out the commitments contained in the NHSGG&C and GCC People Strategy so that the CHCP operates as an effective and inclusive organisation
- Develop and implement a comprehensive Organisational Development Plan to
 - enable staff to effectively adapt to change and transformation in the organisation
 - promote a positive and productive organisational culture and behaviours
 - promote the CHCP as a learning, valuing and dynamic entity
 - enhance the performance of staff, the CHCP Committee, the PPF, the PEG and the Staff Partnership Forum

- Implementation a Communications Plan aimed at improving internal (staff engagement) and external (with partner agencies, service users and the public) communications, the latter which promotes the image and profile of the CHCP as a consistent, credible and efficient organisation.
- Produce a Staff Directory and a Directory of Services
- Ensure effective systems are in place to deliver Core and Team Briefings in line with NHSGG&C and GCC guidance
- Continue to develop our management teams to provide effective leadership for services.

8. DELIVER INEQUALITIES-SENSITIVE SERVICES

We will,

Cross-cutting

- Meet challenges of delivering an inequalities sensitive health and social care services as far as possible
- Ensure that all our developments under consideration fully reflect an assessment of, and address health and social inequalities.
- Continue to roll out our programme of equality impact assessments and make changes to policies, practices and structures as necessary.
- Ensure that a comprehensive picture exists about access to services and that strengths and weaknesses are highlighted in order to plan for improvement.
- Implement agreed Equalities and Diversity awareness-raising and training programmes for all staff and ensure that staff are aware of the population mix in the CHCP area and are informed of NHSGG&C and GCC Equalities policies as part of an induction process.

8. ACHIEVING FINANCIAL BALANCE AND CAPITAL WORKS

Financial Balance

The CHCP currently spends around £142m per annum on staffing and supplies to provide services.

In 2008/09 the NHS Board will begin to implement the review of CH(C)P resource allocation which aims to shift the allocation to a more needs-based formula. Moving towards budgets based on the formula will have a substantial impact on West Glasgow CHCP; the changes will primarily affect Children's Services and Health and Community Care's services for older people. It is therefore important to ensure that appropriate service plans are in place before the new financial model is implemented in 2009/10 so that we have a robust financial framework for the CHCP in line with the corporate strategy and key performance targets, and we can create financial balance to achieve value for money without compromising quality of patient care.

We will,

- Develop approaches to address the challenge of achieving the reduction of NHS GG&C and GCC Social Work costs to ensure financial balance.
- Continue to focus on achieving efficiencies through the development of the integration agenda and reviews of current service delivery models.
- Realign the social work budget in line with the requirements and financial imperatives of GCC

Major capital priorities over the next five years

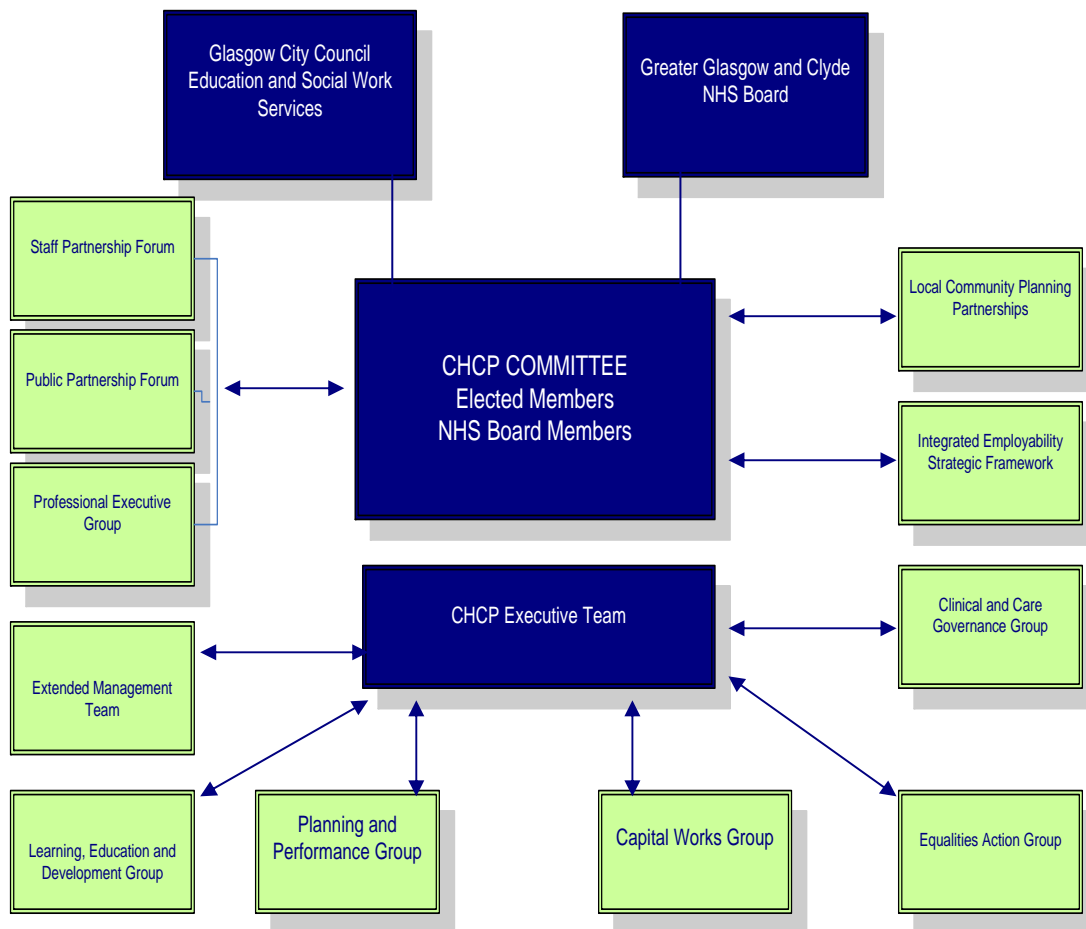
We have assessed the current utilisation of accommodation and aligned our capital plans with the objectives of service redesign and integration. GCC and NHS GG&C have primarily developed independent accommodation portfolios although in recent years the co-location of services has brought about a greater use of shared facilities. By bringing these together into a single plan and increasing the amount of shared accommodation we expect over time to achieve a greater level of efficiency and improve access to services.

The capital expenditure and development plans for the next three years are outlined in Appendix 3.

References

1. NHS Greater Glasgow & Clyde 'Planning and Priorities Guidance 2007-2010: Update For 2008/09 Planning Round' Issued March 2008
2. Glasgow City Council 'CHCP Development Plan – Annual Review 2007/8: Guidance From Social Work'. Issued June 2008
3. Community health and Wellbeing Profiles, Glasgow Centre for Population Health (<http://www.gcph.co.uk/newcommunityprofiles/>) March 2008
4. 'CHCP Demographics-Population estimates, vulnerability, prevalence of disability and support, and analysis of SWS clients' October 2007 A report by the Performance and Research Team. Education and Social Work Services, Glasgow City Council
5. West Glasgow CHCP, City Centre Needs Assessment, 2008

FRAMEWORK OF LINKS BETWEEN COMMITTEES AND GROUPS



Appendix 2

NEIGHBOURHOODS WITHIN WEST GLASGOW AND THEIR POPULATIONS

Neighbourhood	Population
Anniesland, Jordanhill and Whiteinch	9,752
Blairdardie	3,824
Broomhill and Partick West	11,219
City Centre and Merchant City	14,038
Drumchapel	13,067
Hillhead and Woodlands	19,850
Hyndland, Dowanhill and Partick East	16,269
Knightswood	17,698
Temple and Anniesland	10,943
Yoker and Scotstoun	12,679
Yorkhill and Anderston	9,544

Appendix 3

CAPITAL EXPENDITURE AND FUTURE ASPIRATIONS

The Table below highlights the capital expenditure and future aspirations for the development of integrated facilities within West Glasgow CHCP over the financial years highlighted:

West Glasgow CHCP Priorities	2007/08 Allocation £'000	2008/09 Allocation £'000	2009/10 Allocation £'000	2010/11 Allocation £'000	Total £'000
Current Approved Projects					
Plean Street Clinic Replacement-Phase II	2,000	700	-	-	2,700
Partick Centre Phase II	1,575	2,400	-	-	3,975
Drumchapel Integrated Children & Family Phase I	-	700	2,600	-	3,300
Drumchapel Integrated Children & Family Phase II	-	-	2,200	-	2,200
McNiven House (re-locate Canniesburn)	750	-	-	-	750
	4,325	3,800	4,800	-	12,925
Aspirations					
Tate/Timbury House	-	750	1,000	-	1,750
Campbell House Replacement	-	-	2,000	-	2,000
Partick Centre for Comm Hlth Phase III	-	-	1,500	1,500	3,000
Woodside Health Centre - redevelopment	-	-	500	6,700	7,200
Partick Hub*	-	-	4,000	-	4,000
	£0	£0	£8,000	£8,200	£16,200
Glasgow City Council – Social Work					
Partick Hub*		-	4,000	-	4,000
LD Day Centre					to be specified
	-	-	£4,000	-	£4,000
TOTAL	£ 4,325	£3,800	£16,800	£ 8,200	£33,125
Note *Partick Hub – Joint funding (GGC SW/ NHSGGC and other partners- est. £4m)					

Your comments and feedback

For further information on the content of this Plan or to comment on any aspect of it, please contact,

Head of Planning and Health Improvement
West Glasgow CHCP
First Floor, Modular Building
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 OXH

Email: ray.desouza@ggc.scot.nhs.uk

Website: www.chps.org.uk/westglasgow

Telephone: 0141 211 0370