We know that Glasgow's health record is not good. This is only too obvious for many of our citizens and their communities.

We also know that Glasgow has a lot going for it. It has undergone a resurgence in the last two decades and is now a front rank European city.

But the fruits of Glasgow's development have not been enjoyed evenly. Commercial and retail success in the city centre are not matched by similar change in our major housing schemes. Good health for some has not meant the best possible health for all.

This City Health Development Plan is a major attempt to address such issues. It looks to enhance the ways our large public agencies work together for health - both with each other and with Glaswegian communities. It sets out some key areas for us to concentrate on - ones we really need to get right if we are to build the foundations for long-term health improvement.

The Plan does not stand in isolation. Crucially, it links into the strategy for the Glasgow Alliance, which is the city's key approach to social inclusion and urban regeneration. The connections between poor job prospects, poor housing, and poor lifestyles are only too clear for Glaswegians. We don't need any more research to tell us this. We need action for long-term improvement. Glasgow's Healthy City Partnership is a key means of sharpening our collective resolve to do just that.

In that light, we have avoided the temptation of simply gathering together everything that is already being done and putting it into the Plan. Instead, we have looked to take stock of where we are as a city in health terms, to acknowledge the problems we still have, and to propose some new actions. When you read this document, you are therefore reading something new and different - both in its open and honest style, and in its recognition of the areas where we need to be working harder together.

The city now has in place the strategic framework to tackle our problems, to get the thinking right and the actions to follow. Issues like social inclusion, community safety, lifelong learning have their own action plans. This Plan complements them and enhances the health dimension of our joint efforts. Together they form our vision for a city that moves forward with its people to a much healthier future. We commend this Plan to you and urge you to take a part in implementing it. We all share the same aim:

Let a healthier Glasgow flourish!

WMT Timoney
Chair of Glasgow Healthy City Partnership
Chair of Glasgow City Council Health Forum

Professor David Hamblen CBE
Vice-Chair of Glasgow Healthy City Partnership
Chair of NHS Greater Glasgow
This Plan is about Glasgow's people and the agencies which serve them. It looks to improve health with and for Glasgow's citizens and their communities over the next five years. The Plan shows what the main health issues are in Glasgow and says what the Glasgow Healthy City Partnership is going to do about them. There is a particular emphasis on supporting the least well-off communities because there are strong connections between poverty and ill health in this city for far too many of our people.

The Plan has been written as a relatively brief and action-oriented approach to our city's health challenges. (The longer bits are contained at the back of the document as appendices). Some of the messages in this Plan are quite robust. They admit that we have not collectively got to the stage where all of Glasgow's people can routinely expect good health as their birthright. Sadly, the statistics on poor health show that only too obviously. More to the point, these statistics reflect an underlying reality for many of our city's communities that is fundamentally harsh and injurious to health.

At the same time, Glasgow is a lot further on than in previous times in its ability to face and tackle these challenges. There is a lot of good experience to draw upon which we must enhance and multiply. There are a lot of new resources in the city which we didn't have until recently and which are directed to tackling the underlying causes of ill health. People and agencies have a lot more experience of partnership working to apply to the city's health challenges.

In this light, the Plan is essentially focused on a single aim. It is to enhance the capacity of agencies and communities to work together for better health. Of course, everyone is well aware that we need to translate what might otherwise be a rather glib and intangible aspiration into practical reality. This Plan is a principal means of doing that.

Some of the things that would make a really significant difference to our people's health are not in the gift of the city to provide. They relate to the distribution of national resources (both within Scotland and in the UK context) towards Glasgow on the basis of its health need. Our city is not unique in this respect, but it does seem to be acutely the centre of some very severe problems. This message must continue to be emphasised to government.

Nevertheless, there is a basic obligation on Glasgow's agencies to work better together with what we have in order to improve health with and for our communities. This will have resource implications. There are vast amounts of human and budgetary resources available to put to the task. It is just that they are mainly tied up already in a host of services and initiatives. What we especially need to do better, then, is to unlock the potential for our existing structures, and our ways of planning and doing things, to focus more clearly on their health aspects.
There is already agreement in the city that we need to tackle a basic group of health issues – around jobs, social inclusion, drugs, tobacco, child health, for instance. They also reflect national aims in most cases. This Plan looks to propose some specific actions in such areas. But it also aims to help build the ability of our agencies to respond better together and to plan ahead in partnership with better health as the shared goal. These aims are, in other words, directed to process measures. They may not be as headline-grabbing or sound as exciting as particular projects. But they are the essential ground on which the long-term foundations of health will be secure. (And in any case, if they work properly as processes, then more visible programme developments should emerge from them).

Our collective efforts are going to be targeted in the main where there is greatest need. We must, however, engage everyone in the city in the challenge to improve health. This means supporting individuals and communities throughout the city to improve their health, wellbeing and quality of life. It means ensuring that healthier Glaswegians keep well, whilst at the same time working with less healthy communities to help them attain better levels of health. None of this work can be separated from the broader determinants of population health across our city – which is why all our services and budgets need to be focused on their health dimensions.

It must be emphasised again: we already have a basic sense in the city of collectively shared values and objectives which are focused on the key Glaswegian issues of health and social inclusion. This Plan takes that joint sense as a given which needs harnessing and fleshed out into practical work on the ground. The Partnership offers the means to take these values and provide them with some more cutting edges for better health.

The Plan tries especially to engage with the reality of organisational life in Glasgow. It respects and acknowledges a context where people and agencies are working hard for better health, often with limited resources and a legion of diverse demands placed upon them. So the Plan does not look to add to those burdens, or to present an unrealistic wish-list. It does, however, add an extra impetus to those efforts.

This Plan offers some realistic objectives which we think will make things better for the health of Glaswegians. It also recognises areas where it may not be able immediately to have a positive effect, but where it will look to create change in the underlying conditions that will improve matters. The Plan tries to speak to a broad readership. The main thing, of course, is that reading should link to doing.

Glasgow is a city that has led the world in industry, the arts, and its civic traditions. Its most important resource has always been its people. Partnership between agencies and Glaswegian communities is at the heart of sustainable health improvement. It will take commitment, effort and clear thinking to accomplish. If we bend our collective will to this common purpose then there is every reason to expect success.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

Appendices
Glasgow has no shortage of strategic plans. There is an extensive array of local and nationally inspired initiatives, policies, programmes and priorities in the city at the moment. So why does Glasgow need another one? There are some good reasons why a plan specifically focused on health should be useful:

There isn’t currently a single, all-encompassing strategy document which addresses Glasgow’s health challenges. There are glimpses of what the overall picture might look like and there are even quite large bits of the canvas already filled in. But there isn’t a document that draws agency and community interests together to give a medium-term sense of direction.

Glasgow’s health challenges are very serious ones. The least we can all do is draw up a plan of action and try to see if we can get better at meeting those challenges.

There is a Scottish context to which Glasgow needs to respond in a strategic manner. The public health White Paper Towards A Healthier Scotland challenges agencies to deliver better health with communities. It offers a strong perspective on issues such as jobs and housing on the one hand, and smoking and diet on the other, which are very much Glasgow’s issues too.

Glasgow is a member of the World Health Organisation network of Healthy Cities. We can learn a lot from what these cities have been doing in tackling their health issues. And equally they can take some lessons from us here in Glasgow. A plan of this sort is one way of letting everyone know what we’re trying to do and, crucially, how we’re going to do it. The WHO asks its member cities to incorporate two overarching themes in such plans: equity and sustainability. This Plan is very clearly focused on these themes which tie in readily with the local needs of Glasgow.

Glasgow has learned a lot about tackling these issues. We now need to capture some of that experience on paper and draw out some lessons. Even if they are negative ones (how not to do something) then we still have the basis for some forward movement. And the fact that we have so many current strategies and initiatives in Glasgow that impact upon health means that there are real opportunities for positive change – as well as real challenges involved in integrating them all for better health.

This document contains appendices which note the current policy context in the city and describe some of the work in progress to build better health. It also captures the complexity and scale of the challenge by listing the statistics on health for our city – not just the outcomes in terms of disease, but also the key health inputs such as employment, crime, and lifestyle. This is the first time that such a range of maps, structures and figures has been collated in a document on Glasgow’s health. Rather than swamp the main thrust of the document by drawing these into the narrative, they have been listed as appendices to the document. Together they form a kind of overall map of where we currently are. The point of this Plan is to offer some new routes for improving health so that we can all look to a very different and much more positive map in the future.
Glasgow Healthy City Partnership is the main vehicle for pulling together the different strands that must combine to form an integrated solution to some very complex problems. It is well situated within a network of statutory, voluntary and community sector relationships, together with the city’s three universities. (Membership of the Partnership is set out in an appendix). It also benefits from its own formal membership within the World Health Organisation’s network of European Healthy Cities. The Partnership’s essential aim is to secure improvements in health for all of Glasgow’s people, with a particular emphasis on the least well-off, and to reduce health inequalities within the city in ways which support sustainable urban regeneration.

Glasgow’s model for better health has been developed by the Partnership as both a local response to our city’s issues and as a means of linking Glasgow with its broader role in the WHO Healthy Cities movement. It recognises that health is not just about the absence of illness. It is about a state of wellbeing for individuals within their communities. It is especially about people being able to follow their own potential to lead productive and fulfilling lives. There is a shared acknowledgement in Glasgow of the health links between people’s social and economic circumstances, their lifestyles, and their state of wellbeing. Regrettably, we know a lot about how poor health is sustained in Glasgow. Fortunately, we also know a lot about how better health is obtained. The challenge, of course, is to ensure that we shift away from the causes of ill health and focus all our energies on the means to improve health with and for Glaswegians.

The Scottish Executive has subsequently issued a White Paper on public health, Towards A Healthier Scotland, which fits well with Glasgow’s own approach. The White Paper recommends action on three levels:

- It looks to tackle the life circumstances of our citizens and their communities by improving job opportunities, educational attainment, and the physical environment.
- It recognises that the lifestyles that threaten or build health - physical activity, diet, substance abuse - must be changed for the better.
- And it acknowledges the disease-specific health topics - such as coronary heart disease, lung cancer - which affect people as specific health outcomes and which must remain clearly as targets for action.

Throughout all of these levels, inequalities of socio-economic status have a profound influence on health outcome, nowhere more so than in the city of Glasgow. The Scottish Executive has established targets for the NHS and its partners to deliver which relate to cancer, heart disease and stroke – whilst explicitly recognising that the underlying determinants of health must be tackled if progress is to be made on such targets and their differential effects on our least well-off citizens.

At the same time, the city’s principal coalition for urban regeneration and social inclusion, the Glasgow Alliance, has adopted certain key health targets. They focus especially on:

- Tobacco
- Physical activity
- Child health
- Mental health

These areas are part of a broader strategy that looks at issues such as employment, housing, lifelong learning and the urban environment.
The key result areas for this Plan have been drawn up in the light of these existing commitments and through the experience of the Partnership in supporting health issues in the city. A grid at section 12 describes a number of important areas of work. The core ones which we really want to see as the tests of our collective resolve are:

- **Establishing process mechanisms to improve capacity for better health** – linking especially to some of the planning systems within the Council, NHS Greater Glasgow and Primary Care Trust

- **Supporting better integration of health issues with the city's other coalitions** – particularly with the regeneration and community safety agendas

- **Enhancing the capacity of communities for better health** – focusing on Community Health Projects and Healthy Living Centres, as well as broader themes of community development with large agencies

- **Supporting better agency work to lift Glaswegians from economic inactivity and into the labour market** – with a particular emphasis on benefits flexibility and primary care involvement

- **Delivering strategies on food, tobacco and physical activity** – directly linking in to Glasgow Alliance objectives

- **Improving health with and for key population groups**: children, women, and people from black and ethnic minority communities

The rest of this document presents arguments to show why these particular areas are felt to be so important. The analysis both defines particularly prominent areas for work and, through doing so, defines the additional value offered by the Partnership to its members' work for better health.
Everyone agrees that partnership working is the way of the future. However, everyone has been agreeing the same thing since at least the late 1980s. So are we any further on now? The answer to this question, not surprisingly, is one of uneven development. Some agencies and some sectors are further forward than others. The challenge for any Plan, in great part, is to see how better we can support closer partnership working and help to overcome any barriers to that. A later section on lessons we have learned will look more closely at this issue.

In this light, it is worth briefly going back to basic principles and asking why partnership might help produce better health. And the reasons are principally these:

- **Our enemies act in concert** – fundamentally, the forces which cause ill health for too many of Glasgow's people are very good at partnership working. The grid of forces – social exclusion, generational unemployment, community breakdown – have worked better in partnership than we have in opposing them. So we need to be at least as smart as our enemies if we are to turn the tide of ill health and defeat them – which means more and better partnership working.

- **Best use of limited resources** – rather more mundanely, there is at least a presumption that we can act better together than our endeavours separately might have achieved. Glasgow's agencies have a lot of resources, both financial and human. It may well be that the current collective pot will not expand much to match our aspirations for health improvement. So we will all have to ensure that we mobilise a collective will and use our resources better. That means more joint targeting of resources and better joint assessment of whether they do the kind of things we want them to do. It means, in other words, partnership. And where the Healthy City Partnership often provides real added value is in acting as a bridge between different agencies and between agencies and communities. Some of these spaces might not be so readily spanned without the Partnership's support. The ability to broker debate and encourage better collective decision-making and working should not be underestimated. The Partnership is not the only bridge of this kind in Glasgow, of course, but it bears its fair share of traffic.

- **Health is intrinsically related to community wellbeing** – lest the above points sound as if they are all about big public agencies, we know that health crucially relies on partnership with communities. The creeping disengagement of many local communities from active participation in civic life and the associated issues of crime and community breakdown are at the forefront of the enemy partnership in Glasgow. We need partnership between the big agencies with big resources and the people who are at the sharp end of this equation. Because, as much as anything else in health terms, we know that communities that have some hope for and a stake in their future – and a sense that others care too – have better health prospects than those who don't. This includes both geographical communities as well as 'communities of interest' such as women and people from black and ethnic minority communities.
It is part of a modernisation agenda – if the above points are not enough in themselves to convince the reader of the importance of partnership, then probably it isn’t an optional consideration in any case. The new Parliament has given Scotland new ways of looking at tackling some old problems. Better partnership working is key to that. The Scottish Executive is likely to wish to change the current arrangements to better suit this agenda. Indeed, by the end of the five years of this plan, the current picture of the kind of agencies we have in Glasgow, and the kind of responsibilities they have, may be very different. We need therefore to embed partnership as a cultural issue within organisations in Glasgow – whatever their future shape might turn out to be. The Scottish Parliament offers great potential for doing things in new and creative ways. We would do well to harness these opportunities now, rather than wait to be pushed along. Partnership working is likely to be the hallmark of smarter, more integrated working. Glasgow is quite able to meet that challenge. It is up to the Healthy City Partnership to contribute to that ability in health terms.

These messages are hardly unfamiliar ones. And yet they bear repeating. They especially need further emphasis because we clearly haven’t yet got to the point where they have been assimilated fully into our organisational cultures in Glasgow and where they routinely lead our planning and decision-making. So a key area for work is directed to this challenge.

There is no avoiding the fact that partnership working doesn’t come easily or naturally to many of our agencies and their staff. This is not a peculiarly Glaswegian issue. But the need to do better, given the scale of our challenges, is an especially local matter. We know that the rhetoric of partnership is not always matched by the rather sketchy reality of its practice. We also know that, whilst partnership may appear virtuous and innocuous as an idea, the experience of making it tangible can often be uncomfortable, threatening and very time-consuming, for prospective partners. There are imbalances of power and resources that crucially affect the nature of such negotiations. This is only too evident between agencies and communities. But it occurs between large agencies too: the NHS is sometimes critical of Council planning decisions, which it does not regard as sufficiently health-oriented, but does not feel it can influence; the Council sees the NHS getting above inflation budget rises whilst it is required to make savings across its services (often the ones where primary prevention could take place in health terms). Some more transparency about how budgets and services are planned might assist a greater understanding of the pressures and constraints under which different agencies work. Some more means of entering into robust debate about these matters would also help. The Partnership offers the lines of communication to foster this.

The reality is often that the Healthy City Partnership directs most of its energies towards its two main partner members, the Council and NHS Greater Glasgow. Indeed, this document reflects that focus. It is an entirely understandable one, given the resources and influence which these agencies bring to bear in the life of our city. Greater recognition (and mobilisation) of other Partnership members needs to take place too, of course. This document especially highlights the increasingly important role of the new primary care structures in the city. It also, in issuing strong messages about community engagement, links more closely to our voluntary and community sector membership.

**Proposed Actions**

- Working with the Council to establish health considerations within the Best Value service review process and through the annual budget and service planning programme
- Working with NHS Greater Glasgow to draw the local health plan and this plan together in their principal objectives

Everything matters in health terms. But we cannot do everything tomorrow. So we need to identify where the priorities are for co-ordinated action in the short-term; where we can establish a better base for doing everything with an explicit health focus; and how in the longer-term we can bring everything to bear on making better health the routine expectation and experience of citizens and communities in Glasgow. The proposals above will assist joint debate about how best to ‘bend’ or re-allocate scarce resources – and where to prioritise partnership investment of new resources, should they be forthcoming. The next sections describe the key areas where such investment might best be targeted.
What are the main issues?

Glasgow’s health profile is quite straightforward. It has the foundations of good health in a vibrant, cosmopolitan urban environment. It has the foundations of appalling health in deprived and dislocated communities. And these are currently two faces of the same city.

Glasgow’s record of ill health is well-documented. This section does not rehearse familiar statistics (which are noted in an appendix), except to highlight the very close links between the city’s high levels of deprivation and ill health outcomes. What is not always recognised so explicitly in health-related strategies is the very positive nature of Glasgow’s resources and their influence, actual and potential, in maintaining good health. Many communities have, for instance, access to some of the most extensive parks and leisure facilities of any European city. Glasgow has a public transport system second only to London in its spread and density. Local planning policies favouring investment on derelict and brownfield sites within the city, maximising usage of the riverfront, have added to Glasgow’s ability to promote a sustainable urban environment. From the mid 1980s on the city re-focused its energies in the post-industrial era into the arts, tourism and retail facilities with significant current success in terms of jobs and local facilities.

Within recent years Glasgow has received significant additional Government monies to tackle social exclusion. New resources to support education and lifelong learning have also been made available. The NHS has benefited from increased investment, some of it flowing explicitly in recognition of Glasgow’s high levels of deprivation. And there is a strong likelihood that very major new improvements to the city’s social housing stock will occur. Glasgow does not therefore lack the opportunities, the determination or even some of the resources to keep moving forward – welcome as more of these will always be.

There are, however, problems. And they manifest themselves in an apparently continuing cycle of Glaswegian ill health on a very large scale. These problems are largely maintained in two ways. Firstly, the fruits of progress in Glasgow have not been equally shared across the city’s communities. Good quality jobs in the city and good quality facilities are not always accessible to our least well-off communities. Ironically, they appear to be much more readily accessed by the better-off communities from the suburbs outside the Glasgow city boundaries.

In Glasgow, literally and figuratively, the better-off communities in terms of jobs and income have better health status. The less well-off are subject to the predations of a virus of social exclusion. The reinforcing partnerships of unemployment, poverty (poverty not just of income but also of opportunity and expectation), and lack of hope combine to bring about all the ill health outcomes with which we are so depressingly familiar. What we need to do is find more and better ways of leveraging up the means for Glasgow’s less well-off communities – of whom we have a lot – to achieve the levels of health already experienced by the better-off.
Issues around jobs, and especially more jobs for less well-off Glaswegians, are prominent in the Glasgow Alliance strategy. The Partnership needs to reinforce the Alliance and the city's communities in ensuring that Glasgow (including its suburbs) does not drift into the kind of society that is forever split between a large section of relatively comfortable Glaswegians and an equally large section of socially excluded Glaswegians. The health implications of such a Glasgow are only too evident in large disparities between different socio-economic groups.

The second aspect of Glasgow's health divide which needs attention is that of improving the capacity of communities for better health. The Partnership is well placed to bring strong messages to the fore here. For whilst there are large resources going into the city's physical regeneration, it may well be that these do not always also bring about automatic improvements to the lot of socially excluded communities, and thereby to their health. The effects of a deficit here are palpable in crime, deprivation, ill health, and entire communities adrift from engagement in civic life. Hopelessness and despair amongst those who are hardest hit by deprivation cause, in themselves, shorter and less healthy lives. The Partnership's extensive experience in this area points to the conclusion that individuals can only be empowered to adopt healthier lifestyles in the context of action to underpin healthier communities and a stronger, sustainable social fabric. It is important, in that light, to make sure that a strong focus on working with communities on health and its determinants goes alongside the degree of commitment to the city's physical regeneration. Neither is likely to succeed so well without the other in the long term. So community regeneration is a key message in this plan.

Tackling poor life circumstances is undoubtedly the key to promoting healthier choices and sustaining healthy behaviours. It should not be expected that specific health gain can be brought about as rapidly as improvement to the physical fabric of the city, but that incremental improvement will follow action at the material base allied with health promotion initiatives aimed at lifestyle change. In order to see whether such improvements can actually follow one another, a much greater emphasis on assessing and acknowledging positive change at the level of tackling material inequalities and regenerating communities is needed. It is already known, for instance, that not all people will give up smoking because they are told it is bad for them, no matter how creatively they are exhorted to do so. But communities that are strong and flourishing, with active members engaged in civic life, are much more likely over time to see less of those citizens smoking. An ongoing 'health check' on the lives of citizens and communities must therefore be sufficiently sensitive to change at this level in order to reflect real material improvement.

The health behaviours of many Glaswegians are notoriously poor. Drug and alcohol abuse; a large intake of saturated fats with few fresh fruit and vegetables in the diet; high levels of smoking; and low levels of physical activity - these are the tangible causes of Glasgow's poor health record. Again, this section does not rehearse the statistics on these issues which are recorded in an appendix. Clearly, efforts to challenge and change such behaviours, and to reinforce those that build better health, have to be a key area of work.

Conversely, the Partnership is only too conscious that people who are dispossessed and marginalised should not bear all the blame for adopting lifestyles that are regarded as unhealthy. Such lifestyles represent, in some respects, coherent responses within a climate of extreme conditions of deprivation, despair and powerlessness. So action to tackle poor life circumstances should, in itself, be regarded as a means of levering up the health of communities, irrespective of any short-term effects on particular behaviours like diet and smoking. The Partnership's understanding of health includes broad conditions of wellbeing and self-direction that are improved by such action. People with better access to jobs, warmer homes and a degree of control over their own lives thus may or may not ultimately opt to smoke or take exercise. But if they do have better access to jobs, warmer homes and a degree of control over their own lives, then these represent core features of improved community health. The chances are that they will find it easier to give up smoking or eat a better diet under such circumstances – just as better-off Glaswegians already do.
There is no getting away from the fact that Scotland's health record is inextricably linked to that of Glasgow. Glaswegians experience some of the worst levels of health and social exclusion in Scotland. If Glasgow's poor record drags down Scotland's overall health status, it is equally the case that success on this front in Glasgow is success for Scotland. It is vital, in this light, that the Scottish Executive works with the city's agencies to regenerate communities through bringing jobs and prosperity to Glasgow. This will involve not only a strong focus on social justice but also a much more positive view of the role of the metropolitan centre in the life of the nation. A policy direction in favour of recentralisation of development and jobs into the urban area of the city of Glasgow would offer multiple benefits. In particular, the use of vacant and derelict land instead of greenfield sites outwith the city, and the potential for integrated land use and transport infrastructure, presents a model of environmentally focused development. Improvements in the local economies of deprived areas, and access to the mainstream life of the city, would be reflected in health improvements for the least well off sections of the community.

Our Glaswegian health problems impact very much on the mental health and wellbeing of our Glaswegian citizens in their communities. Two general themes are very clear in this area. They are about the positive influence of people's engagement in certain forms of activity and, correspondingly, of a sense of control in their lives. These are incredibly important issues for Glasgow and its people. Much of the work described in this Plan either deals with them directly or looks to ensure that our collective actions are undertaken with an improved realisation of just how very important they are. Engagement for people in physical activity, social activity and economic activity is one of the underlying features of good mental health. Lack of control over what happens around us, lack of a choice about our environment and lack of any real sense of a better future have the opposite effect. Healthier Glaswegians tend to belong to that section of our society who have work (especially reasonably paid work), strong social networks, and the ability to exercise meaningful choices in their day-to-day lives and over the course of their and their families' future. Less healthy Glaswegians belong to that section which doesn't have these. We have got to take more action to raise the prospects of unhealthy Glasgow to the levels already enjoyed by healthier Glasgow. New initiatives on physical activity have been put in place in the city, particularly in Social Inclusion Partnership areas. Increased investment in community health is beginning to occur. Work is being undertaken to support former drug users into the labour market. These are the areas where this Plan has proposals to enhance what is already happening. But perhaps above all else, this Plan aims to get these messages about mental health and wellbring deeper into the organisational cultures of our big agencies - so that improvements to them are deliberate and planned products of our core activities.

The most recent relevant research in this area was published by NHS Greater Glasgow in 2000 in order to provide baseline data on the health of the local population. The research looked at issues around income, employment and lifestyle, as well as seeking to gauge the sense of involvement and ownership which people have within their local communities. The number one health issue identified by people themselves is unemployment. The number two issue is around drugs and crime. These issues are also identified by Glasgow's people in response to questions on quality of life issues in the Citizens' Panel commissioned by the Council. And the NHS research underlined the profoundly negative impact of such issues on the mental health of many Glaswegians.

So the relationship between health, poverty, and social and physical environments is strongly demonstrated throughout these findings. It reinforces the challenge that tackling poverty and unemployment and giving people a sense of control over their own lives within the context of regenerated communities are the major issues for health improvement in Glasgow. At the moment, public debate on health in Glasgow seems especially focused on our hospitals or campaigns to lead a healthier lifestyle. These are, of course, important. But they can only be effective if the underlying health issues are addressed.
One of the biggest investors of money in Glasgow, year after year, is the Benefits Agency. This money is mainly spent in supporting people who are economically inactive. It is spent, in other words, on propping up the one major thing which we know is at the root of Glasgow's health problems: unemployment. Glasgow already has levels of benefit dependency which are based specifically on ill health or disability which are comparatively the highest in the whole of the EU. Current rules mean that it is often difficult for people to get back into the labour market without entering a 'benefits trap' which means losing total family income or only just breaking even. Spraying this benefits trap and getting more Glaswegians into work is therefore a key health issue.

Benefits dependency has a profound negative health impact on a number of fronts. Not only do whole families and communities drift away from the world of work and earned income. But the nature of budgeting on benefits forces people into highly short-term, even weekly and daily, approaches to their future. This is an immensely important health issue in its own right. Individuals and communities are much less likely to heed messages on smoking and diet under such circumstances. They will find it very difficult to use services that might improve their economic prospects, such as training or further education, when time horizons are so hemmed about.

If Glasgow's health is to improve as significantly as we would like it to do, then the health of Glaswegians who are currently in economic inactivity is at the heart of the solution. And the best means of improving health is by supporting people back into the world of work. The alternative is that, despite all our efforts on lifestyle change, the gulf between comfortable Glasgow and socially excluded Glasgow will grow wider. Health at a population level will not get better until we come to terms with this message and look to bring about solutions. This will require further debate between the city's main agencies, the Benefits Agency and local economic development bodies to see what flexibility can be given to the current benefits system to allow people back into work without losing overall family income. It will need further discussion on appropriate forms of training and support to equip people for labour market opportunities. There is a potentially pivotal role for the primary care family in supporting this aim. It will, at its most ambitious, look to re-cycle vast amounts of benefit monies currently keeping people at home and into the means of health improvement. This resource is undoubtedly (and paradoxically) the single greatest potential asset for levering up the health of Glaswegians that we have in the city – if it is used flexibly and innovatively to allow people to enter the labour market and take the means of better health into their own lives.

Proposed Actions

- SUPPORT GLASGOW'S PEOPLE OUT OF ECONOMIC INACTIVITY BY DRAWING TOGETHER THE CITY'S REGENERATION AGENDA WITH PRIMARY CARE AND THE BENEFITS AGENCY.
- ENHANCE THE MENTAL HEALTH & WELLBEING FOCUS OF THE REGENERATION AGENDA.
Section 3 focused on partnership issues for large agencies. The key message of this section is around improving the capacity for better health within communities. At the same time, it is recognised that this needs to be balanced by an enhanced capacity within agencies for partnership working with communities themselves. Both sides of that equation need drawing together and the actions described in this document look to assist in that.

More working and better working undoubtedly needs to take place with Glasgow’s communities if we are seriously to tackle Glasgow’s health problems. It is communities that bear the brunt of these problems and it is within communities that the solution to them lies. So this Plan has a strong emphasis on forms of work that seek to improve health with and for Glasgow’s diverse communities. This may sound obvious enough as an aim, but its implications are quite radical if followed through. Here, for example, are some of the things that demand a better response. Community-based projects are often subject to stop-go funding cycles which do not allow them to plan ahead for sustainable health improvement. Good practice in one part of the city sometimes fails for lack of funding and is not spread across other parts of Glasgow where it could be equally effective. People express concern that no-one seems to listen when they complain about day-to-day problems in their local neighbourhood (dealing with dog-fouling is usually the number one issue raised here). These are some of the reasons why communities can lose hope in their future and lose confidence in the ability or willingness of big agencies to do anything to support them. We have to do better here.

It is sometimes difficult to know where to start in terms of community engagement and community development. There are no ready answers to how we actually achieve better engagement with communities - who often feel understandably wary of yet more consultation. We do, however, have some mechanisms for working with people on local health issues through Social Inclusion Partnerships (SIP) and Community Health Projects. These latter in particular have been hampered in their work by an uneven funding base, and the Partnership is working with key budget-holders to provide a stable future for their work. The city is also in line for considerable new monies from the New Opportunities Fund for the establishment of new community-based initiatives called Healthy Living centres. These have a potentially significant role to play in working with people within their communities on health issues. The Partnership is also drawing together its members, in conjunction with the Glasgow Alliance, to ensure that the city maximises its share of resources here and that a sustainable future can be created for Healthy Living Centres.
The Partnership has historically had good links to the community and voluntary sectors in Glasgow. We must not only foster these links further, but also assist in joining them with other partner members. A particularly prominent example of this relates to the new primary care structures across the city. Local Health Care Cooperatives have a very positive agenda for engaging with communities. Healthy Living Centres and Community Health Projects offer a principal means of undertaking such work and exploring the practice of a relatively new area for primary care.

In broader terms, the Partnership is working with the Health Education Board for Scotland, Glasgow Council for the Voluntary Sector, and the Community Health Exchange to support community development and health issues. It is acknowledged that community development can be a difficult notion to capture in brief terms. Yet we know well enough what its opposite looks like in our city. In that light, these partners are developing practical (and not overly theoretical) materials to support both communities and agency staff in working together as one means of trying to enhance capacity within both sides of this equation. There are also proposals described elsewhere in this document, on health-focused planning for big agencies and the establishment of an annual health report for the city, which offer tangible proposals for carrying forward this general aim.

The actions arising from this section are only incremental steps towards better community engagement. Nevertheless, the proposals here are practical and realisable ones which will take us further forward. They should enhance capacity within communities, particularly within SIP areas, and thereby provide support to the Glasgow Alliance objective for improving mental health with and for our least well-off citizens.

**Proposed Actions**

- **ESTABLISHING A STABLE FUNDING PACKAGE FOR GLASGOW’S COMMUNITY HEALTH PROJECTS**

- **MAXIMISING GLASGOW’S SHARE OF HEALTHY LIVING CENTRE FUNDING AND ADDING PARTNER RESOURCES TO THAT**

- **SUPPORTING THE COMMUNITY DEVELOPMENT AGENDA OF PRIMARY CARE**
In consulting on this Plan in its draft format, very strong messages about child health, race equality and women's health were received by the Partnership. These are the three areas which are set out below as the priority themes for work on a population group basis. In addition, the issues of men's health and the health of older people emerged. The Partnership is already engaged with existing structures that are looking at the potential scope and direction of policy work for men's health in Glasgow. It is therefore proposed that the Partnership continue to track these discussions and respond appropriately to them at a later point in the life of this Plan. As for the health of older people, it is similarly proposed that the Partnership looks again at this area further down the line of this Plan's progress. In the meanwhile, the three key population groups are:

**Glaswegian children** Key to the approach sketched out so far has to be recognition of the importance of breaking out of generational ill health and exclusion. Children have to be at the absolute centre of our thinking. This does not mean that present adult generations are forgotten about. Child health can only be improved sustainably in the context of families and communities. It does mean that we have to start where the most significant differences can be made – in the early years – and work to foster the conditions where healthier future generations of Glaswegians can develop.

We want to move away from the statistics of the present and look to a future where all Glaswegians can expect and achieve good health. From the early years on, Glaswegians should be nurtured in an environment which supports their personal growth within a community context and where the resources for good health – within and outside of the individual – are strengthened. As ever, we need to make a tangible reality out of this well-meaning bullet point. Work at the early years will be crucial to such an aim and the influence of education upon the developing Glaswegian child becomes even more significant in this light.
The Partnership has been successful in the award of new Scottish Executive monies for the Starting Well child health demonstration project. This seeks to improve child and family health from the antenatal period through to the nursery years by a range of interventions with a strong community-based focus. It is operating in two geographical areas of Glasgow, and one of the key challenges for the Partnership is in ensuring that the lessons from Starting Well are picked up elsewhere across the city. Another key challenge is to identify how and whether better partnership working on the ground for child health might improve our collective chances of building sustainable health improvement. We would not wish at the end of such a project only to be saying that lots of extra money might help us (though that remains a significant message in Glasgow's context). We would wish especially to have developed better ways of working, with child health as its cutting edge, and more integrated forms of working on the ground between statutory and voluntary sector agencies with families and their communities. And if we can get that right - with the impetus provided by new investment - then we will be looking to spread the lessons out as widely as possible across the Partnership's members.

There are also important transitional points within the education system itself where we must ensure that child health issues are enhanced: between nursery and primary establishments, for instance, and between primary and secondary schools. Educational establishments are not, of course, the only places where child health must be supported - given especially the importance of working in the broader environment of families and communities. But they do offer major and obvious opportunities for the child health agenda. A heightened emphasis on the health promoting school has given a strong basis for progress. Service initiatives such as the provision and promotion of fruit in schools are reinforcing such movement. A new curriculum pack, Glasgow's Health, has been developed to accompany a child's development from beginning primary school through to leaving secondary school. The Partnership must continue to play a strong supporting role in this area. This will particularly focus on facilitating linkages between the Council and NHS Greater Glasgow; bringing good practice to the fore for potential replication; and seeking to draw budgets together to deliver more action for child health.

The fact again needs re-iterating, however, that child health is crucially determined by the life circumstances in which Glasgow's children find themselves. Child poverty has profound effects not only on children's health directly, but on the longer-term ability of the young adults whom they will become to acquire a good education and maximise their opportunities. This is the external context that constrains much of our ability to influence long-term change. So our efforts to build sustainable health gain need to be looking at improvements across a range of life circumstances to underpin work on lifestyle issues.

**Proposed Actions**

- DEVELOPING AND DISSEMINATING A SUCCESSFUL STARTING WELL INITIATIVE
- SUPPORTING FURTHER LINKAGES BETWEEN THE NHS AND EDUCATION SERVICES
Glaswegian women Women's health is an absolutely vital issue for many reasons. Issues relating to women's role in society and their health status have been well-researched. Glaswegian women experience many of the combined factors of social exclusion and community breakdown which reinforce poor health. They know already what that research tells us about such connections. Concentrating on women's health, then, just is to concentrate on Glasgow's burden of poor life circumstances. And at the same time there are also major issues associated with gender inequality which cut right across social class boundaries for Glaswegian women. The Partnership's support for these issues needs, then, to integrate with broader issues of equality and social inclusion in this area, as well as initiatives to tackle domestic violence.

A clear message has consistently emerged from consultation with Glasgow's women on health issues. It is that emotional and mental health issues are vitally important. This perspective must influence everything else we do in Glasgow for health. The Partnership will need to inform the Glasgow Alliance objective for improving mental health, for instance, with a strong focus on women. Our work for women's health will need to re-examine the extent to which gender issues such as these have become mainstreamed across partner agencies and are imbedded in policy and service planning. It is only too obvious that there remain significant institutional obstacles to them. A re-invigorated debate within the city needs to draw out some new approaches in this field and gain new commitment from our partners to action.

Where we need especially to recognise the importance of women's health in Glasgow is in the pivotal role of women within families and communities. If we are seriously to tackle child health issues then it can only be through children's caring networks - which are principally composed of women. If we are seriously to tackle community health then it can only be through a heightened recognition of women's role within communities - both at the sharp end of social exclusion and as the potential means of breaking out of poor health for whole communities themselves.
Glasgow's Women's Health Policy has established a high reputation throughout Europe. It has led to the creation of the Centre for Women's Health and to a number of health policy initiatives. At the same time, a significant number of key result areas for the Policy have not been met. We need therefore to review why this has been the case and try to do better. The Policy offers a readymade series of recommendations which this Plan does not seek to change. Where this Plan can make a difference is in seeking to change the means of implementing these recommendations. The major obstacles appear to have been in areas of organisational change where the Policy has failed to make as substantial an impact as it would have wished. Since this Plan is very much focused on change of just such sort, there should be new opportunities to entrench the Policy within the culture of Glasgow's partners.

Proposed Actions

**REVIEW AND RE-LAUNCH WOMEN'S HEALTH POLICY**

**RENEW PARTNERSHIP MEMBERS' COMMITMENT TO DELIVERY OF THE POLICY, WITH PARTICULAR EMPHASIS ON THE IMPACT OF GENDER EQUALITY MEASURES ON WOMEN'S HEALTH**

Glaswegians from black and ethnic minority communities. Race equality is at the heart of the Partnership's ethos and its practice. Translating such commitment into both specific initiatives and more general forms of organisational change is the principal task for the Partnership's Black and Ethnic Minority Working Group. The Partnership has good lines of engagement with the city's black and ethnic minority community organisations and these are a major asset to its work.

Glasgow's black and ethnic minority communities experience significant health issues which are related to access. Developing appropriate and culturally competent forms of service provision is therefore a key challenge for the statutory sector in particular. Breaking down barriers which prevent that from happening is a necessary means to that end. The Partnership has commissioned a service review which has looked at a range of issues related to these areas and made recommendations for carrying work forward. A main objective for the Partnership is to see through the implementation and monitoring of the specific recommendations arising from the review. They include areas for action around ethnic monitoring of service usage and ensuring that services work with race equality as integral to their planning and delivery. The Partnership's work here is practical, focused on specific actions, and driven by an overall aim to support race equality. A tangible feature of this approach is Partnership support for the development of a Healthy Living Centre bid by the Chinese community in the city.
Underlying all of this, however, is the pervasive presence of racism. Indeed, racial discrimination can be regarded as a crucial kind of life circumstance which influences health for Glaswegians from black and ethnic minority communities. The Partnership alone cannot overturn such a factor, but it can add its weight to the other forces in the city which are working for race equality and anti-racism. And it can ensure that it brings a strong focus on these issues to its entire work across organisations and communities.

An increasingly important area of work has been related to refugee and asylum seeker health issues. The Partnership is acutely aware that how we support the health of new Glaswegians is a key test of how we translate the lessons of experience into practice. It is vitally important that we bring together agencies and communities to ensure that a broad approach to health improvement can be established. This community of new Glaswegians consists of groups of highly vulnerable people who have been displaced from other countries and cultures into Glasgow – with all the corresponding potential for poor health that goes with such a set of circumstances. Employing the existing networks with which the Partnership interacts amongst the statutory and voluntary sectors will be a principal means of ensuring that integrated work happens. A specific initiative related to a Healthy Living Centre bid for refugee and asylum seeker communities will be a tangible sign of the ability of the Partnership to enhance a positive collective response to these issues.

**Proposed Actions**

- Dissemination and Implementation of Black and Ethnic Minority Service Review
- Establishment of Healthy Living Centres for the Chinese Community and for Refugees and Asylum Seekers
There are a number of key lifestyle issues which require addressing in Glasgow. As ever, they affect our people differentially. Section 4 drew out the linkages between poor life circumstances, health-damaging lifestyle choices, and ill health outcomes. Glasgow's key lifestyle issues are no different from those which affect the national population. It is just that our distinctive Glaswegian map of ill health once again shows a heavier concentration of behaviours that compromise health in our city than elsewhere. And that map fits very clearly onto the one which shows the concentration of social exclusion in our city.

In this light, the main areas for improvement clearly relate to:

- drugs
- alcohol
- tobacco
- physical activity
- diet

Partner members are already strongly engaged in structures around drugs and alcohol. These structures are described in an appendix. Many of the themes in this Plan are already being progressed through them. The issue of supporting former drug users into employment is a prominent one for the Drug Action Team, for instance. And the need to integrate clear messages and informed choices into our school system on drugs and alcohol issues has been well recognised.

The Partnership has therefore identified the three areas of tobacco, physical activity and diet as key ones for further development. Tobacco, in particular, is the key preventable health challenge for the city. It is also implicated as the drug of entry to other forms of substance abuse, from alcohol to hard drugs. Together with physical activity, tobacco is also a Glasgow Alliance health objective. The Partnership therefore has a very good opportunity to integrate its work with the regeneration agenda in these areas - given the crucial links to life circumstances noted earlier. We will also ensure that the physical activity strategy recognises the key urban transport issues that affect people's ability to make healthier choices for cycling and walking.

Equally, there is an opportunity for the Partnership's work to tie in well with national health targets on specific disease issues. Diet, tobacco and physical activity are some of the key inputs to people's propensity to various cancers and heart disease. They are also very much Glasgow's issues – the ones which seem to maintain the city at the wrong end of UK and European league tables on ill health outcomes.

**Proposed Actions**

**TO DELIVER AND SUPPORT IMPLEMENTATION OF STRATEGIES ON FOOD, PHYSICAL ACTIVITY AND TOBACCO FOR THE CITY**

**TO PROMOTE A GREATER PROMINENCE FOR TOBACCO ISSUES AND A GREATER COLLECTIVE PREPAREDNESS TO TACKLE THEM**
The Partnership has been around for a while now. What lessons have we learned? Some are good and some are really not so good. But they all help to give us a better grasp of the issues and how to deal with them.

There are many areas where we have done quite well and need to continue to do so. There are others where we could do better. And there are others still where we really need to be improving a lot (or even starting).

Here are some of the positive lessons.

- There are strong lines of engagement between the Partnership and community health initiatives. This issue has come to the fore elsewhere in this Plan as a key theme. The Partnership has learned the overriding importance of health and community regeneration, health and community development. This message above all else is one we need to be encouraging our partner members to support further.

- The Partnership has established a number of Working Groups, consisting of both agency and community membership, which were formed to formulate strategic recommendations on health themes and priority population groups. These recommendations are intended to be action-oriented, offering the partners a means of carrying forward practical and sustainable work for better health. Where appropriate, the Working Groups can encourage or support new projects in order to build up good practice in a particular area. There are currently Working Groups on the following issues:
  - Tobacco
  - Physical activity
  - Community development
  - Housing
  - Food and health
  - Transport
  - Women's health
  - Black and ethnic minority health
  - Adults with learning disabilities

- These Working Groups offer the partner agencies an agreed means of formulating policy and informing practice, together with the knowledge that their recommendations already represent the involvement of partner representatives. They also serve as delivery vehicles for broader partner objectives as they involve health issues. Two of the Working Groups – on tobacco and physical activity – engage directly with specific health objectives from the Glasgow Alliance strategy. Others – such as those on women and black and ethnic minority issues – tie in closely to the Council's work in equality. The food and health framework will deliver on a governmental commitment to the WHO to develop work in this area. The key issue for all of them is the degree of their impact within the partner agencies and the sense in which there is strategic ownership from those agencies. This can be rather variable. At their best, the Working Groups can provide the city and its communities with joint action frameworks in specific areas. But at other times their influence can be marginal and their recommendations go unheeded. Their potential to deliver joint work across sectors and to offer some integrated solutions to some very complex problems is very great. In order to support their work and clarify their role in the light of this Plan, the Partnership will review the functioning and linkages of the Working Groups.
Local government began in Glasgow as a response to health issues. The provision of clean water and the drive against slum housing set a pattern of civic health improvement for the industrialised world. The Council now has a Health Forum which acknowledges this heritage and looks to work across all its services and powers to enhance its health focus. The appendix which contains current health-related strategies in Glasgow includes a significant number which directly relate to Council service responsibilities. Much of the strategic thrust of this Plan is being delivered through such services and will be in the future. The Plan does not re-describe all of this work (the interested reader can follow up the references in the appendix for further detail). Rather, it acknowledges such work and aims to give it an enhanced focus on health gain. The added value of this Plan and of the Healthy City Partnership itself therefore lies in supporting such services to develop further in explicitly health improving ways.

Much of the NHS family within Glasgow is very strongly focused on tackling the social determinants of health with and for Glaswegian communities. NHS Greater Glasgow’s Health Improvement Programme has explicitly sought to direct NHS resources to social inclusion. Whilst re-shaping Glasgow’s hospital services to serve 21st Century health care needs, the HIP has at the same time sought to ensure that the share of the budget spent on the acute sector is contained to allow for greater emphasis on tackling the causes of ill health – and the reasons why people end up in hospital in the first place. At the same time, new monies are flowing to Glasgow through the Scottish Executive in recognition of its levels of deprivation and ill health, and Greater Glasgow NHS Board is mindful of applying such resources at the point of greatest need through the HIP. The recently-formed Primary Care Trust, with a large range of community-based services, also offers significant new opportunities to engage the NHS directly with Glaswegian health issues. Again, the Partnership must look to ensure it supports this agenda and enhances the capacity of the NHS to work with other agencies, particularly the Council, and with communities.

It may seem a rather obvious point, but it bears drawing out: we have more partnership for health in Glasgow than before and we have learned more about how to go about it. The Healthy City Partnership has by no means been the only catalyst for this. It has, however, played a strong role and the circumstances are very favourable for it to help to do more. In order to move further ahead, the explicit benefits of this form of working for health need to be re-iterated and good models used to encourage improvement elsewhere. The Council and NHS Greater Glasgow are establishing a joint Committee for Community Care, for instance, which will take existing joint planning mechanisms a step further in this direction.

Here are the main lessons which we have learned from some negative experience. They help to identify obstacles to improving Glasgow’s overall ability to work better together for health. They also show that we are robustly honest and pragmatic about how to move forward in the light of such experience.
Much of the Partnership's work is formally 'signed up' to at high levels from its member agencies. That is a vitally important asset. It is not, however, always the case that the ethos, direction and specific objectives of the Partnership are well-known at the front-line of service delivery. Or indeed that those objectives are actually delivered at and by the front-line where real health gain can be made.

Policy over-production. Following on from the above point, the Partnership needs to take greater care not to be associated only with a constant stream of paperwork. Policy documents are important means of describing issues and action in response to them. On the other hand, they must not become a substitute for such action. A single page report to the appropriate Committee of the Council or NHS Greater Glasgow could engender far more positive change than shelves of policy documents. In this respect, the Partnership must become both leaner and smarter in the current policy environment.

Defining addiitonality. Sometimes the Partnership has not made readily clear exactly where the benefit of its operation lies. This Plan aims to clarify that. The Partnership – like any similar coalition – should see its values and objectives leavened throughout its partner members (rather than occupying the sidelines). These are, after all, the values to which its partners are already signed up. The Partnership should be the means, in health terms, of ensuring that the transmission of those shared values occurs both within agencies and between them.

Seeing these issues as an added burden. Glasgow is a policy-rich environment and many of its agencies and communities may not be especially welcoming of yet more policy approaches. There are two principal issues for consideration here. One is how the Partnership and other city-based coalitions work to integrate better across their largely shared themes (such as social inclusion, community safety). The other is how we manage the day-to-day issues of organisational culture in ways which show that this kind of Plan should enhance what people are already doing, rather than giving them an additional burden. Policy-led working may be heralded as the way of the future, but right now many services are straining to deliver all sorts of new initiatives and policies. That is why this Plan has been written as a fairly brief and pragmatic means of respecting such circumstances whilst at the same time supporting further movement towards better working for health.

Shifting the existing pot of resources. People often say that we should stop putting so much NHS money into hospitals to treat the sick and put it instead into prevention measures. This sounds simple enough. The reality, however, is immensely complex. And it is a challenge not only for the NHS but for the whole city. How we get from where we are to where we want to be requires a lot more partnership thinking. New resources are not readily released from where they are currently invested in any of Glasgow's public agencies. Effecting forms of transitional shifting towards prevention measures is vitally important. The science of how to do it is not yet developed. The Partnership will have to think harder about supporting the capacity of its partner members to manage this kind of transition as a long-term health aim for the city.

Re-inventing wheels. People get understandably irritated if it seems that policies and programmes are unnecessarily duplicated or repeated after a period of absence. Community activities are particularly prone to stop-go funding cycles and to the ebb and flow of short-term project budgets. We need to take care not to duplicate existing structures and work, but to enhance them. We need to improve the chances of sustainable community health actually occurring.

Engaging with the service review and planning processes within the Council, NHS Greater Glasgow and Primary Care Trust in order to leaven Partnership aims throughout organisational culture.

Developing a key reporting role to the Health Forum within the Council and establishing similar linkages to the new NHS Greater Glasgow Board.

Improving feedback links with partner members through existing planning mechanisms so that the role and benefits of the Partnership model are more clearly defined (and supported).

Enhancing linkages to other city coalitions and agency service departments in order to build greater ownership of the Partnership itself.

Facilitating debate amongst partner members on resource allocation towards primary prevention measures.

Working with partner members to integrate budgets for community based health initiatives.
<table>
<thead>
<tr>
<th>ISSUE</th>
<th>PROPOSED RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disengagement from the economic sector</strong></td>
<td>The Partnership has historically lacked good links into the private sector and with the city's economic development agencies. This is a serious gap, given the importance of investment decisions and employment issues to the health of Glasgow's communities. The links do exist elsewhere within the city's agencies and coalitions, however, and the Partnership therefore needs to concentrate on using these relationships to better effect.</td>
</tr>
<tr>
<td><strong>Unmeasurability</strong></td>
<td>This point is addressed in the section on monitoring and review.</td>
</tr>
<tr>
<td><strong>Robustness to potential change</strong></td>
<td>We need to guard against the possibility that this Plan becomes, like so many others, a source for attracting dust on shelves rather than momentum in the life of the city. Firstly, it needs to have sufficient flexibility to withstand changes in local and national political and administrative structures. Significant changes occurred to the organisation of the NHS in Glasgow whilst this document was being drafted, for instance. But secondly, it needs to dig down deeply enough into agencies and communities to ensure its own future through any such changes (because Glasgow's health issues certainly won't be going away). And thirdly, it needs to contain some definite picture of where any achievements might lie, as opposed to well-meaning but vague aspirations. The new Scottish Parliament is one such major opportunity to bring Glasgow's health issues to the forefront of national debate. The Parliament's increased emphasis on working more closely with communities chimes in well with the focus of the Plan. Changes to the ways in which the local authority and NHS Greater Glasgow plan their services offer fertile ground for getting health issues more closely into the mainstream of how organisations think and behave. And there is a general climate in which there is a greater preparedness to try new ways of doing things, to allow the importance of the issues to guide the shape of our collective responses. This may well improve further and the Partnership must harness these forces for the better.</td>
</tr>
</tbody>
</table>
The Healthy City Partnership is, in many ways, in a very favourable position. It has the membership of some very important agency and community interests, with corresponding access to very large resources. But above all else, it has a climate of shared willingness to do things on which to draw. We should not underestimate the importance of this resource, especially as it has not always been around in abundance. People and agencies are now more willing than ever before to try to do things differently, to try to tackle health issues in ways which have partnership at their heart. There is more awareness than ever before of how health in Glasgow is related to issues of social exclusion and community safety. Taken together, these amount to a real resource which needs to be harnessed, fostered and used in pursuit of better health. The Partnership’s most important resource is therefore a collective preparedness to work together and to overcome the kind of institutional obstacles which might get in the way of that.

The issue of how we might apply actual material resources to Glasgow’s health issues follows naturally. The members of the Healthy City Partnership have budgets between them of over £4 billion a year. They have tens of thousands of staff. We may or may not get significant new monies into Glasgow with which to get better health. Either way, the main challenge for the Partnership has to be focused primarily on ensuring that there is a strong health emphasis to that spending and to that human resource. Some of the proposals in this plan will look to see how we can do that sort of thing better.

Equally importantly, there are strong links into the voluntary and community sectors which can engage with Glaswegians across the whole city. The Partnership has a reasonable level of engagement with these sectors and, through them, with Glasgow’s people. Such links are absolutely vital and all possible steps to strengthen them need to be taken.

The Partnership also has demonstration projects such as Starting Well under its wing, from which practical experience can be gained and lessons shared across the city. Its close relationship with other permanent projects such as Community Health Projects offers vital intelligence from the health experience of communities on the ground. At the same time, this raises some important challenges. Projects express concerns over the stop-go nature of short-term funding. Lessons are not always as well learned and assimilated as they should be.

The Partnership’s Working Groups also offer a strong existing resource from which to deliver particular themed areas of work across partner agencies. They are discussed at greater length in section 7.

So the Partnership has directly, or within its partner members and networks, very significant levels of resources upon which to draw. On the other hand, the reality is that the Partnership has about as much authority and legitimacy as its partners want it to have. This is not unique to this partnership. It is the stuff of any joint approach. But we need to recognise that not all partners are as ‘signed up’ to this agenda as each other – again, that is to be expected – and so the Partnership as a whole needs to support its own members here. If the Partnership is not listened to, if this document does not actually help to guide members’ development over the next five years, then we will not move much further on. And if the Partnership really represents the cutting edge of their collective resolve to do something, then the commitments in this document will truly drive change and positive progress.
Glasgow is unusually rich in policies, initiatives and programmes at the moment. There is a lot of new money attached to some of them. How these policies and how this money works better to improve health is one of the key issues for this Partnership. Equally, this Plan needs to take good care not to encroach unnecessarily on territory already well covered by existing arrangements. Or that it duplicates efforts and adds new tiers of management onto areas and issues that do not need them and whose effectiveness might even be compromised by them.

Here are some of the existing key networks and coalitions that are likely to be around in roughly the same form for the lifespan of this Plan:

- **Glasgow Alliance** – *the city's principal focus for urban regeneration and social inclusion.*
- **Community Safety Partnership** – *the main forum for tackling issues of crime and the fear of crime, safer neighbourhoods and local involvement.*
- **Drug Action Team** – *the multi-agency vehicle through which the strategic approach to drugs prevention and treatment is channelled.*
- **GCVS** – *the umbrella agency for the city's numerous and vibrant voluntary and community sectors.*

Throughout this Plan, issues around community engagement and community development recur. They are very much the areas where the partnerships named above already play a strong role. So rather than saying a lot about, for instance, drugs issues and community safety issues which are already contained in their respective strategies, this Plan will try to enhance relationships with these other partnerships in order to ensure that their awareness is informed appropriately by a strong health perspective. Similarly, there are already well entrenched structures on alcohol issues within the city. As stated earlier, where there is an evident gap in structures to support action on the single most obvious preventable cause of premature death for Glaswegians is in tobacco issues. There is a very clear need for the Partnership to work with these other coalitions to enhance capacity to work in this area. Consideration will have to be given to matching the seriousness of this area as a health issue with a corresponding development of structures and resources.

The Glasgow Alliance strategy has already proposed the formation of a Glasgow Team to bring together some of these existing groupings. The Healthy City Partnership does not therefore need to re-propose this idea. It does need to ensure that it participates fully in more integrated working and brings its particular themes to bear on the thinking of others. It has also developed good links to the Local Agenda 21 structures in the city – which are very much directed to health-related issues.
A section in the appendices details some of the existing structures which we have in Glasgow to tackle health issues. It is notable that their membership, and that of the Healthy City Partnership, are virtually identical. But there remains a general sense in the city, which consultation on this document in its draft picked up on quite strongly, that our agendas may not be as cross-cutting as they could be – and our efforts not as collectively co-ordinated as the issues would demand. The Partnership therefore needs to help provide some of the gears that will allow these structures to mesh together. At its most ambitious, the Partnership can aim to act as an integrative force itself for these other approaches. One thing is for sure: if the challenge of Glasgow’s health isn’t serious enough to drive such change, surely nothing is.

Proposed Actions

- Better integration of work across the city’s coalitions – with a particular focus on the health impact of regeneration and community safety

- Development of joint indicators with Glasgow’s LA21/Sustainability strategy
One of the areas where a Plan with this sort of timespan traditionally fares poorly is in that of monitoring its performance and making changes accordingly. This is partly because the objectives are often so broad as to be virtually unmeasurable or because some are just difficult to measure. This Plan should avoid the first pitfall, but the second is a challenging one for the best of reasons. Much of the Partnership's work is aimed at changing the ways in which organisations think and act. Measures of organisational development are very inexact, but it is in just this area where a lot of the Partnership's work looks to have a long-term impact. Some work has begun with the WHO to try to tie down these issues more closely, in particular through comparing different Healthy Cities Projects across Europe. In many instances we will have to see what proxies can be identified for such development (for example, adoption of health within the Council's Best Value mechanisms). In any event, measurement of progress is very important – not only because we all want to do better but also because the agencies and communities of Glasgow have the right to see whether the Partnership really adds value to their own work and represents a worthwhile investment of their energies and monies.

Some of the commitments in this Plan are, however, very easy to measure – because they have simple yes/no answers to whether they have occurred. In this light, the section ahead on the Partnership's work commitments will identify how each area will be monitored, with a particular emphasis on the more straightforward elements of checking up on progress.

In order to monitor such commitments we will need to check on the Plan annually and update it in the light of current circumstances and (we trust) progress to date. We especially need to do that in ways which encourage and enhance partnership itself, both with communities and agencies. The Partnership's own Management Committee offers one such means of doing that. In line with the major theme of this document, however, a much closer discussion with community-based organisations would be a key link. Proposals are contained below for that, whilst recognising at the same time that we can always do better over time.

Measurement of progress can usefully be mapped on to the Scottish Executive's three level approach. We need to see if our people's life circumstances are improving (the public housing stock, employment). A measure of lifestyle improvement needs gauging (less risk-taking behaviour like smoking, more health-enhancing behaviour like physical activity). And a sense of downward movement in Glasgow's statistics on particular disease topics would be required (coronary heart disease, cancers).
Most of these measures are already well-recorded. Economic statistics are gathered by the Council and local economic development bodies. The Director of Public Health’s annual report looks at both lifestyle issues and disease indicators. NHS Greater Glasgow’s HIP sets targets on disease-specific outcomes as part of its role in delivering national NHS targets. Where there is an area for improvement, however, is in assessing the underlying sense of whether the basis for improvement to the health of Glasgow’s communities is actually occurring. Figures on lung cancer do not tell us this in the short-term because they take a long time to shift. Figures on jobs and income give a better idea. What appears to be needed (and community groups often state this) are measures of intermediate change. There are proposals below for exploring the potential of this area further, both through joint Council/NHS Greater Glasgow reports and in working across the city’s current coalitions. Probably the most important health measure of all, in this respect, is whether people and their communities feel that big agencies actually listen to them and respond with resources to what they are saying.

Proposed Action

DEVELOPMENT OF JOINT ANNUAL HEALTH REPORT FOR GLASGOW BETWEEN THE COUNCIL AND HEALTH BOARD, WITH INCREASING INVOLVEMENT OF COMMUNITY HEALTH PROJECTS IN IDENTIFYING KEY COMMUNITY PRIORITIES FOR ACTION
To summarise, these are the general themes that have emerged from the discussion in this Plan as the principal areas for action:

- Work harder to engage communities
- Bend/re-design structures and services for health
- Mobilise resources jointly
- More health for more Glaswegians.

The specific areas in which they will be delivered are set out below under the headings of:

- Enhancing community capacity for better health
- Improving the capacity of organisations for better health
- Integrating work for better health
- Priority population groups:
  - Child health
  - Women’s health
  - Black and ethnic minority health
- Priority health themes

Looking at the overall priority themes spelt out in this document, the Partnership can act across two fronts. The first makes commitments which we know that, with hard work and ongoing debate, we can deliver because they are directly within our orbit. The second consists of those issues which we think we have a strong chance of influencing at a distance, so to speak – they are the ones where the Partnership plays a less direct but no less important enabling role through its member groups. We think this is a realistic approach to our objectives which does not simply gather together a lot of bullet points for which our ability actually to deliver varies hugely. It also allows for different means of measuring our progress, depending on whether the Partnership is directly able to deliver change or is in a broader advocacy role. And the same themes emerge under different headings as the Partnership’s role alters between them. This in itself will help the partner members and communities in Glasgow to see where change can occur most readily, where different approaches are needed, and where a lot of extra work is needed to get things moving.

Because everything matters in health it can be difficult to work out where to start. All of the issues count. They cannot be separated. But they will have different means and timescales and we have to realise that they will have a cumulative effect. The Partnership will have to ensure that it works more closely with other city coalitions to ensure that their work delivers on these issues too.

The actions stated below only describe, in many instances, the starting point of some very significant work. As strategies and programmes are delivered, they will themselves generate series of indicators which will let us know if they are actually being implemented. It will be up to the Partnership office to undertake an overall monitoring exercise by gathering in such indicators. But it will very much be up to the partner members both to implement and monitor these strategies and programmes. That is going to be a real test of agency capacity for this kind of work – and of the Partnership’s ability to enhance that.
<table>
<thead>
<tr>
<th><strong>AIM</strong></th>
<th><strong>ACTION</strong></th>
<th><strong>INDICATOR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PARTNERSHIP ACTION – DIRECT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.1 Enhancing community capacity</strong></td>
<td>To provide Community Health Projects with a stable budget.</td>
<td>Moving all projects onto a synchronised three year budgeting cycle between the Council, NHS Greater Glasgow and SIPS.</td>
</tr>
<tr>
<td>To provide Community Health Projects with a stable infrastructure</td>
<td>1: Moving all Projects onto a joint service level agreement with funders.</td>
<td>Number of Projects with joint arrangements in place by end year 1.</td>
</tr>
<tr>
<td></td>
<td>2: Securing a single point of monitoring and review for Projects.</td>
<td>Agreement by partners to a single joint arrangement by end year 1.</td>
</tr>
<tr>
<td></td>
<td>Ensuring that Healthy Living Centres have a viable future.</td>
<td>Number of bids with additional partner resources by end year 1.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of bids which have joint agency agreements by end year 2.</td>
</tr>
<tr>
<td>Establishment of community-led mechanisms for monitoring and review of Plan.</td>
<td>1: Producing annual report on progress to Partnership Management Committee and community sector groups.</td>
<td>Report published by end September each year.</td>
</tr>
<tr>
<td></td>
<td>2: Regular meetings with community and voluntary sector groups</td>
<td>Frequency of meetings each year, percentage of responses to consultations from groups.</td>
</tr>
<tr>
<td>Providing agencies and community groups with a strategy on community development and health.</td>
<td>1: Developing a strategy for Glasgow.</td>
<td>Publication of strategy by mid year 2.</td>
</tr>
<tr>
<td></td>
<td>2: Piloting a strategy through current community-based health activity.</td>
<td>Percentage of community projects in years 3/4/5 reporting satisfactory implementation of strategy.</td>
</tr>
</tbody>
</table>
## 1. PARTNERSHIP ACTION – DIRECT

<table>
<thead>
<tr>
<th>AIM</th>
<th>ACTION</th>
<th>INDICATOR</th>
</tr>
</thead>
</table>
| **1.2 Enhancing agency capacity** | To entrench health considerations into the local authority service review processes. | 1: Working with the Council to produce additional guidance on health and Best Value.  
2: Support joint Council/NHS Greater Glasgow bid for Scottish Executive monies to establish a new public health post within the Council. | 1: Adoption of additional guidance on health issues into Best Value mechanism by end year 2 (and see below).  
2: Establishment of new post by end year 1 to support health considerations within Council service and budget planning. |
| **1.3 Enhancing integration** | To review the Plan’s influence on organisations. | 1: Agree use of formal means to assess impact of partnership working on organisational capacity.  
2: Work with WHO, other city coalitions and local academic sector on issues describing organisational change. | Establishment of a benchmarking group across European Healthy Cities Projects by end year 2.  
Development of a formal reporting mechanism to assess such change by mid year 3. |
|  | To enhance the role of health considerations within city economic forums. | 1: Building better links to the business and economic development sectors.  
2: Supporting development of the health issues raised in the Glasgow and Clyde Valley Structure Plan. | Membership of Partnership Management Committee by appropriate sectoral bodies by end year 2.  
Discussions begun by end year 1 with sectoral bodies on the potential for using health impact tools. |
|  | To support better partnership working across existing city coalitions. | 1: Participation in Glasgow Team meetings between officers. | Percentage of meetings attended by all partners each year.  
Number of agreed outcomes arising from Glasgow Team with an explicit health focus each year.  
Production of proposals with PHIS on joint health data sets |
<p>|  |  | 2: Enhancing health considerations within each coalition. |
|  |  | 3: Working towards agreed joint indicators of health for the city |</p>
<table>
<thead>
<tr>
<th>AIM</th>
<th>ACTION</th>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PARTNERSHIP ACTION – DIRECT</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **1.4 Priority population groups** | To support successful implementation of the Starting Well project.  
Note: An external evaluation framework from the University of Glasgow is in place to assess and monitor Starting Well outcomes and processes. | Ensuring that the lessons of Starting Well are disseminated. | Formal mechanism for disseminating and implementing lessons between partners is produced by mid year 3. |
| | To support better agency working for women’s health. | Review Women’s Health Policy and its impact within agencies. | Review completed by end year 1 (and see below). |
| | To contribute to work on refugee and asylum seeker health issues. | **1:** improving agency capacity to respond to refugee/asylum seeker needs.  
**2:** Supporting development of a successful Healthy Living Centre bid for the refugee and asylum seeker communities in Glasgow. | Establishment of refugee consultative forum with formal links to agencies by mid year 2.  
Funding secured for bid by end year 1. |
| | To contribute to specific initiatives for culturally-sensitive health services | Supporting development of a successful Healthy Living Centre bid for the Chinese community in Glasgow. | Funding secured for bid by end year 1. |
| | To establish the potential for targeted work in men’s health issues | **1:** Supporting development of men’s health strategy for Glasgow by existing group.  
**2:** Supporting agency responses to identified men’s health issues in Glasgow | Production of strategy by end year 2.  
Resources allocated from agencies to implement specific recommendations arising from strategy each year. |
| **1.5 Priority health themes** | To provide a tobacco strategy for the city’s agencies.*  
To provide a strategy on physical activity for the city’s agencies.* | Completion of tobacco strategy.  
Completion of physical activity strategy. | Publication of strategy by end year 1.  
Publication of strategy by end year 1. |

* Both plans will include their own performance indicators
<table>
<thead>
<tr>
<th>PARTNERSHIP ACTION – INDIRECT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1 Enhancing community capacity</strong></td>
</tr>
<tr>
<td>To support implementation of community development and health strategy</td>
</tr>
<tr>
<td>To establish partnership arrangements for support to Healthy Living Centres, once established.</td>
</tr>
<tr>
<td>1: Developing joint agency service agreements for all HLCs.</td>
</tr>
<tr>
<td>2: Developing joint agency monitoring arrangements for all HLCs.</td>
</tr>
<tr>
<td>Number of HLCs with joint service agreements in place by end year 2.</td>
</tr>
<tr>
<td>Number of HLCs with joint monitoring arrangements in place by end year 2.</td>
</tr>
</tbody>
</table>

| **2.2 Enhancing agency capacity** |
| To support the role of Further Education colleges as health promoting establishments |
| Establishing an agreed approach for Colleges to become health promoting establishments. |
| Number of Colleges working with jointly agreed health promoting policies each year. |

| **To promote more health-sensitive service planning within the Council.** |
| Working with the local authority to assess and enhance health impact issues within the Best Value process. |
| Number of Council departments assessed as having prioritised health issues each year. |

| **To promote more joint working on health between the Council and NHS Greater Glasgow.** |
| 1: HIP/Council budgeting processes aligned for specific initiatives |
| 2: Initiatives agreed for joint budgeting with a particular focus on Plan priorities, eg child health. |
| Number of joint budget decisions from year 2 onwards |
| Number of specific initiatives developed from year 2 onwards which relate to Plan priorities. |

| **To support the work of the Council Health Forum.** |
| 1: Establishing the role of the Forum in leading health policy development within the Council. |
| 2: Enhancing Partnership linkages with Council service delivery through the Health Forum. |
| Number of specific health initiatives arising from the Forum each year. |
| Number of Partnership policy papers considered and agreed by the Health Forum each year. |

<p>| <strong>To improve health through potential new social housing arrangements</strong> |
| To support an explicit focus on health issues in leading new housing investment decisions (subject to tenants’ ballot) through the linkages within the Partnership’s Health and Housing Working Group. |
| Number of priority investment decisions which are led by health impact considerations from year 2 onwards. |</p>
<table>
<thead>
<tr>
<th>AIM</th>
<th>ACTION</th>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. PARTNERSHIP ACTION – INDIRECT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.3 Enhancing integration</strong></td>
<td>To support better partnership working across existing city coalitions.</td>
<td>1: Building health into the Community Plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2: Drawing up an agreed evidence base of health improving interventions as the lead for funding decisions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3: Integrating health with the sustainability and LA21 agendas.</td>
</tr>
<tr>
<td></td>
<td>To promote joint agency reporting on health issues.</td>
<td>Health issues stated, with targets, in the Glasgow Community Plan (Glasgow Alliance strategy).</td>
</tr>
<tr>
<td></td>
<td>Establishment of joint Council/NHS Greater Glasgow annual health report.</td>
<td>Mechanism proposed for partners' consideration by end year 2.</td>
</tr>
<tr>
<td></td>
<td>First report produced by end year 3 and annually thereafter.</td>
<td>Explicit health objectives contained within relevant plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>To support delivery of Glasgow Alliance health targets. Note: specific commitments on health are contained within the Glasgow Alliance strategy and associated action plans (see appendix), and will be delivered through the co-terminous partner members of the Alliance and Partnership. This section describes the specific additionality brought by the Partnership itself to this agenda.</strong></td>
<td>To support delivery of Glasgow Alliance health targets. Note: specific commitments on health are contained within the Glasgow Alliance strategy and associated action plans (see appendix), and will be delivered through the co-terminous partner members of the Alliance and Partnership. This section describes the specific additionality brought by the Partnership itself to this agenda.</td>
<td>1: Delivering strategies on physical activity and tobacco to align with Alliance objectives in these areas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2: Disseminating lessons from Starting Well to align with Alliance objectives on child health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3: Disseminating community development and health strategy to SIPS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4: Supporting a joint agency approach to bids for New Opportunities Fund health monies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specific reference to Starting Well lessons made in Alliance strategy action plans each year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of SIPS reporting satisfactory use of strategy each year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishment of formal agreement between agencies for assessing, prioritising and supporting Glasgow bids.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>To support the promotion of the public health role of primary care.</strong></td>
<td>To support the promotion of the public health role of primary care.</td>
<td>Establishment of liaison group to draw together primary care and Partnership themes by mid year 2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of LHCCs reporting satisfactory use of the Partnership's community development and health strategy each year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>To provide further means of getting Glasgow's people off benefits and into work</strong></td>
<td>To provide further means of getting Glasgow's people off benefits and into work</td>
<td>Drawing together partner agencies with Benefits Agency and economic development sector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposals drawn up for pilot work with people on Incapacity Benefit by mid year 2.</td>
</tr>
<tr>
<td>AIM</td>
<td>ACTION</td>
<td>INDICATOR</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| **2.4 Priority population groups** | To support women's health and equality. | 1: Re-launching specific objectives from Women's Health Policy  
2: Securing organisational 'sign-up' to above objectives.  
3: Monitoring progress of Policy. | Formal public event for re-launch to be held within year 1.  
Formal endorsement of Policy through appropriate structures within agencies.  
Agreement with agencies for monitoring mechanisms to be in place by end year 1. |
| | To support race equality and health. | 1: Implementing the Black and Ethnic Minority Service Review.  
2: Monitoring of Review recommendations through Partnership Working Group | Number of action plans within NHS Trusts directed to implementation of review recommendations by end year 2.  
Production of annual reporting mechanism to show improvements/obstacles. |
| | To support more joint working and budgeting between the Council and NHS Greater Glasgow for child health. | 1: Enhancing capacity within schools as health promoting establishments.  
2: Improving linkages between the Partnership and the joint Children's Services Planning mechanisms. | Number of schools which become full health promoting establishments (HMI definition) each year.  
Inclusion of specific objectives in Children's Services Plan each year which relate to Starting Well lessons. |
| **2.5 Priority health themes** | To implement food, tobacco and physical activity strategies.  
*Note: Actions and indicators are/will be contained within the detail of these strategies.* | 1: Supporting development of structures for tobacco issues on similar scale to those already in place for drugs and alcohol  
2: Focusing on implementation across community sector. | Establishment of joint agency structures on tobacco by year 3.  
Number of SIPS and Community Health Projects reporting satisfactory use of strategies each year. |
## CONTENTS

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>HEALTHY CITY PARTNERSHIP MEMBERS</td>
<td>2</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>MAPS</td>
<td>3</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>CITY HEALTH PROFILE</td>
<td>7</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>STRATEGIES AND OPERATIONAL PLANS CONTRIBUTING TO HEALTH IN GLASGOW</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Appendix 4a: Glasgow City Council</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Appendix 4b: NHS Greater Glasgow</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Appendix 4c: Others</td>
<td>63</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>STARTING WELL – SCOTLAND’S NATIONAL CHILD HEALTH DEMONSTRATION PROJECT</td>
<td>100</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>GLOSSARY OF TERMS</td>
<td>104</td>
</tr>
</tbody>
</table>
APPENDIX 1: HEALTHY CITY PARTNERSHIP MEMBERS

**Statutory Sector:**
- Glasgow City Council
- Greater Glasgow NHS Board
- Greater Glasgow Primary Care NHS Trust
- Scottish Homes (Glasgow and North Clyde)
- Greater Glasgow Health Council

**Voluntary Sector:**
- Glasgow Council for the Voluntary Sector
- Glasgow Community Councils Forum
- Glasgow Community Health Projects Network

**Co-optees:**
- Poverty Alliance
- Scottish Executive

**Academic Sector:**
- Glasgow Caledonian University
- University of Glasgow
- University of Strathclyde

**Starting Well National Child Health Demonstration Project**

**Community Health Projects**

**Healthy Living Centres**

**Other City-Wide Coalitions:**
- Glasgow Alliance
- Community Safety Partnership
- Drug Action Team
APPENDIX 3: GLASGOW CITY HEALTH PROFILE

Note for readers: this section is intended to present a brief overview of Glasgow’s key health indicators and the issues underlying them. An annual joint report between the city’s Director of Public Health and the Council on Glasgow’s health trends, together with proposals for future work, is being developed. This will present a much broader and more detailed appraisal of the city’s health profile on an annual basis and will augment the messages contained in this Plan.

KEY FACTS & FIGURES 2001/2002

<table>
<thead>
<tr>
<th>Area</th>
<th>17,733 hectares</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Population (Mid Year 2000 Estimate)</td>
<td>609,370</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>110,091</td>
<td>18.1</td>
</tr>
<tr>
<td>15-24</td>
<td>88,850</td>
<td>14.3</td>
</tr>
<tr>
<td>25-44</td>
<td>203,877</td>
<td>33.5</td>
</tr>
<tr>
<td>45-64</td>
<td>119,132</td>
<td>19.5</td>
</tr>
<tr>
<td>65-84</td>
<td>79,831</td>
<td>13.0</td>
</tr>
<tr>
<td>85+</td>
<td>9,589</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Population of the Greater Glasgow metropolitan area: 1.3million

Glasgow continues to argue for an increased weighting to be given to deprivation factors in the distribution of grant to local agencies. Deprivation impacts on both the need for and cost of providing local services. The figures below show that the scale of deprivation in Glasgow is much larger than in any other council area in Scotland:

INDEX OF CHILDREN IN HOUSEHOLDS WHICH RECEIVE INCOME SUPPORT/JOB SEEKERS ALLOWANCE

Glasgow City 1.9
Scotland Average 1.0

INDEX OF PENSIONERS ON INCOME SUPPORT

Glasgow City 1.7
Scotland Average 1.0

HOUSEHOLDS ASSESSED AS HOMELESS OR POTENTIALLY HOMELESS

Glasgow City 10,740 33.1%
Scotland 32,430 100.0%

NUMBER OF MOST DEPRIVED SMALL AREAS (CENSUS ENUMERATION DISTRICTS) *

Glasgow City 124 78.5%
Scotland 158 100.0%

* the worst 1% of areas based on six indicators of deprivation

CHILDREN LOOKED AFTER PER 1,000 CHILD POPULATION

Glasgow City 19
Scotland average 10

% PUPILS LEAVING SCHOOL WITH 5 OR MORE HIGHER GRADES AT BAND A TO C

Glasgow City 8.0%
## CHILD HEALTH ISSUES

Glasgow has seen many improvements in key areas of child health. The differential in infant mortality has narrowed to the point where Glasgow now matches national trends. Breastfeeding rates have increased, and the proportions of both mothers and fathers who smoke at the first Health Visitor visit have declined. However, Glasgow’s rate of improvement in such areas is still behind that of Scotland and the UK generally. In other areas, such as low birth weight and teenage pregnancy, the trend appears to have worsened in recent years. Oral health for children remains an area of concern. Differentials in health between families and children who are more deprived and those who are less so are seen throughout these areas.

Accidents remain a common cause of mortality and morbidity in children. The most common types of childhood accident are falls, pedestrian road incidents and accidental poisoning in the home. They are more common for children who live in deprived areas where access to safe play areas is limited.

The underlying issues for child health are closely linked to issues around family poverty, social exclusion and housing.

## SOME ADULT HEALTH TRENDS

Compared to the rest of Scotland and UK, Glasgow has a higher rate of lung cancer, coronary heart disease (CHD), and chronic respiratory disease.

There is encouraging evidence that death from CHD in Glasgow is falling. Survival after heart attacks (acute myocardial infarction) continues to improve, but rates are still 2-3 times worse for men in the most deprived, compared to the least deprived, areas.

The number of people diagnosed with cancer in Scotland is increasing, though deaths from cancer are falling. This is due to improving survival rates following better treatment. Lung cancer remains the commonest cause of cancer in men and the second most common cancer in women in Glasgow. The main risk factor is smoking and the prevalence of smoking remains higher in more deprived socio-economic groups. In contrast, breast cancer – the most common cancer in women – affects the affluent more than deprived women, but mortality rates are the same across socio-economic groups. This means that survival for more affluent women is better.

The risk factors implicated in CHD and cancer also contribute to the high rates of chronic respiratory disease that are evident in Glasgow. It also follows a similar pattern to CHD, with those living in deprived areas at highest risk of being diagnosed and lowest chance of survival.
Excluding retirement pensions, and Income Support cases linked to it, the number of Income Support claims due to disability, lone parenthood and unemployment increased from 77,000 in 1979 to 119,000 in 1998, an increase of 54% at a time when the city’s population has fallen by around 16%. This represents around a third of the entire working age population in Glasgow. The pattern is of a steep climb in the early 1980s to a peak of 146,000 in 1987, and then a slight drop leading to a plateau around 130,000 in the early 1990s.

A major component of this increase was in unemployment, which more than doubled between 1979 and 1982. By 1987 the unemployment number was 2.7 times that of the 1979 level, which was a period of major industrial restructuring and the loss of many manufacturing and other industry jobs. Since then the number of registered unemployed has steadily fallen, and there are now fewer people registered unemployed than in 1979.

This reduction tells only part of the story. In 1979 unemployment comprised 32% of Income Support claims, now the figure is under 19%. At the peak unemployment level in 1987 the share was at 45%, so the proportion has dropped by over a half.

By far the greatest increase has been with disability claims on Income Support. They have increased from just over 3000 claims, just 4% of all Income Support claims, to over 27,000 claims comprising 23% of the overall total. This is a staggering eightfold increase and even excludes claims under Invalidity and Incapacity Benefit. Claims for Incapacity Benefit itself are at the highest rate of any local authority area in the UK: at 9.9% of the working age population.

The increase in lone parent households is also clear, up by two and a half times from 8700 to 20500 claims; and in terms of proportion from 11% to 17% of all claims. These claims steadily rose year on year during the 1980s to a peak of 24000 in 1991, and has shown a decline since then to the current level.

As a further indicator of the levels of benefit dependency, in 2001/02 Council Tax Benefit is estimated at £75 million and Housing Benefit at £265.1 million.

**THE LOCAL ECONOMY**

**Employment Status:**
The employment rate for Glasgow (1998/9) was 57.0%, compared to 71.5% for Scotland and 73.5% for the UK.

*Commuters fill almost 50% of available jobs*

**Percentage of Glasgow employment by sector:**
- Agriculture & Fishing: 0.1%
- Energy & Water: 1.0%
- Manufacturing: 9.8%
- Construction: 5.2%
- Distribution, hotels & catering: 20.3%
- Transport & communications: 5.5%
- Banking, finance & insurance: 22.1%
- Public administration: 30.8%
- Other services: 5.1%

*Key growth areas: financial & business services; IT; bioscience; design; TV, film & media.*

On a very positive note, Glasgow is:
- The second largest retail centre in the UK after London
The third largest visitor centre in the UK after London and Edinburgh
The hub of the UK's second largest public transport network
Home to over 95,000 students at its Universities and Further Education colleges (second highest populations of Higher Education students and postgraduates outside of London)

CRIME

Within Strathclyde Police Force area crime has fallen in 4 of the 7 recorded crime and offences groups. Glasgow, however, has seen a steady increase in the rate of crimes and offences within the City. It should be noted that whilst Glasgow has 27.3% of the population of Strathclyde, the City accounts for 44.5% of all crime in the Strathclyde Police Force area.

Drug offences increased by 12.3% for the year 1998/99 but decreased by 4.9% for 1999/00. For the year 2000 to 2001 drug offences rose by 11.7%. It is likely that the rise in recorded drug crimes and offences in 1998/99 was due to increased police activity in this area through the 'Spotlight' initiative.

A recent survey of 168 injectors in Greater Glasgow found that they committed an average of 26 offences each month. Assuming there have been at least 7,000 injectors in Glasgow in recent years this amounts to more than 2 million crimes per year.

Statistics from Strathclyde Police Spotlight Initiative indicate alcohol was a factor in approximately 50% of domestic abuse incidents attended by police officers.

Research conducted on the year 1998/99 within Social Work Services in Glasgow indicated that drugs/alcohol were an issue in over 60% of child protection orders sought (21% alcohol only). Nationally alcohol has been noted as a factor in 20% to 40% of child abuse cases.

Whilst local figures are not currently available, national research shows that offenders are intoxicated in 30% of sexual offences, 33% of burglaries, 50% of street crime and 85% of crime in pubs and clubs. This would equate to an estimated 223 sexual offences, 3,460 housebreakings and 16,000 incidences of street crime that may have been alcohol related in Glasgow in 2000/2001.

Either offender or victim has been drinking in 65% of murders and 75% of stabbings. In the case of murders where alcohol was a factor this would equate to an estimated figure of 24 in Glasgow in 2000/2001.


NHS Greater Glasgow undertook a major survey in 1999 to establish a range of indicators of health across the Greater Glasgow area and to assess what differences exist between the populations who live in Social Inclusion Partnership (SIP) areas and those living in non-SIP areas. The survey data are sufficiently robust to allow a sub-sample of figures for Glasgow City to be presented so these are quoted below.

PEOPLE'S PERCEPTION OF THEIR HEALTH AND ILLNESS

Substantial differences in health status were identified between those living in SIP and non-SIP areas. These differences were apparent both in the self-perceived health measures and in those based on more objective measurement, such as the identification of depression (using the Hospital Anxiety and Depression Scale).
The survey respondents were asked to assess different components of their health. Some measures were assessed using the 'faces' scale. On this, there were 7 faces representing different moods or perceptions from very gloomy to very happy, scored 1 to 7 respectively. Given that there were 3 faces in graduated negative moods, 1 neutral and 3 in positive mood, the higher the score the more positive the perception.

- Health over the past year - 66% of the total sample (62% of SIP sample; 69% of non-SIP sample) described their health over the past year as either excellent or good, rather than fair or poor.

- General physical well-being (scored on faces scale 1-7) produced a mean score of 4.9 in SIP areas, 5.2 in Non-SIP areas and 5.1 in Glasgow City as a whole.

- General mental or emotional well-being (faces scale 1-7). Here the mean values were 5.2 in SIP areas, 5.6 in the Non-SIP ones and 5.4 in Glasgow City.

- Overall quality of life (faces scale 1-7). Likewise, this showed mean values of 4.7 in SIPs, 5.5 in Non-SIPs and 5.2 in the Glasgow City population as a whole.

**Illness**

- 21% in non-SIP areas compared with the significantly higher proportion of 30% in SIP areas claimed they had a condition that interfered with their daily life (Glasgow City: 25%)

- People were asked if they had ever been diagnosed by a doctor as having specific conditions, whether they were currently being treated and by whom. The commonest conditions are not necessarily those that feature as government priorities, but are conditions such as arthritis and asthma than can, nevertheless, severely affect an individual's capacity to lead a normal active, high quality life. Over 80% of those reportedly diagnosed with the more common conditions require ongoing treatment, with the treatment-provider being predominantly the GP.

- In this survey, the depression component of the well-validated Hospital Anxiety and Depression scale was incorporated into the questionnaire. The individual is scored on seven itemised questions (maximum score: 21). Those with a score of 11 or more are identified as 'cases' (suffering from clinical depression). While 6% of the non-SIP population were categorised as 'cases' on this depression scale, the proportion was almost twice that at 11% in the SIP areas (Glasgow City: 8%). Indicative of a similar trend, the mean depression score was 3.8 in non-SIP areas compared with a mean score of 5.1 in the SIP areas (Glasgow City: 4.3).

**Oral Health**

Dental decay is a particular problem in deprived areas and there is also a lower proportion of the population in these areas who are registered with a dentist.

- 16% of those living in a non-SIP area had no teeth of their own whereas for those in SIP areas it was found to be 19% (Glasgow City: 17%)

- Registration with a dentist was self-reported at 80% in non-SIP areas, but only 73% in SIP areas (Glasgow City: 78%). The commonest reason for not registering was "having dentures".

- 4% of those registered were with a private (non-NHS) dentist in SIP areas, 10% in non-SIP areas (Glasgow City: 8%).

- In non-SIPs, only 66% were brushing their teeth the recommended twice or more a day while in SIPs, this was as low as 60% (Glasgow City: 64%).
11% of the SIP and 7% of the non-SIP sample were brushing their teeth less than once a day.

Health Behaviours
High proportions of the population of Glasgow City, particularly in SIP areas, display health-damaging behaviours:

♦ **Passive Smoking**
Amongst the non-SIP population, 58% spend at least some of their day exposed to others' smoke, whereas in the SIP sample 71% do so. (Glasgow City: 63%)

♦ **Active Smoking**
In the Glasgow City sample as a whole, 41% of the respondents smoke - 43% males and 39% females. Prevalence is highest amongst 45-64 year old males and females (52% and 50% respectively). The discrepancy in smoking prevalence between non-SIP and SIP areas is large: in the non-SIP sample, 36% smoke while in the SIP one, 50% do so. The mean number of cigarettes smoked is 101 per week.

♦ **Drinking**
The recommended maximum weekly intake of alcohol is 21 units for men and 14 units for women. This limit was exceeded by 20% of the Glasgow City sample as a whole (aged 16 and over), by 30% of the men, and 10% of the women.

Amongst those who took any alcohol in the past week, 43% exceeded this limit in the Glasgow City sample, (men:52%; women: 30%). 41% in non-SIP and 46% in SIP areas exceeded the limit. The mean unit intake for the week is similar in SIP and non-SIP areas (14 units compared with 13). It is worrying that binge drinking is particularly common on Friday and Saturday nights, especially in SIP areas where the mean intake on those days is 4.2 and 4.7 units respectively, significantly higher than the comparable means of 3.1 and 3.8 units in non-SIP areas.

♦ **Exercise**
43% of the Glasgow City sample met the recommended level of moderate exercise of at least 30 minutes accumulated over the day on at least 5 days per week. The difference between the SIP and non-SIP sub-samples was not significant. However, people in the SIP areas were significantly less likely than others to meet the vigorous exercise target of at least 20 minutes on at least 3 days per week - 8% meeting it in SIP areas, compared with 19% in non-SIP (Glasgow City: 15%).

♦ **Diet**
The Scottish Diet Action Plan targets for the consumption of the different food groups can be translated into an approximate number of portions per day (or week); a relatively low proportion of the Glasgow City sample is meeting these dietary targets. With the exception of the bread target, significantly fewer reach the targets in SIP compared with non-SIP areas, e.g. only 18% of the SIP sample consumed the recommended 5 portions of fruit and vegetables a day compared with the still low figure of 25% in the Non-SIPs (Glasgow City 23%)

Social Health issues
Large differences are revealed between the proportions of the sample in SIP compared with non-SIP areas who feel isolated from friends and family, who fail to belong to the sort of organisations that could link them to others socially, and who do not feel that they belong to the local community or feel valued by it.

In Summary:
The research revealed that:
The most serious problems identified by people in SIPs as affecting their area were: unemployment, drugs, excessive drinking, and vandalism.

All the health measures showed a highly significant relationship with measures of financial well-being, so that poor general health, mental health or quality of life appeared to be directly related to low family income.

Links are also shown in the research between health status and a person’s employment status, the type of work s/he does and the level of qualifications obtained. Poorer health tends to be associated with unemployment, semi-skilled or unskilled work and the qualifications that could enhance job prospects.

This research is already influencing strategic thinking within the city and, in particular, has been taken up within the Glasgow Alliance as indicators of change for its main health objectives.
APPENDIX 4: STRATEGIES AND OPERATIONAL PLANS
CONTRIBUTING TO HEALTH IN GLASGOW

This section offers a major resource for all those who are interested in and working for Glasgow’s health. It provides detailed summaries of the operational and strategic plans which are currently in place for the city. Some are specific to particular services (e.g., Education) and others represent multi-agency approaches to specific themes (e.g., community safety).

The section does not describe the national context of legislation and policy development within Scotland and the UK. The Healthy City Partnership has already collaborated with the Community Health Exchange and Health Education Board for Scotland to produce a document called ‘The Policy Maze.’ This contains summaries of major legislation and policy changes over recent years that have an impact on health and it is updated with regular supplements. Interested readers can obtain copies directly from Health Education Board for Scotland (HEBS).
GLASGOW CITY COUNCIL KEY OBJECTIVES 1999/2003

The Council wants Glasgow to flourish as a multi-cultural international city where people are valued equally and choose to live, learn, work and play. The Council will deliver the major organisational and service innovations necessary to improve quality of life for Glasgow citizens and all with a stake in the future of the city.

To make this happen, the Council has identified five inter-related Key Objectives to guide its actions during the period of this Administration. They are to:

1. Improve the effectiveness and value for money of all the Council’s services, securing new investment and ‘best value’ in a way that addresses the needs and expectations of service users and citizens.

2. Sustain the physical, social, economic, cultural and environmental development and regeneration of Glasgow through:
   - more quality jobs from a competitive city economy, particularly for local people
   - better educational attainment and learning for all throughout life
   - safe communities and a healthy and sustainable environment, including quality public spaces and integrated transport developments
   - equal opportunities for all our citizens and support for communities to be full partners in the City’s regeneration
   - major private and public investments in the city
   - housing, educational, leisure, cultural and fiscal measures to attract and retain population
   - local neighbourhood development and improvement

3. Tackle the poverty, social exclusion and poor health experienced by Glasgow’s citizens and provide accessible and relevant services to the city’s diverse communities through the development of Glasgow as a caring city. This will include working in partnership to improve health and secure high quality care in the community and to ensure children and young people throughout Glasgow have the opportunities, facilities and services needed for the best possible start in life.

4. Develop Glasgow’s metropolitan role, quality of life, heritage and services (shopping, cultural, sport and transport) for the benefit of those who live, work, learn and play in the city and as a major contribution to Scotland’s overall economic, social and cultural standing. This will include promoting the City’s tourism assets and developing major attractions and events.

5. Provide accessible and accountable services, ensuring the views of service users, citizens and voluntary groups are central to the Council’s service improvement programme and its partnerships with other public bodies.

The Council will tackle its objectives through:
- delivering major strategic innovations in service delivery where this offers new investments and service improvements
- consulting and involving local communities and communities of interest experiencing social exclusion
- winning new resources for the city (both public and private)
- seeking efficiency savings
- establishing new initiatives, partnerships and joint delivery mechanisms
- spotting and seizing opportunities for the city in support of regeneration
- developing strategic plans and programmes for key issues and neighbourhoods, through full stakeholder and Citizen Panel consultation
- delivering on shared objectives with the Scottish Government and Parliament
- supporting and developing the workforce in pursuit of better services.

The Council will put streamlined and modernised structures in place for budgeting, service planning and best value service reviews and will, through these mechanisms, secure the translation of its key objectives into concrete actions.

**Council Staff Total:** 30,385 *Full-Time Equivalents as at 10/03/01*

<table>
<thead>
<tr>
<th>Analysis of Net Expenditure by Service</th>
<th>Budget £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Services</td>
<td>375,339</td>
<td>32</td>
</tr>
<tr>
<td>Social Work Services</td>
<td>212,779</td>
<td>19</td>
</tr>
<tr>
<td>Police, Fire and Passenger Transport</td>
<td>200,716</td>
<td>18</td>
</tr>
<tr>
<td>Cultural and Leisure Services</td>
<td>82,895</td>
<td>7</td>
</tr>
<tr>
<td>Land Services</td>
<td>73,390</td>
<td>7</td>
</tr>
<tr>
<td>Environmental Protection</td>
<td>44,984</td>
<td>4</td>
</tr>
<tr>
<td>Housing Services (excl. Council Houses)</td>
<td>44,361</td>
<td>4</td>
</tr>
<tr>
<td>Development and Regeneration Services</td>
<td>43,304</td>
<td>4</td>
</tr>
<tr>
<td>Other Services</td>
<td>42,482</td>
<td>4</td>
</tr>
<tr>
<td>Other Costs</td>
<td>5,975</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>1,126,225</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Analysis of Gross Expenditure</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Costs</td>
<td>587,261</td>
<td>28</td>
</tr>
<tr>
<td>Payments for Services</td>
<td>511,777</td>
<td>26</td>
</tr>
<tr>
<td>Benefit Payments</td>
<td>333,130</td>
<td>17</td>
</tr>
<tr>
<td>Financing Costs</td>
<td>211,457</td>
<td>11</td>
</tr>
<tr>
<td>Property/Supplies</td>
<td>296,645</td>
<td>15</td>
</tr>
<tr>
<td>Other Costs</td>
<td>66,051</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>2,006,321</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

**COUNCIL DEPARTMENTAL SERVICES**
The following section is based upon Departmental Service Plans and represents a snapshot of work in progress, together with a current assessment of strategic direction. Service Plans are updated on an annual basis and readers can access up-to-date future information via the Council’s website at www.glasgow.gov.uk
BUILDING SERVICES

PURPOSE, RATIONAL AND OPERATIONAL ARRANGEMENTS
Building Services provides a ‘one-stop’ shop for design, build and maintenance. Recently, the department has undergone significant changes in response to the Education Public/Private Partnership (PPP) for Secondary Schools. The proposed transfer of the Council’s housing stock to the Glasgow Housing Association will have a major impact on how services will be delivered in the future and a new divisional approach to service delivery which allows services to be more clearly associated with customers has been devised. The new divisions are:

♦ Repairs and Maintenance
  The aim of this Division is to provide the highest quality of service where customers have ease of access to the Department to arrange a suitable appointment for the repair to be undertaken by locally based skilled employees. The range of maintenance services provided are:-

❖ Appointment Based repairs
❖ Larger Tenanted Repairs
❖ Empty House Repairs
❖ Non Housing Repairs
❖ Planned Maintenance - is programmed for window renewal, gas heating, controlled entry, roof renewal, fabric/cladding, paintwork, electrical rewiring, gutters and disabled adaptation work.

Other maintenance related services include, the Security Services Section, Lift Repair and Maintenance, Out of Hours Emergency Service, Citywide Graffiti Removal Service, Repairs for other agencies.

♦ Design, Build and Project Management
  Important changes which are taking place in clients’ capital investment plans have highlighted the need for Building Services to change the way in which design services are provided. The department is responding to current initiatives in Housing, Cultural and Leisure Services, and Education Services for the PPP programme. This will enable Building Services to dedicate its remaining resources to its other major clients - Education, Social Work and Land Services.

Building Services currently manages approximately £75m of project work from the Council’s building programmes, of which £13.5m is carried out in-house with the balance undertaken by private contractors.

Building Services Projects have been controlled from their inception through design and construction to completion. Examples of projects delivered on time and within budget include Gorbals Leisure Centre, the restoration of People’s Palace Winter Gardens and the Provand’s Lordship.
Integrated Manufacturing Division (Blindcraft/City Windows)
Royal Strathclyde Blindcraft Industries (Blindcraft), the Council’s supported employment workshop located in Springburn, Glasgow, since 1985, was set up as a manufacturing base with the aim of providing employment opportunities for people with disabilities. The core activities of the workshop includes the manufacture of beds and the production of office and school furniture for the retail and commercial sectors. It has a turnover of £9m employing 154 people, of which 90 have a range of disabilities.

City Windows, Glasgow City Council’s PVC-u manufacturing business located in Queenslie employs 19 staff and 77 manual operatives, many of whom had previously been long term unemployed. An income of £7.8m is generated by the 40,000 windows/doors produced each year under City Housing’s capital and revenue window replacement programme and subsequently installed by City Building mainly for Housing Services and Education Services. City Windows also supply a small proportion of private contractors (mainly who are undertaking work for the Council) and other Local Authorities.

The proposed integration of Blindcraft and City Windows, which is fully supported by Supported Employment Procurement Advisory and Consulting Services (SEPACS), was developed to provide a business solution to meet the objectives for developing both Blindcraft and City Windows by providing training and personal development for employees as well as creating further job employment opportunities for those individuals who may suffer from disability or lack of opportunity due to unemployment.

Training Services Division
For many years Building Services Training facility at Queenslie has operated a number of training programmes and initiatives in support of the Council objective of developing training and employment opportunities within the city and facilitating access to these for socially excluded groups. In June 2000 these initiatives were brought together under the department’s Modern Apprenticeship and Lifelong Learning Strategy, in order that we could maximise the opportunities within the programme and the impact it can have on the provision of jobs to Glaswegians. The majority of training opportunities lie with the Construction Industry and the Construction Industry Training Board has released a four-year projection which identified a requirement for some 32,000 construction jobs over the next four years within Scotland. Existing levels of training predict a shortfall of some 6,500, of which approximately 1,000 will be in the Glasgow area. The Department has put in place a number of programmes aimed at:

- Providing craft apprenticeships to the citizens of Glasgow
- Preparing young people and adult unemployed for apprenticeships
- Providing new skills to existing operatives within the Construction Sector

Transport Services Division
The current arrangements for the delivery of transport services were put in place following the Council’s Best Value Review of Internal Transport. The review purposed that the heavy and specialised transport services be provided by Land Services and the light vehicle transport services, including taxi hires, chauffeurs and limousine service and the provision of buses and drivers be provided by Building Services.
The Fleet Management and Vehicle Hire Section provides vehicles under a hire agreement which includes all vehicle management and ownership responsibilities as well as vehicle maintenance. Lightweight vehicles, trucks and buses are required under the Council's operating licence to have specific recorded inspections each year. Vehicle Maintenance section carries out these inspections at the garage at Hawthorn Street, which is a modern complex with facilities to deal with 1,400 vehicles that have approximately 15,000 inspections, services and repairs carried out annually. A consultation process carried out with the Taxi Owners Association (TOA) indicated a preference for a "one stop" shop where taxi owners and drivers can renew licences and have MOT's, inspections and testing from the same location. This arrangement would also include changes to taxi enforcement which would improve the effectiveness of service delivery for the taxi owners and the Council. These proposals will form part of the plans for 2001/2002.

Customer Services and Support Division
The main objective of this division is to support the five operational divisions to develop service delivery, improve operational efficiency and promote employee development and awareness on issues affecting services delivery and operational performance. Customer Services comprises services provided to customers through the Building Services Call Centre, and to clients through Client Services Managers who are responsible for the Council's non-Housing departments and external agencies. The Call Centre Service operates 24 hours a day, 365 days a year and is the main contact point for tenants to arrange appointments for minor repairs, report large repairs and arrange appointments. It is also the main contact point for the Housing 'out of hours' emergency repair service and the Council's Civil Emergency Plan arrangements whereby in an civil emergency the Call Centre would be used to communicate and disseminate information to the citizens of Glasgow. Support Services are grouped within one structure to enable clear focus on the requirements of each operational division, and comprise of Finance, ICT, Personnel, Procurement, Planning, Communications and Employee Development and Quality Systems.
PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS

The Chief Executive’s Office is currently organised into 3 main sections; Corporate Policy, Public Relations and Marketing and Joint Police Board Support. The Solicitor to the Council and Monitoring Officer is also based in the Chief Executive’s Office. The Solicitor to the Council is responsible for the provision of corporate legal advice to the Council and also undertakes inquiries at the request of the Standards Committee. The following is brief description of each main section:

♦ Corporate Policy
The Section supports the Chief Executive as principal policy advisor to the Council and in ensuring the necessary operational, management and performance systems are in place to deliver the Council’s Key Objectives; it also takes lead responsibility on several key policy areas such as Best Value and Equalities.

The Section operates in a dynamic environment where priorities are subject to rapid change. Consequently, a flexible approach is needed and operational arrangements require to be responsive to the prevailing priorities of the Council. The Section’s working practices are founded, therefore, on flexibility and generic working amongst policy staff. Arising from the Equalities remit, specialist knowledge and distinctive workloads are required and several policy staff are dedicated to this area. Wherever possible the Section seeks to make progress and derive benefits by integrating specific policy goals with the Council’s overall management and best value arrangements.

♦ Public Relations and Marketing
The Section has overall responsibility for the Council’s corporate public relations and marketing. Its main functions are to communicate the Council’s policies and services to the public and media; to monitor the media, press, TV and radio and provide a professional 24 hour media service, both proactive and responsive to media enquiries. To co-ordinate the Council’s marketing strategy and act as the City Council’s advertising agent; to manage corporately the Council’s internal communications in liaison with the Director of Personnel and Administration, and to ensure that the City Council’s corporate identity is maintained across all Council activities.

♦ Joint Police Board
The Joint Police Board is responsible for ensuring that Strathclyde Joint Police Board, which is a corporate body subject to the same statutory framework as local government, receives the administration, advice and support similar to that required by local Councils. The section also fulfils the statutory function of Registrar to the Police Appeals Tribunal, secretariat to the Royal Concert Hall Board and has responsibility for Emergencies.
Legal Services

Legal
The purpose of Legal Services is to provide a flexible, cost effective and responsive legal support service to the Council and its departments by providing legal advice to client Services and handling claims made against the Council. The operation of a conveyancing/Council house sales service, and a court section. Involvement in the disengagement of the Public Sector Housing/stock to the Housing Trust (s).

Licensing
Responsibilities include administration of all licensing activities within the Council.

District Courts
Responsibilities include dealing with the administration of 8 courts (processing criminal cases of a less serious nature), the collection of fixed penalties, recording of convictions and endorsement of driving licences.
CULTURAL AND LEISURE SERVICES

PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS
Cultural and Leisure Services brings together the former City Council services for Libraries and Archives; Performing Arts and Venues; Sport, Recreation and Play; Community Education; Museums and Art Galleries into one of the 12 departments which now comprise Glasgow City Council. The department has a key role to play in achieving Council key objectives and national priorities in respect to education and life-long learning, health and well-being, social inclusion, urban regeneration and economic development.

VISION FOR SERVICES
To develop and sustain a vibrant artistic, creative, sporting and play culture, with learning opportunities, open access to information and an attractive range of cultural and leisure facilities, all aimed at enriching the quality of life, addressing social inclusion, encouraging self development and life-long learning and improving the health and well-being of the people of Glasgow

STRATEGIC OBJECTIVES
i. To promote and maximise the key priorities of education and life-long learning, improved health, urban regeneration, social inclusion and economic development.

ii. To enrich the quality of life of the citizens of Glasgow and visitors to the City through the provision of accessible, attractive and exciting cultural and leisure facilities and services which promote health and well-being

iii. To maintain and strengthen links, planning and partnerships with other key agencies and sectors for the benefit of cultural and leisure provision and integrated approaches to improving health in Glasgow.

iv. To ensure access for all the people of Glasgow to cultural and leisure facilities and services including information services whatever their age, gender, disability, race or sexual orientation; wherever they live within the City and taking into account their ability to pay.

v. To commit to the Council’s Anti-Racist Policy by developing pro-active and effective anti-racist strategies and plans, and increase opportunities for Minority Groups to take part in a wide range of cultural and leisure programmes.

vi. To enable as many people as possible (especially young people) to participate and develop their full potential in the arts and sport.

vii. To strengthen the support, links and partnership with the voluntary and community sectors, and in particular local arts, sports and play organisations, artists, writers, volunteers, and coaches in developing and promoting the intrinsic value of cultural and leisure activities in improving physical, mental and emotional health and well-being in Glasgow.

viii. To enhance and promote the City’s national and international image as a creative, cosmopolitan City, a centre for arts, sporting and cultural excellence and major events.

ix. To conserve and preserve important historical and cultural materials, collections and knowledge and public records for the benefit of all citizens of Glasgow and visitors to the City.

x. To ensure that cultural and leisure services are planned and managed in an integrated and cost effective manner, which maximises their use, takes advantage of new technologies and adopts the principles of Best Value and continuous improvement.
A major review of Glasgow’s Sport, Recreation and Play Strategy was completed and formally launched in December 1998. The department’s facilities programme continued with work commencing on:

♦ The new Gorbals Community Leisure Centre was opened in 2000, incorporating a sports hall; swimming pool; health suite and tennis centre the facility offers top quality leisure provision in a Social Inclusion Partnership area which had previously no purpose-built provision

♦ The creation of a Football Development Centre at Fleshers’ Haugh

♦ The development of two Children’s Centres at Cranhill and Castlemilk. (Opened in 2000)

♦ The development of a natural/synthetic grass pitch complex and changing accommodation at Stepford Road in Greater Easterhouse

♦ The refurbishment and extension to Bellahouston Leisure Centre involving the development of a leisure pool; regional gymnastics centre and hockey pitch

♦ Development of a replacement library for Pollok located within the Pollok Leisure Pool building

The Lottery Sports Fund made awards to the following projects:-

♦ £1.5111 towards the development of an indoor and outdoor leisure complex at Garscadden Park, Drumchapel and £1.8111+ at Holyrood School for community and school use

♦ £640k towards the development of an Indoor Bowls Centre at Castlemilk

♦ £2.5111 towards the development of a new wet and dry indoor community leisure centre for the Gorbals.

The Youth Project was continued through temporary funding arrangements whilst more long-term funding arrangements were explored. The Youth Sport Project continued to operate in 143 schools, offering 170 after school clubs at which over 60,000 children participated.

The Greater Easterhouse Sports Development Plan continued to be implemented. By 2000 114,620 people attended the programme of activities; 93% of activity sessions were directed at young people; and it resulted in 101 local people obtaining coaching qualifications.

In April 2001, the department launched free swimming for under 18 year olds. This has been a hugely popular initiative that has brought about a 250% increase in swimming in the first 3 months of operation. The use of Pollok Pool increased by 384% over Easter compared to the same period in the previous year.

Community Action Teams have been developed in partnership with NHS Greater Glasgow. Eight Action Teams based in selected areas of Glasgow will work closely with local people in developing and providing a sustainable cultural and leisure programme aimed at empowering communities and increasing participation. Implicit in these aims is the role of sport in developing community organisation networks. The Community Action Teams will bring different resources and approaches to the project as well as working closely with Cultural and Leisure Services’ existing network.

The department continued to provide a cost-effective, citizen-orientated leisure services, key programmes and targets included:
- 458,406 attendances at the “Developing Sport” Programme, a significant increase on the 1997/98 level of 290,000
- 125,424 attendances at the “Community Recreation” programme, an overall increase on the 1997/98 level of 101,000.
- Over 2000 referrals from the General Practitioner (GP) Exercise Referral Scheme, a partnership between CLS and NHS Greater Glasgow, a significant increase on the 1997 level of 400
- 3.06 million attendances at the principal indoor sports facilities and golf courses.
- 152,213 attendances at Children’s Play sessions, an increase on the 1997/98 level
- Number of Passports to Recreation holders increased to 20,224 from the 1997/98 level of 15,000

The promotion of literacy development was progressed by:-
- The appointment of a Scottish Arts Council-funded Literature Development Officer
- Extending the Writers’ In Residence Project to Include Drumchapel in addition to Castlemilk and Easterhouse areas of the City
- Participating in local and national events, including: Glasgow Book Festival, which attracted 5,080 visitors, Scottish Bookcase, National Poetry Day and The Arts as Medicine Conference.

The Open Museum continued to take Museum displays to those sections of the community who do not or cannot visit museums. In 1999 over 1,000 loans of handling kits, tabletop displays and touring exhibitions were made to community groups and venues. Resources were provided in Museums for 67,225 children, an increase on the previous year, and 8 schools were in membership of the Museums’ Schools Scheme.

Free access for all groups and individuals to Museums and Galleries and Libraries continued to be maintained and developed. Key programmes included:-
- Continuing to develop the Virtual Mitchell project which will extend access to the Council’s cultural resources to all libraries, schools and the community as a whole
- The Resource Unit for the Visually Impaired (RUVI), based at the Mitchell Library, welcomed 672 visitors and supplied 6,983 Braille sheets, 256 disk files and 437 large print sheets
- Bi-lingual storytelling in English with Urdu, Punjabi or Arabic was provided to 1,500 children in the south area of the City

The Minority Ethnic Community Arts and Sports Development Programme continued to be developed. Key programmes included:-
- £79,960 funding awarded to Cultural Diversity projects
- A comprehensive community sports programme covering a diverse range of activities which attracted 9,760 participants, an increase on 1997/98
- The Scottish Asian Sports Games, which attracted 2,000 participants
DEVELOPMENT AND REGENERATION SERVICES

PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS
The development and regeneration of the City is one of the Council’s principal aims. The Development and Regeneration Services Department was specifically created to ‘focus development and regeneration activities’, and thereby play a central and vital role in the achievement of the Council’s Key Objectives.

The Department has lead responsibility for managing the economic and social programmes of the Council, and its land and property functions play an important and enabling role in supporting these and other corporate and departmental programmes. The departments planning functions play a crucial role in developing and conserving the City’s infrastructure, and in ensuring that sustainable social, economic and environmental objectives are met. On an area basis, the Department has lead responsibility for ensuring that the Council’s own area structures and local partnerships are effective, and that their contribution to the city’s regeneration is maximised. Furthermore, the Department has an essential role in supporting effective partnership working with the public, private, community and voluntary sectors, which is now an essential ingredient of success. It also hosts the Glasgow Healthy City Partnership Office. Support Services help ensure the efficient and effective implementation of the Department’s role.

SERVICE OBJECTIVES
The Department has established 6 Service Objectives, aligned with the Council’s corporate key objectives, that emphasise the importance and diversity of its corporate role, and serve to focus the development and ongoing implementation and maintenance of its management agenda:-

♦ People and Participation
The current decline in the city’s population is in part attributable to the poor quality of life experienced by many citizens and their lack of self-esteem. The Departmental objective is to develop integrated programmes that tackle poverty, social exclusion, and poor health across social, economic, environmental and cultural dimensions, by:-
❖ Promoting social policy and social inclusion
❖ Developing and delivering the Council’s Social Inclusion Programme
❖ Developing and implementing the Council’s Joint Economic Strategy
❖ Implementing and reviewing programmes of action relating to Glasgow Alliance SIPs
❖ Establishing and supporting mini-SIPs
❖ Developing flexible community capacity training initiatives
❖ Developing and promoting joint health initiatives
❖ Developing and promoting joint anti-poverty initiatives
❖ Developing and monitoring new Area Management and Area Budget systems
❖ Implementing programmes under the Government’s New Deal Initiative
❖ Developing, implementing and maintaining a range of employment/self employment support programmes
❖ Meeting the statutory requirements of the Disability Discrimination Act 1995

♦ Partnership Working
The development of effective partnerships through recognising the mutual interests and contributions of the public, private, community and voluntary sectors in regeneration and by forming core and sustainable links to help ensure success including:-
❖ Leading and managing the Council’s inputs in respect of implementing the Glasgow Alliance Strategy
❖ Assisting in the planning and delivery of new neighbourhood local initiatives
❖ Establishing non-area based partnerships to promote jobs and training opportunities
❖ Establishing support and developing social economy initiatives
❖ Assisting the Area Housing Partnership

♦ Promoting the City
The development of integrated programmes that promote Glasgow as a place to live, work, visit, play and invest in through:
❖ Encouraging inward and indigenous investment
❖ Business development
❖ Promoting interest and investment in the city, its assets and people
❖ Contributing to the development of tourism, twinning, and conferencing, etc.,
❖ Finalising the scheduled Service Review of City Business Development Services
❖ Implementing actions arising from the Service Review of CCTV and Monitoring Services within Glasgow
❖ Leading the regeneration of the River Clyde
❖ Supporting the regeneration of the Forth and Clyde Canal corridor
❖ Promoting the City’s role as a major metropolitan centre
❖ Initiating the Best Value Service Review of Pollok Park and Estate
❖ Developing and implementing a city-wide lighting strategy

♦ Policy Development and Implementation
The development, in a sustainable manner, of appropriate strategic and policy frameworks that support social and economic development, and attractive physical, environmental and cultural regeneration of the City by:
❖ Identifying and exploiting opportunities to communicate Glasgow’s policies and strategies to influence national and international policy
❖ Developing statutory planning frameworks (i.e. Structure Plan and City Plan)
❖ Developing new local strategies, planning studies, and development and project briefs
❖ Developing and implementing strategies and initiatives for the built and natural environment
❖ Developing ‘Public Realm’ Phase 2 Projects
❖ Promoting the integration of sustainable development and Local Agenda 21 principles within all the Council’s activities
❖ Promoting the Council as leader in renewable energy systems, and energy efficient technologies
❖ Promoting integrated development and regeneration activity
❖ Implementing the Best Value Service Review of Heritage
❖ Implementing actions arising from the Service Review of Planning Applications and development control

♦ Property Optimisation
To optimise the use of the council’s operational and commercial land and property assets and, through partnerships and other measures, target other land and property holdings within the City (if appropriate) to support the Council’s development and regeneration agenda. The Service has set out the following priority actions:-
❖ Develop and implement a series of land and property initiatives to support development and regeneration of the city.
❖ Develop and implement a series of local developmental projects to support employment and training initiatives for social inclusion areas
❖ Meet the Council’s targets in respect of capital receipts generation
- Initiate the Best Value Service Review of Commercial Property and Land holdings
- Undertake a planning study in conjunction with the City Centre Partnership on potential initiatives to re-use vacant upper floors in city centre property for housing.

**Prudence**

The development of integrated programmes of action that secure best value services through careful management of scarce resources and continuous improvement strategies that realise high quality and value for money services including:

- Developing and implementing integrated information management systems
- Implementing the Department’s Training and Development Strategy
- Developing and unifying departmental process management systems
- Developing Performance Management and Planning (including Public Performance Reporting) arrangements
- Improving internal and external communication arrangements
- Developing efficient and effective service support systems and administrative arrangements
- Integrating Development Control, Housing Development and Community Safety Initiative functions, and the Housing Environment Budget into DRS management systems
DIRECT AND CARE SERVICES

PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS
Direct and Care Services is responsible for the provision of the undernoted services to all council departments:-

♦ Catering services
♦ Building cleaning services
♦ Window cleaning services
♦ Landlord services
♦ Home care services
♦ Banqueting and event management services
♦ Janitorial and caretaking services

The department has a workforce of approximately 7,800 employees, making it the second largest employer within the Council. The principal strategic objective of the department is to provide high quality services, which are considered value for money to the residents of Glasgow. Direct and Care Services provides services to all departments of Glasgow City Council, with the key customers being Education, Social Work and Housing. Key customer services include:

♦ Education Services
   Catering
   Direct and Care Services is responsible for the management and operation of all school catering facilities. The department provides Glasgow’s school population with around 46,000 meals per day and operates in schools with pupil rolls of up to 2,300. The service is supported by the provision of a service at breakfast and morning break times when required. Funding for this area of service is subsidised by the Council, and costs are offset by cash income. With a free meal entitlement of around 41% of all primary school children and 38% of all secondary school children, the council has a statutory responsibility under the Education Act to provide a nutritional lunchtime meal on a daily basis.

   “Fruit in Schools” Initiative
   Following a consultation process that involved NHS Greater Glasgow and several community groups the decision was taken to develop proposals for a “Glasgow Fruit Initiative. A key feature of the proposal is that no charge is made to pupils benefiting from the service. A 12-week pilot across a range of educational establishments commenced in January 2001. Pupil, teacher and parent feedback form a key part of the pilot evaluation strategy. This includes comparisons with similar projects. It is envisaged that free fruit should be available in all pre-five and primary establishments from Autumn 2001.

   Traditional Building Cleaning
   Building cleaning covers a wide range of services including general building cleaning, window cleaning, and emergency cleaning such as that required after a fire, flood or other emergency. The department carries out a daily cleaning provision within all premises.
Janitorial Services
The janitorial service provided by the department employs approximately 350 janitors who supply daily support and assistance in the maintenance and upkeep of schools. The department recognises the key role played by the janitor in relation to security and safety issues and a number of ongoing initiatives have been implemented e.g. CCTV monitoring and management.

♦ Social Work Services
Catering and Cleaning Service Provision
The department operates with some of the most vulnerable individuals within the community. From the provision of services in homes for the elderly through to services for children and young people, Direct and Care Services recognise the importance of providing a caring and personable service ensuring continuity and building trust. Assistance is also provided to the elderly in the community and others supported by the “care in the community” programme with the provision of over 122,000 meals on wheels per annum and over 150,000 meals to lunch clubs per annum.

Home Care Services
This service is provided to 7,700 clients and employs approximately 2,100 staff. The vast majority of clients are elderly people, who rely on the service to maintain an independent lifestyle within the community. The services provided include housework, shopping, bathing, dressing, meal preparation; a home from hospital service and a comprehensive home care service is provided, in addition 24 hour emergency cover is also provided. The department consults widely with clients, carers, home care supervisors and those involved in discharging clients from hospital to ensure a best practice model of service provision.

Whilst the majority of Direct and Care Services business is provided to Education Services and Social Work Services, a considerable number of other clients, both internal and external, also receive services on a daily basis. These services include building cleaning, window cleaning, catering services and janitorial services.

Direct and Care Services operates with a strong emphasis on operational support and a commitment to customer care. The department prides itself on being close to the community it serves and this is manifested in regular liaison with school boards, parent teacher associations, community councils, tenant associations, hospitals, NHS Trusts, voluntary bodies, and other community based initiatives.
EDUCATION SERVICES

LEGISLATIVE FRAMEWORK
Governed by statute, Education Service is one of the biggest areas of Council activity and expenditure. It should also be noted that education authorities require to conform to other legislation. The Human Rights Act 1998, which came into force in October 2000, has significant implications for education provision. The education service is not solely concerned with the management of schools. It offers a range of other provision such as psychological service, pre-school and childcare services - currently areas of substantial growth - and supports a wide range of voluntary sector activities through the provision of grants.

PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS
The overriding objective of Education Services is to seek to provide education and support of the highest quality for all citizens of Glasgow, young and old, and to do so in a spirit of partnership and consultation.

AIMS
♦ Improving educational standards
♦ Raising achievement
♦ Promoting social inclusion and citizenship
♦ Fostering life-long learning
♦ Developing core skills:
  ❖ Literacy and numeracy
  ❖ Information and communication technology
  ❖ Personal skills and adaptability
  ❖ Working with others, critical thinking and problem-solving
♦ Equal opportunities and access
♦ Education for work, enterprise and creativity, together with partnership with employers
♦ Setting a positive framework for learning
  ❖ The development of teachers’ skills
  ❖ Positive behaviour among pupils
  ❖ School environments conducive to teaching and learning

The fundamental requirement of education service - to raise achievement and standards - is confirmed in the new education act, Standards in Scotland's Schools etc. Continuing high levels of disadvantage, poor health and unemployment make the task of raising standards of performance among Glasgow's pupils a challenging one. In these circumstances, the service seeks to modernise learning and teaching fundamentally and to make the necessary radical improvement in conditions for learning and teaching. This is being achieved in the secondary school sector through a public/private partnership. Reviews of primary education and special educational need provisions are in progress. Education Services also works closely with the private sector to maximise opportunities for learning and vocational development for young people.
Education Services is involved in a number of partnership initiatives, including:

- **Breakfast Clubs**
  
  Education Services and NHS Greater Glasgow's Health Promotion Department have adopted a phased joint approach to the support and development of Breakfast Clubs, initially in Social Inclusion Partnership (SIP) areas. This will involve the support of the 16 existing clubs, development staff costs and the development of an additional 16 clubs annually over the next three years.

- **New Community Schools**
  
  Education Services is leading the development in Glasgow of pilot New Community Schools, which bring together in a single team a range of services under a single management. The key idea is that support to the whole family leads to improved support for children, and there is a strong ethos within Glasgow on the health promoting aspects of New Community Schools.

- **'Kool Kids'**
  
  In January 2001, the Health Minister launched the rolled out ‘Kool Kids’ Project in all 18 primary schools in the Greater Pollok area of Glasgow for 3 years. ‘Kool Kids’ was developed in partnership with Greater Pollok SIP, NHS Greater Glasgow and Cultural and Leisure Services and adheres to the principle that children will only remain involved with activities that are lively, interactive and fun. These activities include the use of art and drama as mediums to address nutrition, hygiene, smoking and self esteem work as part of the school curriculum. The project will provide training opportunities in children's play for teaching staff, parents and local people and will employ Cultural and Leisure Services sports coaches to undertake the activities. Parents or other local adults who participate in children's play training may be offered employment with 'Kool Kids' and could play a vital role in securing the club's long term future.

- **'Glasgow's Health'**
  
  Education Services, in association with NHS Greater Glasgow, has developed ‘Glasgow’s Health’, a fully integrated health education pack for all stages in the curriculum. It is based on the common themes “Looking After Myself”, “Keeping Me Safe” and “My Relationships” to provide a coherent provision for pre-5, primary and secondary health education. All the main health issues are included in the pack, including education on drugs, alcohol, tobacco, sexual health, nutrition, physical activity, personal and road safety, relationships, mental health, and personal health and hygiene. The pack will be provided to educational establishments from August 2001.

- **Prevention of Drugs & Alcohol Misuse**
  
  All Glasgow secondary schools and almost all primary schools now provide drug education. There is also an emphasis on involving parents and communities. Special training courses have been arranged for primary school teachers in conjunction with Scotland Against Drugs, and training has been completed.

  Education Services addresses alcohol misuse through preventative work in schools. “Exploring Alcohol”, a pack of materials designed for school pupils by the Greater Easterhouse Alcohol Advisory Project (GEAAP), is an integral part of the health curriculum.
Provision of Free Fruit in Schools
The Fruit in Schools Partnership, comprising NHS Greater Glasgow and Glasgow City Council launched 'Fruit Plus', on 15 January 2001. An initial pilot, sponsored by the supermarket chain Sainsbury's, took place in Spring 2001 in selected primary and nursery schools. The roll out of the scheme to all Glasgow's pre-5 and primary schools (catering for about 60,500 children) began on 17 September 2001 and is planned to be completed by December. Children will receive free fresh fruit at least three times a week, augmented by an ideas/activity pack designed to support the current curriculum.

Pre-5 services
Education Services delivers a range of pre-five services in Glasgow and also acts as a major funder and partner with voluntary sector providers. New government initiatives such as Sure Start and the Childcare Strategy are administered through Education Services. Key partnerships with Social Work Services and NHS Greater Glasgow are linked around Family Learning Centres and the Starting Well project.

School Sports Co-ordinators
The school sports co-ordinator programme allows for one member of staff in a secondary school to be released for one day each week to organise the school sports programme. The programme is jointly funded through the Sports Lottery Fund and Glasgow City Council. Evaluation of a national pilot scheme involving five secondary schools in Glasgow during session 1998-99 was successful and the Government decided to extended the programme to all schools in Glasgow commencing in August 1999 and continuing until June 2003 when a full evaluation will be completed. Figures for the first year of the programme indicated a 37% increase in pupils participating in after school activities, the most popular being badminton, basketball, girls and boys soccer, aerobics and dance.

Health Promoting Schools
A policy of action to ensure that all schools include health promotion in their next development plan has been developed, and all schools will be health promoting by 2003. In-service provision on Health Promotion in Schools is in place for primary and secondary staff, and the Development Officer in Health Education is available for consultation by head teachers. The development of an incentive/award scheme for health promotion in schools is being discussed with NHS Greater Glasgow.
ENVIRONMENTAL PROTECTION SERVICES

PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS

Environmental Protection Services was created as part of the Council’s most recent service realignment and consists of the following major elements:

♦ Enforcement Services (incorporating Building Control and Public Safety, Consumer and Trading Standards and Environment Health)

♦ In addition, a Land Remediation Unit has been created

♦ Scientific Services

♦ Support Services

♦ Refuse Collection and Disposal, Street Cleansing and Public Conveniences

The operational arrangements are:

**Enforcement Services**

The intention in grouping the various elements of Enforcement Services, viz., Building Control and Public Safety, Consumer and Trading Standards and Environmental Health is to provide a corporate approach to these enforcement functions. While each element of the Enforcement grouping has its discrete functions to perform, there are a number of issues which will require a corporate input, some examples are:-

♦ **Licensing**

  Environmental Health, Building Control and Public Safety, Consumer and Trading Standards all have inputs to licensing from an Enforcement viewpoint.

♦ **Houses in Multiple Occupation**

  Houses in Multiple Occupation (HMO) enforcement will principally fall within the remit of the Building Control and Public Safety function, with inputs from Environmental Health, as required.

♦ **Safety**

  Wide ranges of safety issues are addressed by the various Enforcement functions including Public Safety and Occupational Health and Safety.

♦ **Contaminated Land**

  A Land Remediation Unit has been set up within the Department, albeit not directly within Enforcement Services, and will receive technical and scientific input from both Environmental Health and Scientific Services.

♦ **Building Control and Public Safety**

  The primary responsibility of the Service is to ensure the health, safety, welfare and convenience of persons in and around buildings.

♦ **Consumer and Trading Standards**

  The primary function of the Service is to improve the quality of life of the inhabitants and visitors to Glasgow by maintaining and improving existing standards of trade within the city in accordance with statutory obligations. Providing help and advice on customer rights and consumer debt, inspecting goods for sale and ensuring safe and fair trading for Glasgow’s shoppers.
♦ **Public Health and Environmental Protection**
The principal responsibilities of the Service are to promote the health and well-being of residents, visitors to the City and the commercial/business community by preventing the spread of disease through attacking pollution in all its forms. The Service includes dealing with noise complaints, asbestos issues, regulation of air quality, investigation of public health related complaints, water sampling, inspection of caravan sites, providing a pest control service (including needle uplift) and responding to environmental enquiries.

♦ **Food Safety and Health and Safety**
Responsibilities include carrying out food hygiene/food standards inspections, food sampling and investigating complaints regarding food. Regulating and advising in relation to workplace safety, carrying out accident investigation and assisting in the Council’s licensing procedures.

♦ **Land Remediation**
Statutory regulations require Local authorities to develop a strategy for inspection of all sites in their areas to determine the incidence of contaminated land. They will then, where possible, identify those liable for the costs of remediation and be responsible for its implementation. The work is supported by a ground engineering team and additional technical staff. In addition to Land Remediation duties, the ground engineering team provides a service to Building Control and Public Safety.

♦ **Cleansing Services**
Environmental Protection Services provides a diverse range of services for the collection, treatment and disposal of domestic, commercial and industrial waste whilst having regard to its potential as a resource. The department also provides a comprehensive street cleansing service together with miscellaneous complimentary services aimed at protecting the environmental quality and visual amenity of the city. These services include the cleaning of back courts, provision of public conveniences and the removal of fly tipped material from derelict or open land.

♦ **Refuse Collection**
There are approximately 286,000 households in the city, almost all of which are provided with a weekly refuse collection service. Some types of properties, such as multi-storey flats, receive a higher frequency of service due to very restricted refuse storage facilities. Environmental Protection Services provides a special uplift service for bulky household waste. This service is mostly free of charge. The department also provides a collection service for commercial and industrial waste.

♦ **Street Cleansing**
The sweeping and de-littering of streets, pavements, and open areas in Glasgow together with the provision and maintenance of litter bins. A chewing gum removal service has also been introduced in the city centre.

♦ **Back Court Cleansing**
Environmental Protection Services provides a bulky refuse uplift service and a de-littering service to Glasgow’s back courts. Both of these services are scheduled to be carried out on a weekly basis. In council back courts, the cleansing functions are provided as part of Landlord Services.

♦ **Public Conveniences**
The provision and maintenance of public toilets including facilities for the disabled.
♦ Refuse Disposal
The treatment and disposal of household, commercial and industrial waste together with
the provision of civic amenity sites.

♦ Waste Recycling
The promotion and expansion, as far as practicable, of all waste recycling activities in
Glasgow including the use of landfill gas as an energy resource.

At the present time, the department undertakes the separate collection of waste paper,
steel and aluminium cans, plastic bottles and organic waste from domestic premises. A
glass collection scheme is provided for commercial premises in the city.

The department will also examine composting and it is anticipated that a trial
composting scheme will be introduced later this year.

♦ Fly Tipping Clearance
A special amenity service to clear refuse from gap sites, open ground and areas of
unknown responsibility.

♦ Public Education
The development of educational programmes for the care of the environment including
anti-litter campaigns and the promotion of waste recycling. Most of the department’s
public education resources are directed at young people in the form of the annual
Rosebowl and Superbowl campaigns for primary and secondary schools respectively.

♦ Glasgow Scientific Services
The broad function of the Service is to provide information of a scientific nature for this
Council, other stakeholder Councils and other Agencies. Main responsibilities include,
The Public Analyst Service (including Statutory Agricultural Analyst Appointment);
Bacteriological Testing and Food Examiner Service; Monitoring of Radioactivity;
Drinking Water/Recreational Water Analysis and Tip Leachate Monitoring; Air
Pollution Monitoring; Land Contamination and Rehabilitation Studies; Consumer and
Trading Standards Testing; Emergency Call-out Service for Fire Brigade, as part of the
Technical Support Team.
FINANCIAL SERVICES

PURPOSE AND RATIONALE
Financial Services covers a wide and diverse range of functions as follows:-
♦ Ensuring a sound financial management of the City Council on behalf of the citizens of Glasgow
♦ Collecting Council Tax Business Rates and Recovering Corporate Debt
♦ Administering Housing and Council Tax Benefit
♦ Auditing Council Services to ensure work complies with statutory and financial regulations
♦ Managing the Strathclyde Pension Fund scheme on behalf of 12 Local Authorities and other admitted bodies
♦ Managing the Council’s Information and Communications technology
♦ Acting as the City Assessor and maintaining the Electoral Register

AREAS OF RESPONSIBILITY
♦ Accounting and Budgeting of Capital Investment
Accounting & Budgeting ensured that financial systems were capable of providing a basis for effective financial control by realigning systems with new departmental structures, and issued an integrated Budget and Service plan for the 3-year period 2001-2004

♦ Assessors and Electoral Registration Office
Assessors and ERO carried out a door-to-door canvass aimed at encouraging voter registration. The logged and processed almost 12,000 appeals relating to Revaluation 2000, entered 1890 new houses into the Council Tax List and increased the rate of return of electoral registration forms from 80% to 86%. They also issued Poll Cards for the Scottish and UK By-election in Anniesland.

♦ Benefits
The Council adopted the new Transitional Housing Benefit Scheme which provides that eligibility can now be extended to cover the support needed by vulnerable tenants to allow them to remain in their home. A number of successful anti-fraud initiatives were also carried out. Financial Services pay or arrange Housing and Council Tax Benefit for 21,500 housing association tenants, 13,000 private tenants and 6,500 Scottish Homes tenants.

♦ Exchequer Services (includes Loans, Banking, Insurance, Cash, Payroll and Creditors)
A treasury management strategy was approved by council to optimise the management of the Council’s cash flow and minimise borrowing costs. A Payroll forum has been set up which will contribute to the delivery of Council requirements.

♦ Information and Communications Technology
The replacement of ICT Infrastructure to support business change will be proactively managed. The Council recognised that effective partnership arrangements with the private sector can substantially improve the use of resources and an outline business case for ICT investment was developed and approved. Projects during the year included implementation of Carefirst for Social Work Services and co-ordinating the successful bid for Modernising Government Funding.
Internal Audit Services
Internal Audit achieved accreditation to the ISO9002 Quality Standard which will reinforce their commitment to quality ensuring the highest standards of audit. The whistleblowing line has been successfully implemented with over 260 calls being received within a year.

Revenue Services
Revenue Services have continued to build on the steady increase in collection rates achieved in previous years. The new telephone unit has increased the response to Council Tax telephone enquiries and part-time staff are being recruited to allow an increase in service hours.

Strathclyde Pension Fund Office
SPFO has continued to reduce backlogs of work and improve turnaround times. However backlogs have increased in respect of Transfer Values. Benefit Statements have been issued to approximately 36,000 members. The Fund has implemented a policy of Socially Responsible Investment and the official website is now live.

More specifically the department is responsible for:

- Managing £2,006 million of Budgeted Expenditure and £880 million of Budgeted Income
- Managing £180 million of Capital Investment through HRA and Non-Housing spending programmes
- Managing £5,800 million of investments for the Strathclyde Pension Fund
- Managing £2,009 million of borrowing through the Consolidated Loans Fund
- Collecting £232 million of Council Tax from 281,000 charge payers
- Collecting £300 million of Non-Domestic Rates from 25,000 local businesses
- Paying £333 million of Housing/Council Tax Benefit to 130,000 recipients
- Paying £1,035 million of Creditors invoices by 334,000 payments to suppliers
- Paying £693 million of employee costs to 39,000 employees
CITY HOUSING SERVICES AND HEALTH PROVISION.

City Housing Services is charged with exercising the Council’s statutory powers and duties to improve the quality of housing in the city. It provides a comprehensive housing service across all tenures on the basis of equal opportunities for all. In addition it currently manages the Council’s own housing stock of around 82,000 homes, and factors around 22,000 former Council homes bought through right to buy. The Housing Service is responsible for the delivery of the Council’s statutory obligations on homelessness and together with Social Work Services and the Health Board provides accommodation and support for people with special needs. Housing Services also delivers the Private Sector Grants service that assists in the retention and upgrading of the traditional private sector sandstone housing stock, particularly BTS housing and Housing Action Areas, and works together with Development and Regeneration Services in regenerating key areas of the city.

GLASGOW’S HOUSING PLAN

The City Council’s Housing Plan 2001 draft for consultation notes the high levels of deprivation and poverty in Glasgow and their effect on health and wellbeing. Among the resulting social problems are:

♦ Neighbourhood decline and the abandonment of social rented housing.
♦ Poor energy efficiency in all tenures.
♦ Unsatisfactory repair condition in the private sector, particularly in private rented housing.
♦ Low quality and/or unsafe private rental housing, much of it in multiple occupation.
♦ Nearly 3,000 dwellings in the private sector still lacking one or more standard amenities or a fixed bath or shower.
♦ Glasgow’s rate of homeless applications, which runs at three times the average for the rest of Scotland.
♦ Severe problems of drug and alcohol abuse.

Ethnic minorities are under-represented in council housing, over-represented in BTS housing, and particularly likely to be overcrowded. There is also evidence of racial harassment and of some racial discrimination in private house sales.

People with disabilities encounter a shortage of housing suitable to enable them to lead full lives.

To achieve improvement of Glasgow’s social rented housing, in October 2001 the City Council agreed to consult with tenants with a view to transferring its housing stock to the Glasgow Housing Association. If this transfer proceeds, the current £900m outstanding housing debt will be taken over by the government, the GHA will be empowered to obtain investment from commercial lenders, and substantial grant funding will be made available to replace poor quality social rented housing with new built high quality stock.

It is expected that these changes will improve the health and wellbeing of many residents of social rented housing through:

♦ Improved housing quality
♦ Elimination of dampness
Provision of modern and efficient central heating and insulation

Neighbourhood regeneration

Management of housing will be devolved to Local Housing Organisations within a framework of community ownership, increasing the power of tenants to find local solutions to local problems. It is intended that the improvement of housing stock will be substantially completed six years after transfer, and fully achieved within ten years.

This improvement programme will meet the City Council’s housing objectives and will contribute to improving the health of the City’s residents:

- To raise the city’s housing in all tenures to satisfactory standards and to achieve high quality standards across the housing stock
- To eliminate dampness, condensation and fuel poverty through investment in energy efficiency and the housing fabric
- To achieve high levels of health, safety and security in and around the dwelling
- To address the needs of the homeless for housing, health, social and employment services in a sympathetic and comprehensive way, with the aim of resettlement and prevention.
- To meet people’s changing housing needs, in particular those of special needs and community care groups, by promoting appropriate development
- To ensure equality of access to housing irrespective of race, gender and sexual orientation and to monitor relevant processes effectively.
- To promote effective management of social housing services in the city, positive partnership between statutory and voluntary agencies, and effective co-ordination between housing and other services including environmental, social, leisure, health and police services.

CITY HOUSING SERVICES STRIVES TO IMPROVE THE WELLBEING OF TENANTS THROUGH EFFECTIVE MANAGEMENT.

The Council policy on Anti Social Behaviour was fully implemented in October 1999: The Council’s Concierge Service continues to offer additional security and peace of mind to tenants in high rise blocks.

Since April 1998, the Council has addressed the problem of environmental maintenance to common areas of tenement property by providing environmental maintenance including back court de-littering, grass cutting and stair and close cleaning.

HOMELESSNESS

The Council will retain statutory responsibility for dealing with homelessness even if its stock is transferred, and will discharge this through clear prior agreements with each provider of social rented housing on the scale and nature of its contribution to rehousing homeless people.

Large-scale hostels are being phased out, in favour of smaller-scale units and the provision of lets in mainstream or supported housing.

A Rent Deposit Scheme, in partnership with the West of Scotland Churches Association, is designed to enable homeless people to access private rented accommodation, and other RSI projects offer debt counselling, banking and other financial services.

CITY HEALTH DEVELOPMENT PLAN APPENDICES
HEALTH SERVICES FOR HOMELESS PEOPLE

The Primary Care Trust for Homeless People offers a range of services to meet the health needs of homeless people in City Housing Services hostels and other appropriate locations. These include:

♦ Podiatry and physiotherapy
♦ Occupational therapy
♦ Homeless mental health Service
♦ Learning disability community nurses
♦ Dietetics
♦ General medical services (provided by Glasgow City Mission)
♦ General medical services for homeless families
♦ Project nurse (youth outreach work)

Funds have been identified for the expansion of these services, and new or scheduled projects include a peripatetic addiction team; a physical health team, to provide general health care, and to assist homeless people to re-establish contact with GPs, and a dedicated homeless persons’ GP practice.

REFUGEES AND ASYLUM SEEKERS

2,000 flats have been let to National Asylum Seekers’ Service, and asylum seekers receiving favourable determinations are being rehoused by the Council, if they choose to remain in the city.

Several agencies are involved in providing services to refugees and asylum seekers: Housing, Social Work, Education, Police, Health Board, as well as the voluntary sector and the Glasgow Interpreting Service.

HOUSING AND COMMUNITY CARE


A multi-disciplinary project team has been established to develop the Supporting People programme. Key tasks of the project team include:

♦ reviewing existing services which support vulnerable people
♦ establishing a register of all supported accommodation in Glasgow
♦ embarking on a needs analysis
♦ commissioning new services and accommodation to meet need across vulnerable groups
♦ devising a strategy for communicating with providers (housing and support) and service users.

Glasgow’s Joint Community Care Plan 1998-2001 identified 12 client groups: mental health, learning disability, elderly people, and carers. Other groups include dementia, addiction, head injury, HIV/AIDS, homelessness, palliative care, physical disabilities and sensory impairment. Accommodation strategies are being developed for all these groups, involving City Housing Services and other providers.
A Housing Alarm Service provides security for elderly or vulnerable people. Around 14,000 homes benefit from this service, which is also provided under contract to 14 housing associations in the city.

**THE NEED FOR INVESTMENT IN COMMUNITY CARE HAS BEEN INCREASING.**

Elderly People: We need to make provision for a population who are living longer. Investment in extra care sheltered housing is a particular priority, and the Council is currently upgrading some sheltered housing to extra care standard. Elderly people may also need housing alarms, and “floating” support (not permanently on-site) delivered by an appropriate agency, or access to nearby facilities such as day care and a meals service. These facilities are made available to elderly people living near three new very sheltered complexes.

People With Learning Disability: The Council and Greater Glasgow Health Board currently invest around £51m in the provision of services to people with a learning disability. The majority of housing provision for people with learning disability is provided by housing associations or specialist support agencies. Some of these agencies also operate supported housing projects in council housing stock.

People With Mental Health Problems: There are a number of council housing projects for people with mental health problems. Supporting agencies include the Church of Scotland, the Glasgow Association for Mental Health, the Scottish Association for Mental Health, Richmond Fellowship and Turning Point. Most housing for this client group is provided by housing associations. The largest providers are Cube, Govanhill, Queens Cross, Springburn & Possilpark, Whiteinch & Scotstoun and Glasgow West Housing Associations.

Greater Glasgow Health Board’s recent consultation paper “Modernising Mental Health Services” identified a need for a further 72 new supported accommodation places for people with mental health problems, 54 of which will be provided within the city over the next 5 years. Most of these will be mainstream Council properties, with Scottish Homes and local housing associations providing 16 new build properties through years 3 to 5 of the programme.

Housing Adaptations For People With Physical Disability: Housing Services’ budget for permanent adaptations in 1999/00 was £2.1m. In all, 1,578 adaptations were completed that year with 755 adaptations still waiting to be carried out at March 2000. To deal effectively with the existing backlog, and to take account of an anticipated increase in demand for adaptations, the budget for 2000/01 was increased to £3.1m. During 1999/00, just under £5m was spent by all agencies on property adaptations.

Home Owners With Special Needs: Care and Repair is part of the Non-HRA capital programme, currently amounting to £0.5m per annum. It has been a major element in community care, enabling older and disabled people to remain in their homes for as long as possible. It is targeted at owners. The demands on this budget are particularly high. Currently, all new applications for disabled adaptations in the private sector are frozen.

Hostel Provision: Current hostel provision for the single homeless is being radically changed. The joint Scottish Executive/Council/Health Board/voluntary sector Glasgow Review Team has accepted Hostel provision across the city should be restructured by closure of the large hostels, and their replacement with a mixture of smaller high quality supported units and supported accommodation within communities. There are currently 2,210 Council, voluntary and commercial hostel beds. A total of £8.123m has been directed to Glasgow through the second phase of the Rough Sleepers Initiative to be spent on a range of projects managed by both the public and voluntary sectors. Total investment in Hostels by City Housing is projected to be £6.4m for 2000/01 and £6m for 2001/02.
PREPARATION FOR SUPPORTING PEOPLE

When introduced in 2003, Supporting People legislation will bring together various sources of funding for housing support services for people with special needs into a single budget to be managed by local authorities. A multi-disciplinary 5-member Supporting People Team has been set up, based in Wheatley House, and is currently working to:

♦ Maximise the uptake of Transitional Housing Benefit
♦ Map existing supply and future need
♦ Develop a supported accommodation database
♦ Develop a strategic approach to the provision of housing with support.

OTHER ISSUES

The council is using its new licensing powers, introduced by the Scottish Executive with effect from October 2000, to address unsatisfactory conditions in Houses in Multiple Occupation. By 2003, all houses occupied by more than two unrelated persons will fall within the new rules. The Council has responded speedily to enforce this new legislation by recruiting 8 additional staff and in July 2000 issued some 500 application forms to landlords, to be followed by a further 1,500. The Finance Bill 2000 provides that VAT will be reduced to 5% on works to convert buildings to multiple occupancy.

We need to improve road safety and the quality of streetscape in residential areas. Many Glasgow estates have poor standards in this respect and there is a particular problem of child road accidents, especially in disadvantaged areas.

We need to provide good quality safe play areas for children in conjunction with housing development and renewal.

Energy efficiency and affordable warmth is a major issue in relation to health and environmental sustainability. There is still much to be done to bring the performance of the housing stock in the city up to a level which would eliminate fuel poverty. The Executive has recently published draft proposals which would provide funding of £350m for Scotland, from a range of sources, over 5 years for installation of central heating in all local authority and housing association stock which currently lacks it completely, as well as for elderly people in all tenures.

Below Tolerable Standard Housing: BTS housing in the private sector remains a major problem. There has been a big reduction in public funding of older private housing since 1995/96. The Council has tried to maintain priority for Housing Action Areas, and their funding has been reduced less than that for other activities.
MISSION STATEMENT
Land Services is committed to providing high quality services which contribute to the quality of life, safety and well-being of all customers through managing and maintaining Glasgow’s land and transport environment in a sustainable manner.

Section 1: Purpose, Rationale and Operational Arrangements
This section outlines Land Services functions and responsibilities, service provision, staffing and financial resources and the legislative requirements of the service.

In April 2001 Land Services took over the responsibility for golf courses, outdoor and seasonal recreation facilities within parks, the Cleansing function was transferred to Environmental Protection Services and posts were transferred to Amey Construction under the TUPE regulations. The Service currently employs a total of 2,915 staff comprising 1,005 Administrative, Professional, Technical and Clerical staff and 1,910 Craft and Manual staff. Land Services budget for 2001/2002 comprises:
- £6.627m Capital Resources (inc. Corporate Allocation)
- £107.2m Gross Revenue Expenditure
- £36.2m Estimated Income

Section 2: Operational Context and External Environment
The main internal and external operational challenges and opportunities which affect the planning, management and delivery of the service are detailed. These include recent and proposed legislation; Best Value; Performance Management and Planning, the development of Land Services contact centre, the agreed £245m funding package for the M74 completion and the £7m proposals to refurbish the Kibble Palace in Glasgow’s Botanic Gardens.

Section 3: Performance Assessment for 1999/2000
The assessment of performance has been summarised under Land Services 4 broad themes of Best Value and Service Integration, Social Inclusion, Safety and Well Being, Sustainable Environment and Urban Regeneration and Economic Development.

Some of the key achievements for 1999/2000 were:
- **Best Value and Service Integration**
  Completed Year 2 Best Value Service Reviews for Road Safety and Grounds Maintenance. Pollok Country Park and Estate has become a major strategic review. The original 1 year timescale for the Roads Operations Review has been extended and the Multi-tasking and Integration Review has become a standing review.

  Carried out and completed an extensive and innovative consultation exercise for Land Services Integrated Strategy – 2020 Vision – *helping to shape tomorrow’s Glasgow.*
♦ Social Inclusion, Safety and Well Being
Piloted Dog Management Plans at Maxwell Park, Mount Vernon Park, Dowanhill Park and Titwood Park. The Park Rangers were also reallocated to encourage more park specific areas of responsibility.

In partnership with other key agencies and with funding assistance of £8M from the Public Transport Bid, progressed Quality Bus Corridor 1 (QBC1) – Faifley to Baillieston. Developments are well underway and planned to be fully introduced by March 2002.

Upgraded 9 outdoor children’s play areas across the city and developed 2 new children’s play areas at Glenconner Park and Auchinairn.

In partnership with NHS Greater Glasgow, 400 child safety seats were distributed as part of the child safety seat scheme at the Queen Mothers and Southern General Hospitals.

♦ Sustainable Environment
Successfully launched Decriminalised Parking Enforcement which forms one element of developing an integrated package of measures aimed at reducing car-based commuting journeys into the city.

Continued to expand the citywide cycle network with a further 10km of cycle network installed. The main cycle routes through the city centre are now complete including the Colleges Cycle network.

♦ Urban Regeneration and Economic Development
Started the repair programme to strengthen the Kingston Bridge with the successful lifting of the bridge winning acclaim as a world first.

Secured £6.25m from Scottish Enterprise Glasgow to match Glasgow City Council’s Capital Programme funding over a five year period for the City Centre Public Realm Projects.

Completed 78% of the planned Public Realm Projects including Sauchiehall, Buchanan and Argyle Street precincts.

Section 4: Best Value Service Review Programme
Land Services is committed to carrying out a 5-year programme of Best Value Service Reviews with associated savings and service improvements.

Section 5: Service Priorities and Targets for 2001/2002
Land Services Priorities and Targets are outlined under the 4 broad themes and are in line with the Council’s Key Objectives. The key service priorities for 2001/2002 include:
♦ Best Value and Service Integration

Undertake Year 4 Best Value Service Reviews of Parks Management and Development, Golf Courses and Project Design and Management.

Implement the Performance Management and Planning Audit Action Plan and prepare for re-audit to be conducted by 2002.

♦ Social Inclusion, Safety and Well Being
Replace defective fencing and lighting on the Clydeside Expressway and Clyde Tunnel approaches.

Prepare funding applications of £1.65m to Heritage Lottery Fund and £2.2m to Historic Scotland for the restoration of memorials and surrounding infrastructure within the Glasgow Necropolis.

Implement Land Services Access Centre, to improve access to services and levels of customer satisfaction.

Promote the use of the city’s public spaces for cultural, civic and commercial events.

♦ Sustainable Environment
Extend Glasgow’s cycle network by increasing cycle routes to provide 100km by 2001.

Install at least 3 new Safer Routes to School.

Seek partnership funding and develop a Car Park Signing Strategy by 2002.

Prepare for the implementation of ISO14001 Environmental Management System, for all Land Services activities, within the operation of the Integrated Management System.

♦ Urban Regeneration and Economic Development
Seek partnership funding and prepare a detailed programme of works for Public Realm Phase 2.

Complete project design for the East End Regeneration Route by 2002.

Seek external funding for initial feasibility studies and restoration works for Kelvingrove, Elder, Ruchill and Richmond Parks.

Continue to develop Glasgow’s CITRAC system using intelligent transport system solutions and implement a trial to monitor journey/travel times on 2 traffic routes by 2001.

Complete the Footway Maintenance Strategy and implement the 2001/2002 programme of works (£1.2m).

LAND SERVICES STRATEGY 2020 VISION HELPING TO SHAPE TOMORROW’S GLASGOW
Land Services is developing a new service wide strategy. This aims to develop a long term integrated framework which sets out the vision and direction for the management and development of services provided by Land Services in line with the Council’s key objectives and the principles of sustainable development.
Land Services Vision
The vision over the next 20 years is to continue to improve the quality of services to the people of Glasgow. This will be achieved through greater integration of service delivery and the development of innovative approaches and good practice and establish Glasgow as a benchmark for others to follow. Land Services vision is to create a vibrant, successful, sustainable environment that will enhance the physical, economic and social success of the city and offer a high quality of life and opportunities for all.

Role and Responsibilities
Land Services is a major provider of essential public services within Glasgow City Council. With a total staffing complement of almost 3,000 and an annual revenue budget of approximately £100M Land Services is responsible for the following key functions:

♦ Parks and Open Spaces
Management, maintenance and development of parks and open spaces, nursery and plant production, cemeteries and crematoria, landscape design, display houses and Botanic Gardens, outdoor and seasonal recreation facilities in parks, golf courses, promoting local, national and international events, countryside rangers and parks development officers.

♦ Roads
Management, maintenance and design of roads, footways, cycleways and lighting, network development, traffic management, monitoring and control, car parks, parking enforcement, road safety, cycling, school crossing patrols, vehicle and plant maintenance, vehicle uplift, winter maintenance and emergency response, traffic modelling, flood prevention (River Clyde) and RALF.

♦ Corporate
Best value, budget and service planning, integrated management system, audit, personnel, training, administration, information technology, policy and strategy, finance, accounts, purchasing, health and safety, strategic funding, graphics and exhibitions

♦ Specialist
The operation of the National Driver Information and Control System (NADICS) on behalf of the Scottish Executive, managing and implementing the Millennium Public Realm Project in partnership with Scottish Enterprise Glasgow, acting as client on behalf of the Scottish Executive for the completion of the M74 and developing a regional transport strategy as part of WESTRANS.

Carrying out geo-technical investigations, environmental monitoring, managing the City Centre Representative Project, carrying out accident investigation and prevention, tidal weir, sign shop, materials investigation and coring.

Aim of the Strategy
The aim of the Strategy is to provide a fully integrated service, identify and address long term strategic issues, anticipate change, help co-ordinate the future allocation of resources and work towards achieving the vision for 2020.

The Strategy will promote Land Services 4 Broad Themes of
♦ Best Value and Service Integration
♦ Social Inclusion, Safety and Well Being
2020 Vision will complement rather than replace the various existing Land Services Strategy documents. These include Keep Glasgow Moving, the Local Transport Strategy 2001-2004 and A New Vision A New Future, the Parks and Open Spaces Strategy 1995.

KEEP GLASGOW MOVING, THE LOCAL TRANSPORT STRATEGY 2001-2004

Vision
The Local Transport Strategy's vision is to provide a sustainable transport strategy for Glasgow that will enhance the economic, environmental and social success of the city to give people a choice of travel mode; a place where people can walk safely and freely and with pedestrian areas developed to their full potential; a city where travel choice information is readily available and which is accessible for business, shoppers, residents and tourists. Picture a city where the adults of tomorrow incorporate cycling and walking into their daily activities and aspirations to live in a clean, safe pollution free environment far outreach the aspiration to own a car.

The key objectives of the Strategy can be broken down into three categories:

♦ Management of the Network
The Strategy aims to promote and encourage sustainable modes of transport, restrain the demand for travel by private cars for commuting, encourage public transport operators to provide high standard services, reduce accidents and provide advanced transport and travel choice information.

♦ Maintenance of the Network
This is an ongoing task as the local road network is a resource to be looked after and further developed and enhanced. The Strategy aims to ensure the general fabric of the network, lighting and structures are kept in a safe condition and to provide effective winter maintenance for the safety of all users. Key issues over the next 10 to 20 years will be funding and the management of trunk roads by the Scottish Executive.

♦ Development of the Network
This involves promoting sustainable transport, improving the road network where necessary to support public transport services, economic and social development and improving the pedestrian environment to encourage more activity on foot.

The Local Transport Strategy also incorporates the Road Traffic Reduction Report. This provides information on available traffic data, proposed sites for traffic monitoring as well as key targets for traffic reduction which are 10% reduction in the rate of growth in private car traffic by 2005 (based on 1998 levels) and a 30% reduction in the rate of growth in private car traffic by 2015 (based on 1998 levels)

A NEW VISION A NEW FUTURE, PARKS AND OPEN SPACES STRATEGY (1995)
The major objective of the Strategy is to provide a network of quality parks, civic and open spaces which are: well maintained, safe and cater for local community, environmental and recreational needs; act as a catalyst for the economic regeneration of the city; and play a leading role as major attractions to the city.

The Strategy includes specific Policies and Actions for:
♦ **Public Parks**
These are made up of 5 City Parks, 12 District Parks and 57 Local Parks. Regeneration plans will be prepared for individual parks and these will address a range of user needs. A changing role for Park Rangers, Countryside Rangers and the new Park Developments is proposed and key issues such as safety, dog fouling, publicity and events are all addressed.

♦ **Amenity Open Space**
These include local open spaces, housing open spaces, recreation areas, allotments, roadside verges, cemetery and crematoria grounds etc. Specific proposals deal with standards of open space provision, allotments, improvements to cemeteries and the assisted garden maintenance service,

♦ **City Centre Civic Spaces**
The Strategy includes proposals covering George Square, city centre events and open space management as well as recognising the need to complement documents such as the City Centre Millennium Plan, Public Realm Strategy and the Local Plan.

♦ **Urban Fringe**
This covers the urban fringe, corridors and countryside within the city and includes actions for woodland management, walkways and cycleways, wildlife and nature conservation, environmental education and the management of sites of importance for nature conservation (SINC’s).

The Strategy also considers training needs, funding issues, performance monitoring and reviews.
PERSONNEL AND ADMINISTRATION SERVICES

PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS
The aim of the department is to provide a broad range of high quality employee related and administration services to support the Council and its departments, operating in a combination of direct, enabling, and regulatory capacities. In addition to normal service delivery requirements, the main issues in 2000/2001 are:

♦ The transfer of responsibility for Registration of Births, Deaths and Marriages from Environmental Protection Services to the Personnel and Administration Services. The section has two purposes:
  (1) to provide a registration service to the citizens of Glasgow (although, in certain instances, non-residents can use the service also) and (2) to collect statistical data arising from the registrations and transmit it to Government
♦ Implementation of the Single Status Employment agreement – Based on principles of equality, the agreement has profound implications for staff earning bonus and other premium payments. The agreement excludes Teachers.
♦ Commitment to the best Value Process – particularly implementation of year One Best Value Service Reviews, and completion and progression of approved Year Two reviews
♦ Employee Development – Staff Development, Training and Communications are essential elements in ensuring that employees can ensure that the Council will demonstrate Best Value, manage change strategically, and commit to the Life Long Learning initiative
♦ Development of Information Systems, including support to Elected Members – The Council is specific in requiring departments to include Electronic Government Targets and Information and Communication Technology in Service Plan submissions. In recognising this, the department has already given priority to upgrading of departmental IT systems and further development is planned in a number of areas. The department also provides an IT support service to the Chief Executive’s Office and Elected Members.
♦ Scottish Executive Leadership Advisory Panel – This panel has been established by the Scottish Executive to advise Councils on the review of their decision-making and policy development processes which must be completed by the end of 2000. Committee Services will assist the chief Executive by providing detailed information on existing Council processes and providing proposals which satisfy the Panel but recognise the particular needs of the Council.
♦ Human Rights Act 1998 – This Act comes into force in October 2000 and will oblige the Council to ensure that all its actions are consistent with the European Convention on Human Rights

OPERATIONAL OBJECTIVE – POVERTY, SOCIAL INCLUSION AND POOR HEALTH
The department contributes through its work on Equality and Health, and seeks to:
♦ target the development of services to meet the specific needs of particular groups such as disabled people, ethnic minority communities and other disadvantaged groups
♦ support various issues and agendas by providing advice and assistance where possible, and in operating specific projects, e.g., Work Experience and training for people from diverse groups, such as Lone Parents Project, and the Employee Health initiative
The department also administers and promotes the Scotland's Health At Work scheme on behalf of the whole Council for its workforce. This involves a range of initiatives targeted at groups of employees or at the entire workforce to maximise employee health and wellbeing.
**SOCIAL WORK SERVICES**

**LEGISLATIVE/POLICY FRAMEWORK**
The wide range of Social Work Services is governed by statute, particularly services affecting Children and Families, Community Care and Criminal Justice.

**PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS**
The overriding objective of Social Work Services is to provide care and protection of the highest quality for vulnerable people in partnership and consultation with users and carers, providers and the wider community. The functions of the department range from assessing and providing care and protection to vulnerable people and families, to providing measures of control for individuals who may be at risk to themselves or others.

**SERVICE AIDS**
- To provide care and protection for children looked after and accommodated by the Council
- To maintain and develop services for children and young people at risk or in trouble
- To arrange services for children and adults with learning or physical disabilities
- To ensure care and support for elderly people and people with dementia
- To arrange services for people with mental illness, dementia or addictions
- To support carers and families
- To support the criminal justice system and provide alternatives to custody whilst promoting public safety
- To plan and develop preventative rehabilitation services for individuals or communities at risk
- To integrate service delivery to vulnerable individuals, families and communities with the Council’s wider strategies for social inclusion and regeneration
- To arrange welfare advice and counselling services for vulnerable individuals or groups
- To provide inspection and registration services for residential establishments

**OPPORTUNITIES AND CHALLENGES**

**Social Inclusion and Regeneration**
Social Work has a history of involvement in urban regeneration initiatives and has a critical role in promoting links between social, economic and physical regeneration in order to encourage the sustainable development required to tackle social inclusion. Significant resources are invested in developing Social Work’s approach to the various elements of the social inclusion agenda and, in view of this, the new Area Team boundaries have been redrawn to create better alignment with Social Inclusion Partnership areas.

**Glasgow Alliance**
Tackling social exclusion is placed at the heart of the Alliance’s strategy, and there are three broad areas which will strengthen development of a more strategic approach between Social Work and the Alliance:-
- Tackling exclusion which may result from disability (physical and/or learning), mental health problems or racism, as well as exclusion through economic factors
♦ Strengthening a strategic approach between the Alliance and, for example, the Glasgow Healthy City Partnership, Drug Action Team, Joint Community Care, Children’s and Criminal Justice plans

♦ Further improving communication between agencies and developing mechanisms for linking the use of mainstream and Social Inclusion Partnership (SIP) budgets, through the establishment of protocols, in a manner which promotes sustainability

MODERNISING SERVICES
♦ CareFirst, the new integrated client information system, continues to be implemented across the department. This will provide a significant opportunity for developing linkages with other agencies

♦ both in terms of systems and data in order to enhance joint working and integrated service provision.

♦ The Modernising Government Fund (MGF) has been established by the Scottish Executive to encourage projects which contribute to modernising objectives, in particular, those which employ new forms of service delivery and innovative use of ICT. Social Work Services has been a key player in the development of Access Glasgow, the Council’s bid worth a total of £5million.

♦ Realignment of Fieldwork Services is central to the modernising programme, with much greater emphasis on locality planning, improved service responsiveness, continued development of multi-disciplinary working and seamless integration of service delivery. The challenge over the planning period is to standardise practice and develop a consistent approach across all areas of activity.

♦ Property audits are being undertaken as part of Best value reviews in order to establish investment requirements to bring properties up to standard. Major quality advances continue to be made in residential elderly and children’s homes and there are proposed capital new starts over the next three years.

DEPARTMENTAL ISSUES
Major social work legislation, The Regulation of Care Bill, will mean that responsibility for registration and inspection of care and early education services will pass from local authorities and health boards to the Scottish Commission for the Regulation of Care (SCRC) from April 2002; and, the Scottish Social Services Council (SSSC) will regulate the social services workforce, from October 2001.

The Scottish Executive responded to the Review of Youth Crime together with new funding of £47million for Scotland between 2000-05 (estimate £10.3m for Glasgow). Investment priorities in 2000/01 have been agreed with planning partners.

Supporting People and the Transitional Housing Benefit Scheme have unlocked the prospect of properly planned and funded supported accommodation strategies for people in a range of care groups who can live in the community with housing support services.

The major priorities are implementing the recommendations of 2 major service reviews on Social Work Addiction Services and the Methadone Programme currently the subject of wide consultation.
Homelessness

Contributory factors are the high levels of poverty and unemployment in the city, the increased incidence of family breakdown and Glasgow’s high level of problematic drug misuse. Many young single homeless people in Glasgow have drug problems. Alcohol addiction is a serious problem for older people. The planning priority will be implementation of the Glasgow Street Homelessness Review Team’s 5-year strategy (2000-2005), which sets out a major long-term programme to tackle street homelessness.

Children and Families

Meeting the needs of vulnerable children and families remains a high priority for both the council and the Scottish Executive. Early intervention to support families with very young children, providing a range of community-based support services and raising standards of care for children looked after from home will be top priorities over the next three years.

Community Care

A number of projected changes are likely to impact on the service, in particular, a 12% projected decline in Glasgow’s older population (65+) is expected between 1999-2009. However, there is change within specific age-bands, e.g., a projected increase of 6% in those aged 85+ during 1999-2009 (circa 600 people) and a projected doubling of the Black and ethnic minority older population (circa 550 people) by 2009. The prevalence of dementia and physical disability including sensory impairment increases with age. There is an increase in the number of adults with severe learning disabilities, including those who are older, often outliving parents who are usually the main source of informal care.

Criminal Justice

Key national policy objectives to which criminal justice services in Glasgow relate are:-

❖ To contribute to increased community safety and public protection through rigorous supervision of offenders
❖ To reduce use of unnecessary custody by providing effective community disposals for Courts; and
❖ To promote social inclusion offenders through rehabilitation (including addressing drug/alcohol misuse) and thereby reducing risk of re-offending

Personnel and Training

The Regulation of Care Bill has significant training implications for residential care staff. In addition, specific groups of staff will be required to register with the Scottish Social Services Council and, in order to do so, will need to be in possession of set qualifications. The first groups of staff to be required to register will be professional social workers, all staff in residential child care, all heads of residential care homes, and all heads of adult day care services, together with registration and inspection staff.

Consultation with key stakeholders

Best Value reviews and individual plans and strategies provide the main mechanism for stakeholder consultation. Over 2001/02 the following will provide significant opportunities for consultation:-

❖ Draft Joint Community Care Plan 2001/04
❖ Joint Community Care Committee
❖ Methadone Programme Review
❖ Best Value Service Reviews including Learning Disabilities Day Services, Older People Day Services, Community Work, Throughcare/Youth Homelessness
❖ City Council Draft Alcohol Policy
Housing Stock Transfer

Social Work Services is committed to the aims of the Council’s Equality Policy which are to challenge discrimination, to promote and implement equality measures, to progress social justice and to strive to ensure that no one is disadvantaged by virtue of negative attitudes to race, gender, physical, mental and/or sensory impairment, age or sexuality.
APPENDIX 4b: NHS GREATER GLASGOW

HEALTH IMPROVEMENT PROGRAMME 2001-2005

This section is based upon the latest Health Improvement Programme for NHS Greater Glasgow. This is an annually updated document and the information below is therefore subject to review and alteration on an annual basis. The Health Improvement Programme, along with Trust Implementation Plans from NHS Trusts, is being replaced in 2001/02 by a single comprehensive Local Health Plan.

PURPOSE AND RATIONALE

The purpose of the Health Improvement Programme (HIP) is to describe what the National Health Service (NHS) in Greater Glasgow intends to do to improve the health of our population and the health services they use. Improving health is a long-term process and the Health Service is only one of the important players.

The programme has a number of important strands:

- Setting out progress on the strategies and plans described in last year's HIP
- Drawing together the full range of partnership working, particularly with local authorities, but also with communities
- Describing the NHS Greater Glasgow response to government policy changes and the priorities of the Scottish Executive
- Proposing a whole range of detailed services, changes to health services and community care
- Presenting, in a comprehensive way, the individual service strategies in development and implementation for acute service; mental health; learning disability; addictions; and elderly services

STRATEGIC CONTEXT

Promoting Health and Reducing Inequalities

Previous Health Improvement Programmes:

- Established that the HIP was underpinned by a model of health which has physical, mental and social dimensions; and the aim is not only to reduce levels of ill health and premature death within the population, but also to enhance quality of life
- Set out the working principles which guide activities - partnership with agencies in the public, private and voluntary sectors to tackle fundamental determinants of health; empowerment of local people by providing opportunities for them to have greater control over decisions which affect their health; and accountability through increased levels of communication with the Greater Glasgow population
- Presented a framework for improving health status, emphasising that social and economic factors are the overriding determinants of health in modern society
- Highlighted the importance of relative circumstance, and the fact that, in order to improve the population's health, we need to concentrate more on narrowing the gaps that exist between different subgroups and communities
- Gave a commitment that action to reduce health inequalities would guide all components of the HIP.

In translating this direction into programmes of action NHS Greater Glasgow established a four-level approach comprising initiatives designed to:-
♦ Strengthen individuals
♦ Strengthen communities
♦ Improve access to services and facilities
♦ Encourage macro-economic and cultural change

Each of these levels of action is applied to the three broad foci for action set out in the Health White Paper “Towards a Healthier Scotland”. These are life circumstances, lifestyles, and direct work on priority health topics.

Previous HIPs have described the major strategic developments which significantly influenced NHS Greater Glasgow priorities and action programmes. These include the Health White Paper, the Glasgow Alliance Strategy, the establishment of Social Inclusion Partnerships, the introduction of New Community Schools, the national vision for achieving social justice in Scotland, and the various strategies to support life-long learning. Each of these remains a major influence on current work programmes.

♦ Primary Care
NHS Greater Glasgow and the Primary Care NHS Trust are committed to the development of primary care services. It is recognised that it will need additional resources sustained over time within a clear strategic development framework. A strategy has been issued which aims to enable the emergence of enhanced primary care services through:-
  ❖ Innovative service delivery by a multi-disciplinary team in a multi-agency environment characterised by a partnership approach and with resources targeted to reflect the needs of all population groups and specific areas of the community
  ❖ Local Healthcare Co-operatives (LHCCs) providing the focus for local co-ordination and service delivery

♦ Acute Services
Previous HIPs have outlined NHS Greater Glasgow proposals for change to Acute Services, responding to the strategic pressures for change which include:-
  ❖ A significantly increasing proportion of patients being treated on a day case or out-patient basis
  ❖ Pressure from Government and Parliament on securing more efficient use of taxpayers’ money is continuously exerted on the NHS. Spending on inefficiently used buildings and equipment means less availability of hands-on care of patients by clinical staff. Additional cash provided by the Government’s Comprehensive Spending Review has been linked to an understanding that it will be reciprocated by NHS commitment to boost standards and efficiency.

♦ Community Care
The agenda for community care continues to be shared with local authorities and is focused on striking the right balance between institutional and community care and social and healthcare provision.

♦ Child Health
Increased priority has been given to the needs of children, young people and their carers and this trend is set to continue. Within Greater Glasgow the over-riding priority for child health is to tackle the problem of health inequalities, requiring concerted action on many fronts within a comprehensive strategic framework. Thus the child and youth developments set out in the HIP will be underpinned by a partnership approach and by an explicit focus on tackling underlying determinants of health.
Mental Health

Over the last two years the NHS Greater Glasgow has developed coherent programmes to modernise mental health services for adult and elderly people with severe and enduring mental illness. "Building on the National Framework" (September 1997), NHS Greater Glasgow agreed with Local Authorities and the Primary Care NHS Trust a "Joint Mental Health Strategy" (May 1999), proposals on "Modernising Mental Health Services" (May 2000) and a "Strategy for Mentally Disordered Offenders" (December 1997).

Partnership Working

None of the work described in the HIP can be delivered by NHS Greater Glasgow alone. All of the work is collaborative, developed and implemented in conjunction with our many partners. An increasingly important partner is the public and our partnership with the people of Greater Glasgow takes many forms. We are acutely aware of the difficulties of making this partnership meaningful and empowering for local people and will continue to work to strengthen this aspect of our partnership approaches in the coming years.

Plans

The NHS Greater Glasgow approach to promoting health and reducing inequalities involves a combination of:-

- Work to address the broad range of health determinants
- Work focusing on particular population groups (such as children and young people) or health issues (sexual health, addictions, heart health, etc.)

NHS Greater Glasgow’s priority is to focus specifically on those with the greatest need, whether identified by geographical area or by population group. During studies undertaken in 2000/01 it became clear that, whilst all categories of health determinant are strongly associated with health outcomes, the most significant associations are with economic status (poverty), employment, access to health services, and health behaviours and our plans reflect a strong emphasis on action to improve these issues.

NHS Greater Glasgow has committed staff and resources to all 14 local Social Inclusion Partnerships in the Greater Glasgow area, 11 of which are in the City of Glasgow, and it shall allocate resources to each SIP area to respond to local priorities during the course of the year. It is also working towards the implementation of the Glasgow Alliance Strategy, which considers the development and opportunity for the city as a whole and will continue to develop shared priorities and planning with the 5 other local authorities within Greater Glasgow through mechanisms such as Community Planning.

Sources of Income

1999/2000 saw the introduction of a unified budget to Health Boards. This brought together significant elements of funding that had previously been received as discrete allocations within the Cash Limit Total for NHS Greater Glasgow. These sums now become internal to the NHS Greater Glasgow base allocation.

Unified Budget

<table>
<thead>
<tr>
<th>Year</th>
<th>2000/01</th>
<th>2001/02</th>
<th>2003/03</th>
<th>2003/04</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£830m</td>
<td>£878m</td>
<td>£932m</td>
<td>£989m</td>
<td>£1,051m</td>
</tr>
</tbody>
</table>
The Health Promotion Department plays a key role in developing and implementing the social model of health which underpins the work of NHS Greater Glasgow.

The Health Promotion Department is playing a significant role in promoting health and reducing health inequalities within Greater Glasgow, acting in concert with other health service colleagues and with partners across many different kinds of agencies, in local authority, private, voluntary and community sectors. Its approach to promoting health and reducing inequalities involves a combination of:

♦ Work to address the broad range of health determinants.
♦ Work focusing on particular population groups (such as children and young people, black and ethnic minority communities) or on priority health issues (sexual health, addictions, heart health etc).

Across all programmes, our priority is to focus specifically on those with the greatest need, whether defined by geographical area or by population group. This includes an investment of resources within formal structures aimed at targeting such groups, such as Social Inclusion Partnerships (both geographic and thematic), the Healthy City Partnership and other joint planning structures.

The department’s work programme has the explicit aim of stimulating a comprehensive approach to health improvement through partnership approaches. This is achieved by actively bridging between national and local health policy, by supporting and resourcing others in their roles as health promoters and through joint developments. In addition, there is an emphasis on developing evidence-based practice of high quality, and hence an on-going needs assessment and evaluation effort. Activity falls within eight key dimensions:

♦ Economy
♦ Employment
♦ Learning and Education
♦ Access to Health Services
♦ Health-Related Behaviours
♦ Physical Environment
♦ Social Environment
♦ Psycho-Social Factors
Illustrative examples of activity within each of these categories is provided in the table below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples of health promotion activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economy</td>
<td>Extending provision of welfare rights/benefits advice to be accessible in NHS settings</td>
</tr>
<tr>
<td>Employment</td>
<td>Establishing programmes of lay health workers in various contexts, including within the Starting Well Child Health Demonstration Project and the Deaf Lay Health Workers Project</td>
</tr>
<tr>
<td>Learning and Education</td>
<td>Developing the Eastbank Health Promotion Centre as part of the network of learning centres in Glasgow, including extending local access to information technologies around health themes</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>Work with Primary Care Trust to integrate services with local developments, including the proposed Healthy Living Centres</td>
</tr>
<tr>
<td></td>
<td>Enable wider access to health services by young people, through geographically specific services (such as Castlemilk Health Spot) and central services (such as Sandyford Young Person’s Service)</td>
</tr>
<tr>
<td>Health Related Behaviours</td>
<td>Development of smoking cessation services, including smoking cessation support groups</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>Work with Govan Social Inclusion Partnership to establish and integrated neighbourhood that encompasses housing and neighbourhood issues and the appropriate integration of health services</td>
</tr>
<tr>
<td>Social Environment</td>
<td>Supporting LHCCs and other NHS structures to develop their community engagement capacities</td>
</tr>
</tbody>
</table>
The ten years difference in life expectancy between those who are most and least deprived within Greater Glasgow is an indisputable, shocking testimony to the extremely poor health and well being of some members of our community. An extensive, complex, often inter-related catalogue of common health and social problems affects a large proportion of the population, with an overwhelming impact on individuals, families and whole communities. This results in extensive and continuous demand for local Primary Care services of a scale not experienced anywhere else in Scotland.

**PURPOSE AND RATIONALE**

Primary Care encompasses a broad range of services, from health promotion and early identification of problems affecting health, to curative intervention and community-based care and support. This wide sweep of responsibility and interaction of different disciplines is unique to Primary level healthcare. Being relevant to the requirements of the local population, and being responsive to changing public needs and expectations, is the only way that Primary Care can continue to meet its objectives, perform effectively and fulfil its potential. A range of other influencing factors such as national and local policy directions, the changing structure of Primary level healthcare - as demonstrated by the establishment of Local Health Care Co-operatives - social inclusion and public involvement must also be reflected in Primary Care provision.

Greater Glasgow Primary Care NHS Trust is committed to developing a Strategy with will enable us, working closely with the community and partner agencies, to regenerate Primary Care services. It will also ensure that the local community is provided with equity of access and standards of the highest quality and most extensive services possible.

Consultation with our partners, the community and users of services has enabled us to identify key issues and areas for improvement. We believe our Strategy will enable the emergence of an enhanced Primary Care service through:-

- Integrated, tailored service provision to flexibly meet the needs of all population groups
- Targeting of resources to reflect the special needs of specific parts of the community
- Innovative service delivery by a multi-disciplinary team in a multi-agency environment characterised by a partnership approach
- Local Health Care Co-operatives (LHCCs) providing the focus for local co-ordination and service delivery
- Investment of additional resources in local service development priorities linked to national targets
- Sharing experience to further enhance quality and expand the range and capacity of services

It is the aim of the Primary Care Strategy to create a powerful mix of 'bottom up and top down' influences that will release the innovation potential of services in Greater Glasgow. This is vital as in a rapidly changing environment, it is not possible to define all the challenges that will face Primary Care in the next decade.
Vision for Primary Care in Glasgow

The Trust’s vision for Primary Care in Glasgow is that it improves the health of the people of Glasgow, bringing this up towards the overall level for Scotland. To begin with, the focus will shift from treating individual health problems in isolation, to addressing causes of ill health - and promoting health - in the population overall, and priority groups in particular. Health needs assessment will underpin this shift. The public and our patients will be involved in this process. Resources will be targeted to ensure social inclusion, to narrow the gap in health status.

Improving Existing Services

Although the public has an expectation of equal access to services, it is clear that such a policy cannot address the clear imbalance in health outcomes for various population groups. It is therefore necessary to prioritise health investments in favour of those with the lowest health status. Eventually this approach will be applied to all existing and new funding programmes. Actions:

❖ The distribution of new funds will be weighted towards areas of high deprivation
❖ Review existing resource allocation methods to reflect the principles of equitable resource distribution
❖ Revise the General Medical Service (GMS) cash limit staff reimbursement formula to ensure that practices in area of high deprivation effectively use all available funds
❖ Establish and monitor minimum waiting times for access to services particularly the 48 hour guarantee
❖ Integrate expanded telephone advice, information and triage systems through NHS 24 with existing services
❖ Provide access to a full range of emergency/out of hours services
❖ Pilot extended roles for pharmacists, optometrists, nurses and primary care assistants
❖ Define increased level and quality of services to be achieved by increasing core capacity, particularly access and management of chronic diseases
❖ Establish a funding system for improved core services through changes to the GMS contract, or new Personal Medical Services (PMS) contracts, or directly by the LHCC.

Developing New Services

In support of enhancing current Primary Care services through increasing core capacity, the second strand of the Primary Care Strategy is to develop new services within LHCCs. This reinforces our focus on whole-population initiatives that are supported by effective individual health care. Actions:

❖ Implement LHCC priority local service developments, and, following evaluation, progressively rollout throughout Greater Glasgow
❖ Establish a recurrent local initiative fund in each LHCC
❖ Identify and determine future funding for existing pilot projects, and establish implementation plans for full rollout of successful projects
❖ Consolidate funding for existing local projects into LHCC budgets
Developing Local Health Care Co-operatives

The third strand of the Primary Care Strategy focuses on the development of LHCCs. LHCCs have proved to be effective vehicles for promoting partnerships, developing services, and improving quality. This focus on LHCCs welcomes the diversity of services that will be generated, by ensuring that they become more relevant to local needs. It will place a heavy demand upon working collectively. All Co-operative members must feel confident that their aspirations and interests are represented, and that priorities are determined through an involvement with the public and related agencies.

Actions:-

❖ Devolve budget decision-making responsibility to LHCCs for all major funding programmes
❖ Direct additional Primary Care funds expected from the Arbuthnott Review through LHCCs
❖ Continue to devolve decision-making for GMS staff reimbursements to Practices or LHCCs
❖ Investigate the potential for an LHCC based PMS pilot project
❖ Assess potential for the pilot of a combined local primary and social care organisation
❖ Deliver a training and development programme for those Co-operative members who are assuming or will assume clinical and management leadership roles
❖ Provide cross-service/discipline training to assist joint approaches to service provision and development
❖ Increase the capacity to redesign existing services, develop new proposals and manage projects by funding the release of Co-operative members from clinical work
❖ Establish within each LHCC a capacity to provide senior professional leadership, supervision and co-ordination for Co-operative members
❖ All LHCCs to assume responsibility for the delivery of community health services
❖ Assess the performance of LHCCs against national standards of best practice
❖ Ensure LHCCs are fully inclusive of all stakeholders

The Trust looks forward to the continued development of the Strategy and to working in collaboration with Primary Care professionals, partner care providers and the community to achieve the aims of the Strategy and realise our vision for Primary Care services.

Greater Glasgow Primary Care Trust Budget 2001/02: £460m
GLASGOW ALLIANCE

PURPOSE, RATIONALE AND OPERATIONAL ARRANGEMENTS

Formed in 1998, the Glasgow Alliance is a partnership of major organisations that have come together, and agreed to work together, to change the City of Glasgow for the better.

The Glasgow Alliance is focused on the regeneration of Glasgow and the partner organisations represent all the key areas of city life - the economy, education, employment, health, housing, safety and the environment - and the private, public and voluntary sectors.

The partner organisations are:-
- Glasgow City Council
- NHS Greater Glasgow
- Scottish Enterprise Glasgow
- Scottish Homes
- Strathclyde Police
- Scottish Executive
- Glasgow Council for the Voluntary Sector
- Scottish Business in the Community

The work of the Glasgow Alliance has three major, linked strands:-
- Partnership Working
  Providing a forum where the major organisations come together to develop partnership working.

- The Glasgow Strategy
  Production of an overarching, integrated strategy for the regeneration of Glasgow. This strategy knits together the work of all the partner organisations and identifies key targets for the city’s regeneration. The partners work together to meet these targets.

- Social Inclusion Partnerships
  Establishment and support of the Social Inclusion Partnerships (SIPs) which encourage and co-ordinate joint working at the community level. SIPs aim to tackle social exclusion in their geographical area or for a particular group of people.

THE REASON FOR AN ALLIANCE

To achieve long lasting and sustainable change in Glasgow, city wide initiatives must be integrated with regeneration at the community level. The Glasgow Alliance provides an integrated approach to improving Glasgow. It ensures that city wide and local level strategies and programmes of work fit together.

The Alliance partners have united to generate innovative, joined up thinking and action around key issues for the city, leading to new ways of working, funding projects and delivering services across Glasgow. This approach is continued at the local level through the Social Inclusion Partnerships (SIPs) which provide leadership and co-ordination for regeneration and social inclusion strategies at the community level.
GLASGOW'S PRIORITIES FOR SOCIAL INCLUSION
The Glasgow Alliance has identified eight priority areas for community regeneration, each of which has become a Social Inclusion Partnership or has similar status. They are:
♦ Greater Easterhouse
♦ East End
♦ North Glasgow
♦ Drumchapel
♦ Greater Pollok
♦ Gorbals
♦ Greater Govan
♦ Castlemilk (an Alliance Partnership)

In addition to these priority geographical areas are partnerships focused on vulnerable groups of people:-
♦ Routes Out (supporting women to leave prostitution)
♦ The Big Step (Care Leavers)
♦ Glasgow Anti Racist Alliance

Social Inclusion partnerships are committed to ensuring the community they represent plays an active part in the decision making of the partnership and are involved in finding solutions for their particular area.

CHANGE FOR THE BETTER
Since July 1998, when the Alliance was established, a number of significant developments at national, city wide and local levels have been achieved:-
♦ Increased provision of family houses in the city
♦ Creation of 11,000 extra jobs
♦ Reduction in the areas of vacant and derelict ground
♦ Improved results in Standard Grade Maths and English
♦ Agreement to Refurbish or rebuild all Glasgow’s Secondary Schools
♦ Establishment of the Glasgow Housing Association
♦ Development of two new neighbourhoods
♦ Major improvements to public areas of the City Centre
♦ Ongoing re-development of the River Clyde
♦ Establishment of Glasgow Citizens Panels to identify priorities for communities
♦ Establishment of the Glasgow People’s Jury on Drugs
♦ Establishment of Social Inclusion Partnerships

TARGETS FOR THE FUTURE
The targets for the Alliance are grouped under five themes. The main targets are as follows:-
A Working Glasgow
Increase the number of jobs
Key outcomes:
❖ increase the number of jobs in the city by 30,000 by 2005
❖ reduce the differential in labour market participation rates between Glasgow and Scotland by 5%, increasing the number of Glaswegians in jobs by at least 15,000 by 2004
❖ increase the city’s gross domestic product per capita by 3.5% each year in real terms to £15,520 by 2005

A Learning Glasgow
Improve attainment at school and increase the number of adults involved in learning
Key outcomes:
❖ to reduce the gap in adult learning activity between Glasgow and the UK by 50% by 2005
❖ to increase the proportion of Glasgow primary children who attain the minimum level for their stage in reading, writing and mathematics and close the gap between the Glasgow and Scottish outcomes by 2002
❖ increase literacy and numeracy at school leaving age in the city by 5% by 2003 by increasing attainment of Standard Grade English (grades 1-6) from 83% to 88% and Mathematics from 82% to 88%

A Vibrant Glasgow
Improve the quality and range of housing and reduce vacant and derelict land by 50% by 2004
Key outcomes:
❖ increase levels of participation in the life of Glasgow
❖ improve the quality and choice of housing in Glasgow
❖ reduce currently long term vacant and derelict land by 50% between 1998 and 2004, giving priority to land adjacent to the River Clyde
❖ improve transport access to employment, services and community facilities and create a high quality environment

A Healthy Glasgow
Tackle child poverty, reduce depression and reduce premature deaths
Key outcomes:
❖ reduce the proportion of families with young children who find it a problem to meet an unexpected cost of £20 by 10% by 2004
❖ reduce the difference in the level of clinical depression between SIP and non-SIP areas in Glasgow by 25% by 2004
❖ reduce premature death (from heart disease, lung and breast cancer) by 20% over and above current trends by 2004

A Safe Glasgow
Reduce crime rates, reduce the problems caused by drugs misuse and reduce accidents
Key outcomes:
❖ reduce rates of crime in Glasgow by 2005 (for violent crime, housebreaking, vandalism, and increased drugs detection)
❖ achieve a 10% reduction in the perception of the population of SIP areas who believe that drug activity is a common problem in their area by 2005
❖ reduce accidents in Glasgow by 2005, particularly for road accidents and accidents in the home
JOINT ECONOMIC STRATEGY

‘Glasgow’s Renewed Prosperity: A Joint Economic Strategy’ has been drawn up between the Council and Scottish Enterprise Glasgow in consultation with key stakeholders. The main aim for the city economy is to build on Glasgow’s distinctive qualities to develop a dynamic, internationally competitive economy which creates wealth and provides quality, sustainable work opportunities for all the residents of the city.

The strategy sets out a vision for the city’s development that is based on:
♦ A balanced, sustainable and diverse economy of international and European importance steadily climbing the competitive rankings of city economies and contributing more to the Scottish and UK economies
♦ A healthy base of indigenous companies constantly replenished with new, dynamic enterprises
♦ An economy built on the exploitation of pioneering technology and emerging sectors, developing new products and harnessing the commercial potential of its universities
♦ An economy that draws on the resources offered by all its people, extending work opportunities into every part of the city.

The strategy is explicitly aligned with the Glasgow Alliance approach to regeneration and social inclusion, and recognises the need to ensure that different action plans for the city’s economy are integrated. To achieve its aims, the strategy proposes five goals as the framework:
♦ To generate sustainable economic growth aiming for a good balance between support for local industry and inward investment, fostering innovation and creativity and offering support for key growth sectors
♦ To create jobs where economic growth in itself may not be enough, concentrating on labour intensive growth sectors, the social economy and opportunities in major public initiatives
♦ To tackle social exclusion both through measures tailored to the needs of individuals trapped in disadvantage and through measures targeted at the areas suffering most from the legacy of industrial restructuring
♦ To develop a competitive workforce through radical improvements in the city’s training and learning culture, in the skill achievements of Glaswegians and in matching the skill needs of local organisations
♦ To improve Glasgow’s competitiveness, nationally and internationally by nurturing aspirations to world class achievement in, for example, research, by helping company success in overseas markets, by improving the city’s marketing and its connectivity and by developing a world class urban product appealing to inward investors and tourists everywhere.
PURPOSE AND RATIONALE
Community Safety is an issue of vital importance to the Council. Crime, and the fear of crime and injury, can affect the quality of life of people who live and work in the city. The Council recognises the importance that Glaswegians place on the safety of their families and the Community Safety Initiative is a first step towards the development of a broad plan to make Glasgow safer. A wide range of initiatives are planned, which include child safety, safety in the home, road and fire safety, various crime prevention initiatives, elderly safety and women's safety. These initiatives will be ongoing and work has already started on planning for the future.

The Council will work in partnership with Strathclyde Police and Strathclyde Fire Brigade, NHS Greater Glasgow, other public and private sector agencies and, most importantly, local people. Only by delivering community safety at a local level in partnerships with communities in Glasgow can real long term change be achieved.

WHAT IS COMMUNITY SAFETY?
Community safety means "Protecting people's right to live in confidence and without fear for their own safety, or the safety of other people."

In the city of Glasgow crime and fear of crime are major concerns and crime prevention and reduction must form an important part of any community safety strategy. Crime, however, is not the only concern. Accidents and injury are also major community safety concerns in Glasgow, therefore the strategy will address road safety and fire safety, safety in the home and at play, safety near railway stations and rivers. Safety from intimidation and harassment and protection from anti-social behaviour are also important community safety issues along with aspects of environmental safety. Each of these issues is currently being addressed by either the Police, the Council, the Fire Brigade, the Health Service or one of the many agencies working to make Glasgow safer.

The Community Safety Strategy will provide new opportunities to harness the efforts of all these agencies, allowing them to work together with local communities to tackle those issues which are of most concern to the people of Glasgow.

THE PARTNERSHIP APPROACH
Glasgow City Council has formed a Community Safety Partnership to harness the efforts of all the different Council Departments and external agencies from the public, private and voluntary sectors who have an interest in making Glasgow a safer place to live, learn, work and play and locate and invest. Partners will meet periodically to:-
♦ Confirm their commitment to community safety
♦ Oversee the development and implementation of the strategy
♦ Facilitate partnerships with other agencies and encourage joint projects on specific projects

THE COUNCIL'S COMMITMENT TO COMMUNITY SAFETY
Glasgow City Council is committed to making Glasgow a safer place by:-
♦ Identifying and prioritising issues of concern to the public and seeking ways in which to address them
Harnessing the efforts of its partners from the public and private sector in developing a Community Safety Strategy for Glasgow

Supporting the establishment of a Community Safety Partnership for Glasgow

Working with Strathclyde Police in support of the Spotlight Initiative

Developing action plans for short and medium term initiatives that will improve community safety

Through the Community Safety Initiative, the Council will provide information leaflets on a variety of community safety related topics and will keep the public informed by including articles in the Council’s “Glasgow” magazine and by providing information via Council offices, libraries, etc. Documentation produced or approved by the Community Safety Initiative can be identified by its own distinctive logo.

COMMUNITY SAFETY ACTION FOR 2000/01

After consultation with relevant Council Departments and Statutory and voluntary sector organisations, together with in-depth research, the Community Safety Partnership has prioritised eight main community safety issues be addressed in the current year:-

♦ Home Safety
♦ Safety in Public Places
♦ Child Safety
♦ Young people
♦ Crime and the fear of crime
♦ Equality and Anti-racism
♦ Drugs
♦ Community participation at a local level

A particular issue relating to community safety will be highlighted each month. Each issue will receive widespread publicity from the Council through its various media channels as well as concentrated leafleting and poster campaign aimed at raising maximum awareness of the issue within Glasgow.
The Government has allocated considerable new resources for community care over the period covered by this draft plan. Significant policy changes across health, social care and housing will provide major opportunities and challenges for Glasgow's joint planning partners. Involving people in dialogue about services is key to improving outcomes for service users and carers and city-wide consultation meetings. In Glasgow, priority groups are older people, learning disabilities, mental health and carers. In addition, the joint planning partners have agreed that greater attention needs to be given to a number of common themes such as supported accommodation, Black and ethnic minority needs and sensory impairment.

**USER/CARER INVOLVEMENT IN CLIENT GROUP PLANNING**

Planning and Implementation Groups (PIGs) are the multi-agency groups responsible for developing and implementing a joint - social work, health, housing - strategy for their client groups. Each PIG has been charged with the task of addressing how best to promote user/carer involvement in client group planning and to set out proposals in their section of the plan:-

- **The Joint Employment Unit**
  The Unit was established in June 1999 with partnership funding for a 3-year period. Unit staff work in partnership with statutory, voluntary and private sector organisations to develop a strategic framework for employment and disability and progress initiatives designed to maximise education, training and employment opportunities for people with community care needs.

- **Advocacy**
  A joint NHS Greater Glasgow/Glasgow City Council Advocacy Steering Group (ASG) has been established to drive the advocacy agenda forward and develop a plan of work. Sub-groups of the ASG have been set up to develop the priority areas of Elderly, Children and Black and Ethnic Minority provision. Physical Disability and Homelessness PIGs are recommended to address advocacy as a priority.

- **Joint Training**
  The Training Sub-group was set up to develop and co-ordinate joint training strategies and programmes to support the work of the PIGs. The aim is to deliver as much joint training as possible on an in-house basis by designing a joint training programme to facilitate joint working in the 4 priority PIGs of Elderly, Carers, Mental Health and Learning Disabilities.
♦ Addictions
Joint Planning for addictions in the drugs field is directly linked to the national strategy through the Greater Glasgow Drug Action Team (DAT) which reports annually to the Scottish Advisory Committee on Drugs chaired by the Minister for Drugs. The Greater Glasgow Alcohol Liaison Committee is linked to the Scottish Advisory Committee on Alcohol Misuse. The Glasgow City PIG for Drugs and Alcohol was developed to oversee implementation of the DAT Strategy and developments relating to alcohol and is developing a comprehensive User Involvement Strategy covering service users with both drug and alcohol misuse problems and their family members/carers. Key challenges over the planning period include:-

❖ - The need to address historic inconsistencies in the way services are delivered and distributed
❖ - Over-representation of drug and alcohol problems in the City, linked to poverty and social exclusion
❖ - Development of joined-up thinking and action in joint planning across the addictions field i.e., community care, children’s services and criminal justice

♦ Carers
Glasgow’s draft Joint Carer’s Strategy (1999) provides a strategic framework for future delivery of services for carers, whether caring for people with community care needs, parents caring for children and young people, or young carers. The joint carer’s strategy also provided the vehicle for determining spending priorities for new carers money. This allows for some service development e.g., respite/short-term breaks for people with learning disabilities and people with dementia and development of a network of carers centres across the city, however the new money allocated to date will not be sufficient to meet the needs of Glasgow’s Carers. A financial strategy is being developed to identify scope for reconfiguring existing resources and attracting additional resources in order to develop and sustain services in the long-term.

♦ Head Injury
Approximately 15,000 people attend Accident and Emergency in Glasgow with a head injury each year, with 3,000 people being admitted to hospital, of those admitted to hospital over 50% with a mild/moderate diagnosis had moderate or severe disability 12 months later. The Head Injury PIG has identified a number of key components that would contribute to a structured pathway of care and support for people who acquire a head injury. These include, dedicated short-stay and early rehabilitation wards, a range of specialist in-patient rehabilitation facilities including an assessment and treatment service for patients at or near vegetative state, a community rehabilitation facility - as a hub for community-based services and treatment programmes, a range of community services to support people with a head injury and their carers.

♦ HIV and AIDS
The Brownlee Centre offers a comprehensive medical and nursing in-patient, outpatient and day centre service. A Counselling and Support Team including a psychiatrist, occupational therapist, community nurses, dietician, counsellors and social work team provides a fully integrated multi-disciplinary specialist service for people with HIV infection in Greater Glasgow and the surrounding area. Key aims for services include, enabling people with known HIV infection to maintain their health and maximise their quality of life, with as much independence as possible, for as long as possible. To provide family members, carers and others most affected by HIV with as much support as possible. To prevent further spread of HIV infection.
♦ Homelessness
The Glasgow Street Homelessness Review Team has set out a radical new direction focusing on the prevention of homelessness and repeat homelessness and more effective, sustainable responses which aim to return people to a settled way of life as soon as possible. Measures will include, systematic prevention, single multi-disciplinary assessment, joint-up services, replacement of large-scale hostels by a range of small-scale accommodation and, where possible supported tenancies together with social and health care services. Empowering people to take control of their own lives especially through employment opportunity. The Homelessness PIG recognise the need to develop a more strategic response and is committed to building on the existing partnership approach in order to ensure the full contribution of all the partners working with homeless people, including homeless people themselves.

♦ Learning Disabilities
Services for people with learning disabilities and their families living in Glasgow are poised for real change and development in the next 3 years. The joint learning disability strategy “Achieving Partnership” issued in April 2000 proposed the integration of health and social work services into a single framework. The outcome will lead to the modernising of supports for people with a learning disability resulting in more accessible, more person centred, more flexible and more localised services. There are new resources for service development, but changes will largely be funded through reshaping services and targeting funding priorities. Work will be done in partnership with service users and their families, staff who provide services and the wide range of agencies involved to deliver the changes that will improve people’s lives.

♦ Mental Health
The Glasgow City Mental Health PIG has established a number of sub-groups to take forward specific aspects of work. The Modernising Project Management Group has developed a 30 point Action Plan, and other sub-groups will develop policy on dementia, primary care, addictions, employment and housing. A central pillar of developing the mental health agenda will involve establishing firm links with the social inclusion work being taken forward under the umbrella of the Glasgow Alliance.

♦ Older People
The Older People PIG oversees strategy and service developments for older people, including those with dementia and mental health problems, it recognises the need to improve connections with community and voluntary sector groups and will work to achieve this. A series of events will unite older people’s groups with NHS Greater Glasgow, Primary Care, Acute Hospitals, Housing and Social Work Services to discuss local issues and perspectives and responses to development plans for change to future delivery of services.

♦ Palliative Care
The basic aims of palliative care are to maintain the best possible quality of life and, when the time comes, to ensure that death takes place in as satisfactory a manner as possible. The main challenges are the provision of adequate levels of care and support during the final phase of illness, carer support and respite. The development of palliative care services for people with illnesses other than cancer is also a key issue, this will be addressed on a condition-specific basis in the NHS Greater Glasgow Health Improvement Plan.
Physical Disabilities
This PIG has close linkages with the Visual Impairment PIG and Hearing Impairment PIG and a proposal is being considered to incorporate these PIGs within the Physical Disability PIG. The challenge is to create a service for people with a physical disability which ensures that specialist input is quickly available when required, and that service users - and their carers - get ready and effective access to all potential sources of help in their locality which ever agency they approach in the first instance Key service objectives include, quick response rehabilitation services, access to adapted accommodation, the prompt and effective provision of aids and adaptations, provision of practical help and personal care, access to flexible respite/ short breaks, social inclusion through employment, community access, more personal choices and control.

Deaf, Hearing Impaired and Deafblind
Regular consultation takes place with service users through self help, focus and user groups. As well as open meetings and awareness sessions on service provision, users and carers are given support to participate in general joint planning meetings by the provision of communication and technical support. A need his been identified for a formal register of Deaf, hearing impaired and deafblind people.
GREATER GLASGOW DRUG ACTION TEAM STRATEGY 1999-2003

THE FIVE PLAN 5-YEAR WORK PROGRAMME
The strategy consists of five plans each of which tackles a key aspect of the drug problem. Plans 2, 3 and 4 cover the same ground as the four main aims of the UK and Scottish Strategies. Each plan consists of a series of projects and initiatives designed to tackle a particular aspect in a practical way. Each project is given a priority according to how quickly it should be tackled and what the likely benefits will be.

RESOURCES
Drug injectors in Greater Glasgow spend an estimated £160 million a year on drugs, most of which comes from the sale of stolen goods and drug dealing. The cost of keeping an estimated 1000 Glaswegian drug misusers in prison at any one time is around £26 million a year. NHS Greater Glasgow and the local authorities in the area spend around £12 million annually on drug misuse services, and more uncosted millions are spent by the police and the courts and health and social work services.

ACTION PLAN 1 - UNDERSTANDING THE DRUG PROBLEM IN GREATER GLASGOW
Main aims:
♦ To develop and maintain as accurate and complete a picture as possible of the nature and extent of drug misuse and its consequences in Greater Glasgow
♦ To evaluate objectively the impact of measures designed to minimise drug misuse and its consequences

Key aspects of the current drug problem in Greater Glasgow
The majority of young people of all social backgrounds in Greater Glasgow are likely to try at least one illegal drug during their teens. Only a minority of these will misuse drugs frequently and, of these, only a small proportion will encounter serious problems including drug dependency. Most damaging drug-related problems in Greater Glasgow are experienced by people living in the most disadvantaged neighbourhoods and are currently related to addiction to heroin and benzodiazepine tranquillisers. People with serious drug-related problems are more likely to have had a disturbed family background and other disadvantages in childhood. Drug dependence seriously affects the health and well-being of many thousands of individuals, their families, neighbours and the wider community.

Implications of the current problem for strategic planning
There are two main reasons for concern about drug misuse in Greater Glasgow today. First, there is the great damage to people's lives that is already being inflicted; the deaths, illness, crime and numerous other serious social problems. Second, there are the long term consequences of escalating drug misuse and the future harm which may result from drug-taking over many years. There is a need both to minimise, as far as possible, the actual damage being done by drug misuse and to contain the extent of drug misuse by reducing the availability of and demand for drugs. Thus, the central objectives of this strategy are:-
(a) Reduce the overall levels of drug misuse
and
(b) Minimise drug-related harm
ACTION PLAN 2 - YOUNG PEOPLE AND THEIR COMMUNITIES

Main aims:
♦ To discourage the misuse of all harmful substances by young people
♦ To help create and maintain strong and healthy communities throughout Greater Glasgow

Key Messages in Drugs Education
1. Drugs change the way you feel or behave, or change the way your body works
2. All drugs can have unwanted effects but some are much more dangerous than others
3. The effects of drugs are often unpredictable or develop gradually without the user realising it
4. Drugs are much more likely to cause problems when more than one are used at the same time
5. It is extremely dangerous to drive under the influence of drugs which slow down the brain e.g. alcohol, cannabis, tranquilisers, anti-depressants or which alter the way you see the world e.g. LSD or ecstasy
6. Some drugs are particularly likely to cause dependence or addiction if taken regularly. These include nicotine, benzodiazepines, heroin and cocaine. Dependence may also develop with other drugs
7. Being in possession of or supplying illegal or controlled drugs can lead to arrest and heavy fines, imprisonment or other penalties

ACTION PLAN 3 - REDUCING THE AVAILABILITY OF DRUGS AND DRUG-RELATED CRIME IN GREATER GLASGOW

Main aims:-
♦ To minimise the availability of illegal drugs in the Greater Glasgow area
♦ To minimise drug-related criminal behaviour

The Criminal Justice System is empowered to enforce existing legislation regarding the misuse of drugs and to prosecute and punish individuals committing drug-related offences. Its functions therefore exert an enormous influence upon the drug problem. Its four main branches are the Police; Customs and Excise; the prosecution system of procurators fiscal, judges and courts; and the prison system. Social Work Services also have an important role in terms of the preparation of reports, supervising probation and community service and implementing national standards.

ACTION PLAN 4 - TREATMENT, SUPPORT AND REHABILITATION OF PEOPLE WITH SERIOUS DRUG PROBLEMS

Main aims:-
♦ To minimise drug-related harm in Greater Glasgow area
♦ To maximise recovery from drug dependence and re-integration into the community

Objectives:-

a) Behaviour Change
  i. To reduce the sharing of injecting equipment
  ii. To reduce the frequency of drug injecting
  iii. To reduce levels of drug use among current drug users
  iv. To achieve withdrawal from drug use
v. To achieve lasting rehabilitation and resumption of normal life within the community

These objections can be seen as a series of stepping stones designed to help the individual move away from the most dangerous forms of drug misuse and dependence and ultimately towards abstinence.

b) Drug-related Health and Social Problems
To provide a range of services capable of responding effectively to the serious health and social problems which result from drug misuse. Common health problems include: infections, overdose, blocked arteries and veins, pregnancy, and co-existing mental illness. Social problems include: child care issues, financial problems, disruptive family relationships, persistent offending, prostitution and unemployment.

c) Family Support
To assist parents, children and other relatives of people with drug-related problems to cope with the impact of drug misuse on their lives. Drug misuse and addiction have a devastating effect on thousands of families in Greater Glasgow. Drug related deaths can leave the surviving relatives deeply distressed.

ACTION PLAN 5 - CO-ORDINATION AND COMMUNICATION

Main aims:-
♦ To ensure that the responses to the drug problem in Greater Glasgow are implemented in a consistent and well co-ordinated way
♦ To ensure that accurate and timely information about the drug problem and responses to it is shared between the DAT, participating agencies and the wider public

Main projects and initiatives
1. Establish drug action groups to co-ordinate implementation of DAT action plans at local authority level
2. Review the composition and function of the North and South DAT Forums and their relationships with the DAT and with local community drug forums
3. Publish and widely circulate an annual DAT report
4. Six-monthly media briefings to be held by DAT
5. Ensure co-ordinated implementation of the DAT Strategy and the relevant aspects of the community care, children’s services, criminal justice, mental health framework and regeneration and social inclusion partnership plans for Greater Glasgow
MODERNISING GOVERNMENT FUND - ACCESS GLASGOW

PURPOSE AND RATIONALE
The Government has established an ambitious set of targets for modernising the delivery of public services. Local authorities are required to develop electronic communication in all aspects of business by 2005. The major elements of the Government’s modernisation agenda for public services are:

♦ The development of information and communication technology
♦ Ensuring maximum use of innovative technology in the management and delivery of services
♦ Improving public access to services

Access Glasgow is the city’s vision for harnessing technology to enhance public service delivery and provide the means for the citizens of Glasgow to take advantage of the world of technology and e-commerce. Glasgow City Council is the lead partner in Access Glasgow. Other public and voluntary sector partners include NHS Greater Glasgow, the Archdiocese of Glasgow, the Post Office and the Royal National Institute for the Blind, demonstrating the diversity of the projects. Private sector organisations have offered assistance and further partnership prospects will be explored during the initiative.

AIMS AND OBJECTIVES
The City Council led Access Glasgow initiative has recently secured £2 million from the Scottish Executive Modernising Government Fund. Implementing the vision for Glasgow as a whole will result in a significant degree of partnership working to achieve the 4 principal themes, each with a range of specific projects, which reflect the broad scope of the vision:

♦ Health and Inclusion - key issues for Glasgow
  The problems of poor health and social disadvantage in Glasgow are well documented. It is, therefore, appropriate and essential that early phases of Access Glasgow target these issues. Improving the poor health record of Glasgow citizens is a fundamental objective and health promotion will be in the first tranche of services accessible and visible by multi-channel access mode. Main projects include:
  ❖ City Wide Health Information
  ❖ Corporate Debt Management
  ❖ Respite Care Vacancies
  ❖ Virtual Child Safety Centres
  ❖ Hospital Discharge Procedures
  ❖ Social Work General Enquiries
  ❖ Welfare Rights
  ❖ Information and Advice for Disabled and Ethnic Minorities
  ❖ Footwear and Clothing Grants

♦ Regeneration - investment in the future
  There are clear service improvements and costs savings which can be generated from streamlining and sharing information relating to regeneration between partner organisations. Main projects include:
  ❖ Land and Property data standardisation.
♦ **Access - for all, by a variety of means**
In Glasgow, where take-up of the Internet is lower than national averages, it is clearly imperative to offer a choice of modes of access and locations in additional to the traditional, specifically:

- Contact Centre
- Web Portal
- Public Access Kit
- Kiosks
- Digital TV
- Mobile Communications

♦ **Business Change**
Securing Best Value in service delivery to our customers. Projects will include:

- E-procurement and E-business
- Council Tax Payment and Enquiry
- City Problem Reporting
- Transport and Environment Reporting
- Back Office reconfiguration.

Central to the partnership objectives are a number of key principles which match the Modernising Government Agenda objectives:

♦ A commitment to ensure that access to public services is available 24 hours a day, seven days a week where there is appropriate demand
♦ A commitment from the partnership that services will be designed for the needs of the public service users rather than the organisations of the providers. It will not be necessary for the public to understand which organisation supplies which aspect of the service
♦ Each sub-project will work towards electronic delivery of every appropriate aspect of the service
♦ Partnerships will actively seek to collaborate in an innovative way, suspending demarcation lines which interfere with seamless service provision and seeking legislative change where this is a barrier
♦ Performance criteria will be set and continuously reviewed
♦ Sub-projects will aim to meet the needs of all sections of society and will actively involve communities in the development of the services
♦ Technology will be employed to deliver significant innovation and improvement in services
♦ The Project will improve the lives of the public not only by providing better government but by ensuring access to the Information Age for all.
INNOVATIVE SERVICE DELIVERY

Innovation will be demonstrated both in the new access infrastructure and also in methods of service delivery. The inclusion of partners builds on the Council’s strong track record in developing and maintaining effective partnerships and seeks to prioritise areas of particular concern for the city, for example, in Health and Social Work. The use of emerging technologies, such as Digital TV, as preferred access methods will be piloted. Innovative new co-working relationships will also be piloted with the Post Office within the framework of the development of Corporate Debt Management arrangements.

Access Glasgow will assist the Council in the delivery of its vision in the following ways:-

♦ Radically improve the effectiveness of services by using state-of-the-art ICT to enable the following:-
   ❖ Fast and efficient gathering, processing and delivery of information affecting frontline services
   ❖ Services to be made available, where appropriate, round the clock using a range of public access methods
   ❖ Joined-up service delivery using a common pool of information shared with partner organisations

♦ Best Value in service delivery will be achieved by deploying ICT in ways that drive business change and secure business efficiencies

♦ Creating opportunities for new investment partners by demonstrating:
   ❖ A readiness to partner with the public, voluntary and private sector to attract innovation and achieve Best Value
   ❖ The ability to transact with the public using state-of-the-art ICT that enables cross-partner service delivery

♦ Supporting the development and regeneration of Glasgow by taking technology out to local communities

♦ Making a contribution to social inclusion and wellbeing by providing technology that:-
   ❖ Improves and enhances joint working arrangements with organisations which provides services such as health, welfare benefits and also with the voluntary sector
   ❖ Reaches out to disabled, disadvantaged and ethnic groups ensuring that social inclusion incorporates digital inclusion

♦ Spotting Glasgow as a truly modern City by providing technology that:-
   ❖ Is integral to the way in which the citizen lives, learns, works and plays
   ❖ Enhances the city’s facilities and attractions for visitors and its metropolitan aspect
   ❖ Impacts on environmental issues such as transport

♦ Use of technology to provide a step change in stakeholder/organisational communication to:-
   ❖ Learn the views of the citizen, consult on changes and inform policy
   ❖ Measure Council services and publish performance
The programme agreed by the partnership is intended to provide the building blocks for the development of service models tailored around the needs of particular client groups such as the elderly or children. As such, this approach represents a radical departure from traditional service department structures.

The Access Glasgow partners believe that their joint-initiatives will make a major contribution to the Modernising Government Agenda in Scotland.
GLASGOW CHILDREN’S SERVICES PLAN

Prepared by Glasgow City Council, in partnership with
♦ NHS Greater Glasgow
♦ NHS Trusts
♦ Strathclyde Police
♦ Reporter’s Department - Children’s Panel.

The content and approach of the Children’s Services Plan has been greatly influenced by the views, opinions and experiences of voluntary organisations, service users and the general public gained through consultation.

PURPOSE AND RATIONALE
The Children (Scotland) Act 1995, which came into force in April 1997, included a legal requirement on local authorities to produce a plan for children's services. The plan should:
♦ clearly set out the strategic objectives for services
♦ promote integrated provision of services and effective use of available resources
♦ ensure a consistent approach to planning by local authorities
♦ establish a high standard of co-ordination, co-operation and collaboration between service departments within and between local authorities, with other agencies and organisations that have a contribution to make to effective provision of local services.

The Plan is mainly about families, and children and young people up to the age of 16, but includes young people up to the age of 21 years, where the council has a legal duty to provide services. Therefore, while the plan often refers to children, this does not exclude young people and their families, but is used for simplicity. The Plan broadly considers the needs of all children and the support and services that are available to ensure their welfare. In particular, it focuses on those who may be disadvantaged by their personal or social circumstances.

CHILDREN AND YOUNG PEOPLE: WHERE THEY LIVE
The provision of safe healthy, attractive and supportive accommodation for Glasgow’s children and young people is one of our main objectives. Access to housing and a residential environment of high quality is one of the most important elements in a child’s development and a young person’s transition to adulthood.

Housing and Health
The majority of local authority housing association property is tenemental and multi-storey flats now account for 25% of total local authority stock. Glasgow Energy a fast-track programme of whole house heating and insulation has been developed, which aims within 7 years to install 80,000 whole house heating systems to the city’s housing stock. Targets have been set for each home of minimum living room temperatures of 21°C, and 18°C in all other rooms, together with 16 hours hot water per day at a cost not exceeding 10% of net disposable income. This measure should substantially reduce the cycle of ill health, create new employment in the city and give tenants and their families greater control over their lives.
**Road Safety**
The City Council has a target of reducing child pedestrian fatalities to no more than 1 in 100,000 of the child population by 2010. Land Services department currently concentrates child safety activity on road traffic accident prevention through:

- Children’s Traffic Club - presentations to nurseries and health visitors, resource packs, etc.
- Driver awareness campaigns and pre-driver training; Safety audit of road improvement schemes; Traffic calming measures; Cycle and bus lanes; Additional pedestrian facilities and Route Action Plans
- The Council also intends to introduce more 20mph zones and run the campaign “Twenty is Plenty”.

**Access to Outdoor Play and a Quality Environment**
Parks have an important educational, environmental and recreational role to play and have a key economic value as enhancing the environment assists urban regeneration. Country parks, river valleys, walkways, cycle routes and areas of nature conservation are also important for those denied access to the countryside through low incomes, unemployment or lack of a car. These present the largest and potentially the most important resource within the City for recreational activities, offering people of all ages the chance to pursue active and healthy lifestyles.

**A Healthy and Active Lifestyle**
The link between an active lifestyle and the improvement of physical and mental well being is widely recognised. Poor health and related lower quality of life represent huge social and economic costs both to families and the city as a whole. There is increasing evidence that young people today are less active than previously, 20% of Scottish children are now classed as ‘overweight’.

- **Sport and Recreation**
  Glasgow City Council is committed, as outlined in the *Sport and Recreation Strategy*, to a shared vision with NHS Greater Glasgow and the Glasgow Healthy City Partnership to promoting active living.

- **Arts and Cultural Resources**
  *Free access* to the city’s 12 museums, the country’s most popular visitor attraction with around 3 million annual visits, and the continued improvement in service quality encourages use by those most in need.

- **Keeping Glasgow a Safe Place**
  The main responsibility for preventing children coming to harm rests with parents and families. It is the role of the various public and voluntary agencies which provide services to children and families to support them in this. Only where children have been significantly harmed, or at risk of harm, and where there is no other way of protecting them, should the statutory agencies take over this responsibility.
Violence in the Home
In 90% of cases of violence in the home, children witness the abuse, either directly, by being in the same room, or overhearing abuse against their mother from another room. In addition to the obvious physical risks to children through their direct intervention to protect their mother, the long term emotional and psychological damage through living in a violent atmosphere is clear. Recent research shows a high level of tolerance of violence towards women by young people and particularly young men. The Council continues to explore way of improving services to children and women affected by violence.

Bullying
In 1995 a study of 16,000 Strathclyde school pupils noted that as many as 75% of all children reported having been bullied at some time or another. As many as 44% of children were more likely to inform their friends than a parent or teacher. An anti-bullying initiative Promoting Positive Relationship: Bullyproofing our Schools has been developed, requiring every Glasgow school to have a policy on anti-bullying.

Child Abuse and Child Protection
The main agencies that deal with children who have been abused are Health Boards and NHS Trusts, Education, Social Work, the Police, Scottish Children’s Reporter, the Children’s Panels and the Court System. All of these agencies are represented on Glasgow’s Child Protection Committee, which was set up as a requirement of the Scottish Executive to ensure effective inter-agency collaboration in protecting children and young people.

Accidents to Children
Children under five years are most at risk in the home from accidents. Initial research findings suggest that children living in areas of greater deprivation are twice as likely to be admitted to hospital or seen at Accident and Emergency Units for an injury or poisoning than children living in areas of greater affluence. NHS Greater Glasgow has helped to fund six schemes around the city over the last two years aimed at reducing risks to children from accidents in the home. The Home Safety Equipment Schemes aim to reduce the incidence of burns, scalds and falls, some of the commonest causes of injury to under fives.

ENSURING A GOOD START IN LIFE
If children are able to experience good health in their early years it is likely this will set a pattern for good health as they become older. Health services in Glasgow recognise that the health and development of children are dependent not only in health services, but on a range of other influences including the home, nursery, school, transport and other environmental features. Child health is one area that cannot be planned without taking the other areas into account and good relationships between the NHS, social work, education and housing departments are essential to co-ordinate delivery of appropriate care for children. The main services provided by a range of childcare and support services for young children and families are:-

Education Services
the main council department involved in the provision of pre 5 services and also provides key support to other agencies providing childcare and support services to younger children. Education Services has to produce, every 3 years, a review of policy and provision for under 8s.
♦ **Childminders**
look after children under five and of school age usually in the childminder’s own home.

♦ **Carers in the Child’s Home/Nannies**
Some parents employ a parent’s help, au pair or nanny.

♦ **Crèches**
may provide short-term drop in care of children, say, for an hour or two; or full day care. Mobile crèches provide a team of staff with equipment to provide services in a variety of locations.

♦ **Family Centres**
provide day care for children and assistance to families that is adaptable to local need.

♦ **Playschemes**
managed by voluntary groups, private organisations or the local authority, cater mainly for school aged children and provide a broad range of supervised leisure and educational activities.

♦ **Home Visiting Schemes**
recruit and train volunteers (usually experienced parents) who visit and assist parents and children where there is stress and/or isolation.

♦ **Link-up Groups**
are informal groups of parents, carers and those who work with children under 6 and their families who meet regularly and work together to improve local services.

♦ **Out of School Care Schemes**
are managed in the same manner as playschemes, they offer care for school age children in the absence of parents or carers from the end of the school day until parents can collect their children and also sometimes before school starts in the morning. Some offer full day care during school holiday periods.

♦ **Parent/Toddler Groups**
meet on a number of occasions per week for an hour or two. Parents/carers stay with the children (usually 3 years and under) but some groups may have a paid helper to organise or run activities.

♦ **Playgroups**
provide sessional care for children aged between 3 and 5 years although some groups will cater for younger children. Playgroups provide learning opportunities through the provision of structured play. Gaelic medium playgroups have been established to support the development and use of the Gaelic language in young children.

♦ **Private/Voluntary Nurseries**
provide day care services, play and educational opportunities for pre 5 children, usually open all year round they can care for children on a full or part day basis.

♦ **Toy Libraries**
are managed by voluntary organisations/groups or local authorities, these provide toys which can be loaned to children and families. May provide toys specifically designed to help disabled children and those with learning difficulties. A small charge may be made for borrowing toys.
MENTAL HEALTH NEEDS
For any child or young person, mental health is related both to their individual qualities and most importantly to their personal and social circumstances, where and how they are cared for and educated. For this reason a number of local authority departments, along with Health Boards and NHS Trusts have responsibilities in the general area of child and young people’s mental health. The approach adopted in mental health problems involves joint working across agencies encouraging emotional and mental health, well being and reducing the incidence and prevalence of mental health problems.

Social, emotional, and behavioural difficulty is generally used to describe the presenting problems of a child in the school, family or community. There are many different examples of these difficulties. Often in response to demands or pressure, children and young people will react either by displaying fearful, inhibited, withdrawn or over controlled behaviour, or by aggressive anti-social, disruptive, uncontrolled behaviour. Mental health disorders in children and young people:-

♦ will occasionally be characterised by features which are qualitatively distinct from mental health problems
♦ are most often quantitatively distinct from mental health problems, i.e. they are distinguished by their persistence or severity

The main resource for the healthy development of a child or young person’s mental and emotional health is their family, their wider social networks and their community. Services, which are important in promoting the positive mental health of children and young people, include Education, Primary Health Care, and Cultural and Leisure Services. There is an important role played by the voluntary and community sectors and local child and youth services. This contribution to the promotion of positive mental health is difficult to measure. However, the important factor is that these services should be available, providing easy local access for the most vulnerable groups of children.

Health agencies have adopted a tiered model of service provision described in the Health Advisory Report “Together We Stand”. This model, designed around 4 levels, has been adopted here in an attempt to map the main services within the city. The model is an early attempt at developing joint understanding of services, although it is limited by the different models of service operating in different agencies. Social Work Services have been mapped on this model and children and young people in contact with social work are likely to require mental health services at the levels indicated. However, social work staff working within the services at these levels may not have the skills in child and adolescent mental health to address their mental health needs. The main task for social work staff working with children and young people at these levels is to assess needs and attempt to access appropriate mental health services.

IMPACT OF DISABILITY: CHILDREN AFFECTED BY DISABILITY AND CHRONIC ILLNESS
In looking at services to children and young people affected by disability it is important to ensure that all children have access to the widest possible range of services and opportunities. The term affected by disability includes a range of children and young people, namely:-
♦ children who have been traditionally regarded as having special needs, those with a range of physical or sensory disabilities, learning disabilities, disorders of language and communication, emotional and behavioural difficulties or combinations of these. Services therefore should be able to assess these needs. Significant stages in the child’s life such as the identification of disability, entry to primary school, transfer to secondary school or leaving school, are points which the need for services and support may be particularly pressing. There is a particular need to co-ordinate services in the transition period from children’s services to adult services.

♦ Children who are affected by the disability or chronic illness of a member of their family, e.g. brother, sister, parent or carer. Children affected adversely by disability in the family include siblings of disabled children, children affected by the disability of disabled parents or other adults in their family. Children and young people who provide support and care for disabled family members. Children should not be expected to take on similar levels of caring responsibilities as adults or be responsible for intimate personal care and the supervision of their parents.

Both of these groups of children or young people are defined as “in need”. To ensure that these children and young people are given an opportunity to live as normal a life as possible, it is essential that there is a multi-agency approach to providing services, and other services such as housing and cultural and leisure services, should be accessible to children affected by disability. Many agencies, such as Education and Social Work, buy specialist services for children and young people from the voluntary sector. This sector has a vital role to play in the provision of specialist and supportive services.

**Young People: Housing, Employment, Advice**

Consultation responses highlighted the need for improved joint working and co-ordination, in particular, in relation to the needs of young people and especially vulnerable young people. Given the high levels of poverty and deprivation in Glasgow it is likely that many young people will live in areas with unemployment, poor skills, poor housing, high crime environments, poor health and family breakdown, all of which can contribute to the social exclusion of young people.

♦ **New Deal - Welfare to Work**
The Government has committed £300m to support the New Deal in Scotland. New Deal aims to create opportunities for young people, to increase their employability through education, training and work experience. Young people aged 18 to 24 who are unemployed for 6 months or more will be offered the chance of 4 options - a private sector job, work with a non-profit voluntary sector employer, full time study or work with the environmental task force.
♦ **Tackling Homelessness**
£16m will be targeted at homelessness through the Scottish Executive Rough Sleepers initiative. Services to young people who are homeless are mainly delivered by Housing, Social Work, Health and the voluntary sector. Specific projects using a joint approach include, the City Centre Initiative Project which is a multi agency youth work project assisting young people to engage with other support services and identifying gaps in service provision. Services provided include access to on site medical services twice a week, laundry and shower facilities and access to professional counselling for young people. This project is run by Social Work and Education in partnership with Barnardos and YMCA Glasgow. The main way of meeting the accommodation needs of young people up until the implementation of the Children (Scotland) Act 1995, was the Youth Housing Strategy, devised by Glasgow City Council and launched in 1992, involving local housing offices, the Hamish Allan Centre, Social Work Services, the voluntary sector, and interested housing associations. The Youth Housing Strategy offers both emergency and longer term accommodation for homeless young people.

♦ **Advice**
The health service is currently involved in distributing health promotion cards, providing GP services to young homeless people, providing community dieticians to teach cooking in hostels, one to one and group work, providing a homeless families health care service, a health education initiative in B & B accommodation, a 6 month trial of a drop in service in a city hostel, and providing home family planning for young homeless. There is a range of existing education, training and work experience provision provided mainly through Education and Careers Service, in partnership with the private sector.

**CHILDREN AND YOUNG PEOPLE IN TROUBLE**
Children and young people are deemed to be in trouble for a variety of reasons. This may be due to offending, non-attendance at school, alcohol/drug problems, being outwith the control of parents or carers, and generally due to behaviours which lead them to be involved with statutory agencies.

The services offered by Social Work to young people in trouble may be provided on a voluntary basis or through supervision requirements set by the Children’s Panel. Such help may be through support to the child or to the whole family with a view to preventing further difficulties. Efforts will be directed at keeping children at home in their own communities and attending their own school, where it is safe to do so. Mental health services offer assessment and treatment of young people in difficulty where there are concerns the young person may have a mental disorder. Interventions include, individual work, family work, consultation with other agencies and medication when appropriate as part of a treatment plan.

Health visitors offer support to parents and children, which can have an important preventative role. This can be provided in a variety of ways including talks and discussions at schools and through drop-ins for adolescents. There is further scope for the development of schemes to improve parenting skills to impact on family relationships. Education Services also provides support through youth clubs and additional to help with learning and behavioural difficulties in mainstream school. This is an area where interagency collaboration could achieve much more than any one agency.
IMPACT OF ALCOHOL AND DRUGS
The issue of alcohol and drugs causes particular public concern. Research shows that children and young people are beginning to experiment with drugs and alcohol at an early age. In addition recent research has begun to look at the damaging effects of parental misuse of alcohol and drugs on children and young people, and the affects that parental difficulties may have on their ability to meet the child’s physical and emotional needs. Providing services to meet the needs identified by alcohol and drug misuse include, Primary Health, Social Work, and Education, in addition to the more general services which can be viewed as providing diversion services helpful in preventing drug and alcohol misuse e.g., Cultural and Leisure services. The needs of people with drug and alcohol addictions are met through the provision of mainstream services from Health and Education in addition to specialist services provided mainly by Health and Social Work.

General health services include GPs, health visitors, community nurses, community pharmacists, Accident and Emergency Units and other hospital departments. All have responsibility for medical care in addressing drug and alcohol misuse and in treating consequential illness, infections, and injuries.

Education Services has a key role in educating young people about the effects of alcohol and drugs and in prevention of drug and alcohol misuse by young people. It currently provides general drug education in all of Glasgow’s secondary schools and in 75% of primary schools. This work is based on 4 packages of teaching materials. It is planned to develop support materials for teachers jointly between education and NHS Greater Glasgow’s Health Promotion Department. In addition, there are a number of specialist services operated by health, social work and the voluntary sector in Glasgow.

BEING LOOKED AFTER
Most children and young people are looked after in their own families and communities. Some families need support from a number of agencies to ensure that the needs of children and young people are met within the family and local community. This support is generally on a voluntary basis although at times, if the family and has particular difficulties or needs, the support may be strengthened by a supervision requirement from the Children’s Panel. A very small number of children and young people in Glasgow, about 0.8% of the young population under 16, need to be looked after away from their family home. A child is said to be “looked after” by the local authority if he or she is:-
♦ The subject of a supervision requirement made by a children’s hearing or
♦ Provided with accommodation by the local authority (e.g. in a children’s home, in a residential school, or in a poster placement)

There are different reasons for children to be looked after by the local authority
♦ In about 74% of cases, there is thought to be some degree of risk to the child due to abuse, neglect or deteriorating family relationships
♦ In about 26% of cases, difficulties with the child’s behaviour are the main reasons
These children will have the same range of physical, emotional, social, intellectual and cultural/moral needs as all children. However, in many cases these needs will be more acute and will be less likely to have been met due to the child’s experience within their family and, indeed the trauma of leaving the family to be looked after elsewhere. Therefore, children who require to be looked after away from home will often have a variety of complex needs. In recognising this Glasgow is progressing a strategy for residential care to ensure that children have the best quality of life so that residential care is more appropriate and effective. Within this strategy, units will focus on the needs of smaller groups of children with each unit having specialised functions and able to focus more on meeting the complexity of needs of children and young people looked after.

The level of public intervention in the lives of children and their families should be the minimum necessary to safeguard the child’s welfare. Wherever possible, the services provided to children who are looked after should be the same ones that are available to all children in the community.
Services for people with learning disabilities and their families living in Glasgow are poised for a period of real change and development in the next 3 years. The Joint Learning Disability Strategy “Achieving Partnership” issued in April 2000 proposed the integration of Health and Social Work Services into a single framework. The outcome will lead to the modernising of supports for people with a learning disability resulting in more accessible, more person-centred, more flexible and more localised services. As Glasgow issued its strategy, the Scottish Executive published its review of learning disability services “The Same as You” which also demands a radical reshaping and improvement of services.

**The Glasgow Learning Disability Partnership**

“Achieving Partnership” proposed the integration of health and social care services for people with learning disabilities into a single structure, headed by a Joint General Manager employed by Social Work, and the reshaping of current services to ensure a seamless response. The key action points were to create a single structure for learning disability services led by Glasgow City Council Social Work Services and to develop a pooled budget and single managerial framework accountable to the Joint Strategy Forum sub-committee for Learning Disability. The Glasgow Learning Disability Partnership will have responsibility for commissioning and service provision. The management structure will have 5 key components including, commissioning; locality based service provision, involving the management of both Social Work and Health resources; and Residential Services which are largely within the NHS.

**Predicting Demand**

A key action point of “Achieving Partnership” was to develop a register of people with learning disabilities. A number of databases were merged to form Greater Glasgow Information for Planning (GGIFP), which provides the skeleton upon which the level of need and unmet need of users of learning disabilities, health and social work services in Greater Glasgow can be noted and measured. The database does not take the place of a register and plans are in place to recruit a Data Integration Manager to develop and operate a register based on Carefirst, the social work services system.

**Involving Service Users and their Carers**

Creating a means by which users and carers can be involved in a dynamic and consistent way is the key to ensuring that the changes proposed in the strategy are effective and responsive to the needs of those for whom the service is designed. A number of initiatives that need to occur include:

- Developing a training package to give users and carers information about the legislative framework and their rights, good practice the planning process and structures
- Ensuring that accessible information is available
- Creating a network of users and carers groups with similar interests

In October 2000 the Learning Disability Partnership funded “Planning Together”, the initiative is currently developing a strategy to improve communication and involvement in joint planning.
DEVELOPING ADVOCACY
A city-wide advocacy strategy for all community care client groups is currently being
developed. It has been agreed to increase the funding available to People 1st and we have
committed ongoing funding for Equal Say, a citizen advocacy organisation, post Lennox
Castle Closure.

THE CREATION OF AREA LEARNING DISABILITY TEAMS
Health managed Community Learning Disability Team staff were to be integrated with
specialist Social Work staff from area based teams to form 9 Area Learning Disability Teams
based in Resource Centres in Glasgow. The establishment of these teams, co-ordinated by
Locality Co-ordinators, to deliver locally based services will allow the following tasks to be
developed on a locality basis for each User:
♦ A single care plan
♦ A single care management system
♦ A single Care Manager
♦ A single casenote or file
♦ A single information system (Carefirst)
♦ A single point of access to the service.

The core function for these teams is care management, described as the means to ensure that
effective services are co-ordinated for all people with a learning disability in Glasgow.
Glasgow Learning Disability Partnership is committed to the development of Local Area Co­
ordination through effective care management, utilising the common core roles of Social
Work, Nursing and Occupational Therapy staff.

GOVERNANCE AND STANDARDS TEAM
A joint team from Health and Social Work Services, integrating current health and social
work practice, will be responsible for governance and standards across the Learning Disability
Partnership. There will be a Governance and Standards Manager, who will be key in pulling
the work together across all aspects of the learning disability service and 5 individuals each
representing a component part of the service.

JOINT COMMISSIONING ARRANGEMENTS
A joint Commissioning team has been established with responsibility to prioritise the
following:-
♦ Develop a robust joint Financial Framework
♦ Reconfiguring Services to improve lifestyles and maximise income
♦ Develop a monitoring system for unregistered services
♦ Developing and Implementing a short-breaks strategy
♦ Improving the opportunities for school leavers
♦ Developing and supporting care management
♦ Commissioning ‘robust services
CHILDREN AND TRANSITION
The underlying shared principle of all the partners involved in providing services to children affected by disability is that they be considered as "children first" and that any disability should be a subsidiary consideration and should not define their role or place in society. The priority is to develop inclusive needs-led services for children affected by disability and to acknowledge the continuing need to develop specialist services that take account of the wide range of complex needs that are increasingly prevalent amongst Glasgow’s children. The focus for service delivery will be to identify and maximise each child's potential and enable him/her to experience as normal a childhood as possible.

RESIDENTIAL SUPPORTS
More than 500 people with learning disabilities live in a variety of residential accommodation in Glasgow, with 250 people living in unregistered accommodation. Prior to 1995, registered residential care services were developed either as units supporting 14 or 15 people or in registered group homes of 4 or 5. More recently commissioned services tend to be smaller group homes or individual supported living arrangements, most of them unregistered. Such services offer greater flexibility in terms of future need.

HOUSING
The closure of Long Stay Hospitals and the funding made available from NHS Greater Glasgow, Scottish Homes and Housing providers, has improved the range of social housing available throughout the city. City Housing recently made £500,000 available to the Learning Disability Partnership to adapt and upgrade city housing stock for people with learning disabilities living in the community. A joint accommodation strategy is being prepared for people with learning disabilities in the city that sets out the housing requirements for the next three years and addresses funding and commissioning issues.

SHORT TERM BREAKS
The partners are committed to improving existing residential respite services and the development of non-building bases alternatives. A "Natural Breaks" service has been created, which will offer short breaks to carers, initially in the South of the City, whilst helping service users to access a variety of community based alternatives particularly in the evenings and weekends. A 3-year strategy for re-shaping and development of short breaks will be developed with users, carers and other stakeholders.

DAY SUPPORTS
A 3-year plan to modernise day service provision in the city has been proposed. Phase I proposes a new, more flexible, staffing structure linked to the changes proposed for area based teams supporting people with a learning disability. A framework for day support will be developed that complements Area Social Work Teams, directly managed Day Support and independent sector provision. Phase II will see increase in the development of employment opportunities available for service users to ensure that these are configured to provide real choice for users of Day Services. This will build on the partnerships that have already been developed with the independent and voluntary sector providers of Day Services. Phase III will see consolidation of change, a substantial review of transport arrangements and a further increase in personalised options for service users. A capital programme to support modernisation of buildings is needed as many of the buildings where Day Services are provided are unfit for this purpose.

PRIMARY HEALTH CARE
A Primary Care Liaison Team has been recruited, which includes posts in General Practice, Primary Care Nursing, Community Learning Disability Nursing, Speech & Language Therapy and Health Promotion. The team will be working within each Local Health Care Co-operative within the Glasgow area commencing August 2001.
SPECIALIST SERVICES
By June 2001 specialist clinicians will be integrated with Area Learning Disability Teams and will include clinicians transferred from Lennox Castle Hospital. Clinical input for residents remaining in Lennox Castle Hospital up until the closure in April 2002 will be provided from the teams. The Primary Care NHS Trust will provide 16 short stay Assessment and Treatment beds and a 16 bed longer stay Assessment and Treatment service. There are plans to re-provide NHS respite services in alternative locations in a 4-place placement unit. A Robust Service project will be established to support those people who will require very well planned and supported services. The re-provision of The Learning Disability Division (of the Primary Care Trust) on-call service will be examined. Joint management arrangements have been agreed for Specialist Services to people with severe and durable behavioural difficulties. By April 2002 a Crisis Intervention and Prevention Service will have been established.

SERVICES FOR PEOPLE WITH COMPLEX NEEDS
Demographic information indicates that people with a learning disability are living longer. However, are traditional services appropriate for older people with learning disabilities? Between 15-20% of the learning disabilities population has Down’s Syndrome and a growing number of people with Down’s Syndrome are experiencing early on-set dementia. At least 36% of people with Down’s Syndrome aged 50-59 years and 54.5% aged 60-69 are affected by dementia (compared to 5% of the general population over 65 years). By April 2002 we will build on available statistical information to develop a needs assessment, commission an awareness/training programme on learning disability and dementia, provide training on appropriate assessment and assessment tools, have identified appropriate models of care and support and developed specifications for new services.

A strategy for the development of services for people on the autistic spectrum disorder was developed during 2000/2001. The strategy is currently being re-drafted to ensure that its recommendations integrate into Learning Disability, Mental Health and Children’s Service Plans.

A number of initiatives ensure that services can meet the needs of people with profound and multiple disability. Over the last 3 or 4 years we have invested in PAMIS where there is now a thriving group of parents who receive ongoing training and support. By April 2002 we hope to establish PAMIS Teenage Transition Project across the city and to develop a specification, in partnership with PAMIS, for day supports for people with profound and multiple disability.

The black and ethnic minority community population in Scotland is approximately 1.3% of the total population compared to 6% in England and Wales. Fewer than 35% of this population within Scotland live in Glasgow and constitute 3% of the population. Most are of Pakistani origin followed by Chinese and Indian, and other groups such as African and Caribbean. Over half of the black and ethnic minority communities live in Social Inclusion Partnership (SIP) areas. A multicultural Team has specific responsibility for ethnicity and culture within the Learning Disability Partnership.

CLOSURE OF LONG STAY HOSPITALS
By end July 2001, Lennox Castle will have only 90 beds remaining and the hospital will close by April 2002. Glasgow City residents of all other long stay hospitals will be resettled by October 2002.
JOINT TRAINING AND HUMAN RESOURCES STRATEGY
Key activities over the next 12 months will include – Enhancing lifelong learning for people with a learning disability – Building the capacity of people with learning disabilities and their families to contribute to planning and policy making – Improving the ability of employers to recruit, train and support people with learning disabilities – Provide training for people wanting to work in this sector – Provide interagency training for staff starting to work in a more inclusive way – Develop a website to support different forms of learning and inclusion.
We will establish a Joint Partnership forum, implement the Joint Partnership Information Network Guidance for the Learning Disability Service, develop the Joint Programme (Common Knowledge) and develop a communication strategy for the partnership.

JOINT RESOURCE FRAMEWORK
The Learning Disability Partnership is committed to the development of a pooled budget as a means to promoting the development of change outlined in this document. The Joint Community Care Plan 2001/04 outlines a total expenditure for Learning Disability services of £41.9 million for 2000/01.
INTRODUCTION
Cities are subjected to constant change, experiencing natural cycles of growth and decline. Successful cities embrace change in a positive and enlightened fashion and use it constructively. The City Centre, the inner urban area, the outer urban areas, the areas where people live, shop, work and play are all essential elements of the dynamic city. Some of these areas already contribute to Glasgow’s well-being, others are in need of substantial monetary, physical and social investment to allow them to play a similar role. The Plan recognises these different areas and promotes a range of action aimed at securing their future.

STRATEGIC AIMS
The Plan seeks to influence positively the future wellbeing of the City by setting a number of strategic aims for People, Jobs, Infrastructure, Environment, the City Centre, the River and the Areas of Focus. These strategic aims are refined by more specific targets and proposals for delivery in the first five years of the Plan and set out in subsequent sections of Part 1. Supporting these specific proposals are a series of Development Policies set out in Part 2 that will guide the development control process and help shape the city over the next 20 years.

The development strategy emphasises the reconnection of the social, physical and economic fabric of Glasgow. At its heart is a commitment to achieving the highest possible outcomes through design standards and development policies.

PEOPLE
Loss of population, in particular families, is a major concern for Glasgow in terms of its effect on the City’s fiscal base and on the demand for services. Glasgow’s population fell significantly during the 1980’s. In 1999 there were an estimated 611,440 residents in the City. Based on past trends Glasgow’s population is projected to decline to 595,510 by the year 2009.

The fall in population reflects not only birth and death rates but also the loss of employment opportunities and consequent outward migration. It also reflects the fact that the City’s housing stock does not meet the lifelong needs of all its residents.

The Aim for People is:
♦ to achieve population growth, help retain families in the City and deliver a choice of residential development opportunities to meet the demands of all sectors of the housing market.

The Strategy for People involves:
♦ the delivery of the brownfield housing programme, the promotion of “New Neighbourhoods” and selective “greenfield” land release for family housing.

JOBS
The retention and creation of jobs in Glasgow, particularly for Glasgow residents, remains a priority for the City. Despite an estimated increase in the number of employee jobs from 308,700 to over 337,800 between 1993 and 1998, there remains disadvantaged areas where unemployment remains stubbornly high and social exclusion is a significant problem. Positive intervention is needed if the City’s economic competitiveness is to improve and Glasgow residents are to benefit from the projected growth in employment opportunities.

The Aim for Jobs is:
to build on Glasgow’s distinctive qualities to develop a dynamic, internationally competitive economy that creates wealth and provides quality sustainable work opportunities for all the residents of the City.

The Strategy for Jobs involves:
- the maintenance of a supply of quality land for industrial and business development, supported by Single User High Amenity Sites, the Strategic Business and Industrial Sites and Business Development for Local Areas Programmes.

INFRASTRUCTURE
Infrastructure includes the City’s transport, retail and commercial network as well as services such as schools, waste disposal, water and sewerage. A successful city requires the highest standards of services if it is to support sustained growth. Extensive public and private sector investment in recent years has impacted positively on the quality and range of services in Glasgow.

The Aim for Infrastructure is:
- to continue to develop the City’s infrastructure to meet the current and future needs of residents, visitors and investors.

The Strategy for Infrastructure involves:
- the reduction in the need to travel, particularly by car by relating land use more directly to transport and the improvement of links between residential and employment areas. In terms of retailing the strategy involves sustaining and enhancing the City’s retail hierarchy.

ENVIRONMENT
Environment covers all aspects of the City’s external environment, conservation areas, listed buildings, areas of high townscape value, parks, open spaces and watercourses. The City’s physical environment is the basis for visitors’ and potential investors’ first impressions of Glasgow. Maintaining Glasgow’s historic built environment, reinforcing this with new developments that demonstrate the highest standards of design and linking these urban elements to a quality natural environment are key challenges for the City. In order to reflect adequately all aspects of the City’s environment the Plan deals separately with Built Heritage, Natural Heritage and Vacant Land. Urban Design ties together all these aspects of the urban fabric and offers the context to link them with the natural environment. High quality, sustainability and designing for people underpin the aims and outcomes of this section of the Plan.

The Aims for the Environment are:
- to encourage high standards of urban design that will contribute to urban sustainability and economic regeneration;
- to protect or enhance buildings and areas of special quality and promote Glasgow’s built heritage;
- to improve the quality of, and access to, the City’s green spaces; and
- to realise the development potential of 800 hectares of vacant and derelict land by 2005.

The Strategy for the Environment involves:
- the protection of those things of lasting value in the built and natural environment and the application of the highest standards of design quality throughout the whole of Glasgow. The strategy also involves removing the impact of blight by realising the development potential of vacant and derelict land.
CITY CENTRE
The City Centre is the historic, cultural and commercial heart of Glasgow and the West of Scotland and its success is fundamental to the well-being of the local and wider Scottish economy. It is the area of the City subject to the most intense development pressure and change, driven principally by the private sector. Although significant and positive change took place in the 1980s and 1990s, it is essential that this process continues and the City Centre maintains and improves its standing as a vibrant attractive location in which to live, visit and invest.

The Aim for the City Centre is:
♦ to maintain the City Centre as one of the most successful, dynamic, safe and accessible business, tourism and cultural centres in the UK and Europe.

The Strategy for the City Centre involves:
♦ the maintenance and development of the City Centre as the strategic focus for Glasgow and the Clyde Valley, the promotion of the City Centre as a competitive location via flagship retail and commercial development and the enhancement of the rich fabric of its physical environment.

THE RIVER
The River Clyde, Glasgow’s greatest natural asset, was the foundation on which the City’s industrial prosperity was built. The use of the river mirrored the decline in traditional industries in Glasgow, leaving a legacy of physical and visual dereliction. In recent years development activity has drawn attention to the River’s potential to once again play an important role in securing the future prosperity of the City.

The Aim for the River is:
♦ to bring about substantial change in the nature and perception of the river, identify new functions for the river and its banks that will result in widespread sustainable regeneration and allow it to regain its place at the heart of the City.

The Strategy for the River involves:
♦ the reconnection of the City with the River through improved, infrastructure, transport and design.

AREAS OF FOCUS
Parts of the City are characterised by vacant land and derelict buildings, isolated from the successful elements of the City fabric. These areas reflect Glasgow’s industrial past and are concentrated around the City Centre and along the river corridor coinciding to a significant degree, (60%), with the City’s Social Inclusion Partnership (SIP) areas. Although regeneration activity is already underway in some of these areas there is a need to provide guidance on the type and form of development that will maintain and extend this activity.

The Aim for Areas of Focus is:
♦ to target planning action to stimulate and sustain regeneration activity particularly to support SIP areas.

The Strategy for Areas of Focus involves:
♦ a commitment to prepare in consultation with local interests "Local Development Strategies", that will deliver detailed planning solutions to mobilise the public and private sector.
The Plan’s city-wide Programmes, (Part 1), Development Policies, (Part 2), and supporting strategies, (Part 3), will ensure that the quality of those parts of the City not identified as an Area of Focus will be maintained and enhanced.

**DELIVERY AND GOOD PRACTICE**
The value of any plan is in its ability to deliver development and bring about change. A good plan is one that makes a difference. The City Plan is not a shopping or wish list but a Plan for action that recognises the need for partnership working and shared responsibility for driving forward the development agenda.

The public sector alone cannot deliver the vision any more than can the private sector. The Plan recognises the respective roles of each sector and provides for the complementary application of many skills in addressing the regeneration issues.

To make the difference, the Plan advocates new and innovative ways of driving forward the development agenda. The City Council will take a proactive role in this process, setting the agenda and providing the impetus for the implementation of that agenda. The Council’s property and land portfolio will make a major contribution towards creating a climate of optimism and forward thinking, unlocking development opportunities and stimulating the market. The City Council is willing to be an active participant in a range of development options and will consider positively any proposals for the use of its property holdings as a catalyst for development, in site assembly and in brokering development options in areas untested by the market. All forms of partnership arrangements will be considered where it can be demonstrated that they will drive forward and deliver the City’s regeneration aspirations.

The Plan is clearly development orientated. This will not however be at the expense of delivering quality. Developments must address issues of sustainability, accessibility and complement the existing urban grain. To this end design standards and good practice guides are incorporated into Part 2 of the Plan.

Good design benefits everyone including people with disabilities, the elderly and people with young children. The Council is committed, through its Equality Policy and its Key Objectives, to promoting equality for all Glasgow’s citizens and to providing accessible and accountable services. Part of this commitment includes compliance with the Disability Discrimination Act 1995 including the requirement from 2004 for all service providers to make ‘reasonable adjustments’ to the physical features of their premises to overcome physical barriers to access.
LOCAL AGENDA 21

Local Agenda 21 (LA21) is a plan of action for improving quality of life for the people of Glasgow. It takes its name from Agenda 21, a global strategy drawn up at “the Earth Summit” in Rio de Janeiro in 1992 to address the world’s environmental, social and economic challenges and to achieve sustainable development. Every local authority in Britain has been asked to prepare a document of this type to provide the framework for the policies and processes necessary to shape a sustainable future for everyone.

The Local Agenda 21 process is based on five key elements;
♦ A focus on integrating economic, social and environmental aims
♦ Community involvement
♦ Consensus building
♦ Actions based on a clear understanding of local needs and priorities
♦ Development of a system of monitoring progress

Local Agenda 21 and sustainable development are critical to the future of Glasgow. They impact on all aspects of City life, from providing healthy living conditions and creating jobs, to protecting and enhancing the environment. Developing an integrated approach to such issues is not, however, a short term procedure. It will require considerable time and significant co-operation between stakeholders to achieve the vision of a Sustainable Glasgow.

SUSTAINABLE DEVELOPMENT

Sustainable development can be defined as an approach to human progress which ensures a better quality of life for everyone now and in the future but which, in so doing, does not deplete resources or harm natural cycles. Putting sustainable development into practice means simultaneously meeting four objectives, at a local, national and international level:
♦ Social progress which recognises the needs of everyone;
♦ Maintenance of high and stable levels of economic development and employment
♦ Effective protection of the environment; and
♦ Prudent use of natural resources

The Scottish Executive has defined a sustainable community as one where people work together to ensure their long-term social, economic and environmental well-being. It is built around three interrelated key themes and specific characteristics, as follows;

A PROSPEROUS ECONOMY
♦ Vibrant local economies that present opportunities for satisfying and fairly paid work for all sectors of the labour market
♦ Support for local business and employment
♦ Recognition of the value of unpaid and voluntary work
♦ Access for all to good quality food, water, housing and fuel at reasonable costs
♦ Access for all to education and training in accordance with their job aspirations
AN INCLUSIVE SOCIETY
♦ High quality, affordable public transport giving access for all to work, goods, services and other people, with the least cost to the environment
♦ Provision of preventative action on health, together with a high standard of healthcare
♦ Reduction of fear of crime and violence, or persecution because of a person’s race, gender, sexuality, personal circumstances or beliefs
♦ Creation of a multi-cultural environment which embraces all people irrespective of ethnic origin or identity
♦ Empowerment of all sections of the community to participate in decision-making and consider the social and community impacts of decisions

A HEALTHY ENVIRONMENT
♦ Careful and efficient use of energy, water and other natural resources
♦ Minimisation of waste, then re-use or recovery through recycling, composting or energy recovery
♦ Protection of human health and amenity through safe, clean and pleasant environments
♦ Protection and enhancement of the diversity of nature
♦ Preservation and enhancement of the built heritage

The aim of the LA21 process in Glasgow is to create a place which is built around these characteristics. Considerable work is already being done in this respect within the City, both by Glasgow City Council and the many other public, private and voluntary agents of regeneration. This now needs to be taken forward in a structured and committed way.

THE WAY FORWARD
The key tasks necessary for success will be;
♦ Development and adoption of tools, including sustainable development indicators, to measure the impact of actions towards sustainability;
♦ Development of awareness raising programmes and other arrangements to promote stakeholder involvement in the LA21 process; and
♦ A review of Glasgow City Council’s own actions and policies to assess progress on sustainable development and identify where further action is needed

To progress these tasks, it is intended to;
♦ Establish a Glasgow stakeholder group on sustainability by March 2001;
♦ Agree initial sustainable development performance indicators by November 2001; and
♦ Review this LA21 Framework and document progress on indicators by December 2001

Taking these actions will ensure that progress is being made in Glasgow and that the process of continuous assessment is ongoing. The actions will provide the basis for future review and evaluation of Local Agenda 21 in Glasgow.
APPENDIX 5: THE STARTING WELL CHILD HEALTH DEMONSTRATION PROJECT

PURPOSE AND RATIONALE
Starting Well is Scotland’s national Child Health Demonstration Project. It aims to demonstrate that child health can be improved by a programme of activities which both supports families and provides them with access to enhanced community-based resources.

Health inequalities in the adult population are recognised as a product of processes of social and economic exclusion whose antecedents exist in childhood. Studies have demonstrated that children raised in poverty are at increased risk of poor health. Increased perinatal and infant mortality, low birth weight, sudden infant death, increased childhood mortality for respiratory diseases, infectious diseases and childhood behavioural difficulties are all associated with adverse family circumstances.

The Starting Well Project is led by the Glasgow Healthy City Partnership (with partner organisations representing a range of statutory, voluntary and academic interests) and is being implemented through a programme of intensive home-based health visiting, lay worker (Health Support Worker) support and community development.

LITERATURE REVIEW
A comprehensive literature review undertaken in preparation for the Starting Well Project proposal indicated that many interventions designed to support families with very young children were based on models of intensive home support. Support was offered to families within the context of their own homes, in some instances on a daily basis, and implemented through both professional and lay worker interventions. Among these studies, a number of promising results have been reported:-

- marked differences in the developmental quotients of participating children when compared to control groups
- significant differences in cognitive development between participating children and children in control conditions at both 12 and 24 months of age
- increased maternal participation in the workforce
- fewer subsequent pregnancies
- reduced maternal depression
- increased maternal perceptions of greater social support
- improved diet and significant reduction in behavioural difficulties among pre-school age children.

Studies have also described longer-term effects, including improvements in socialisation (particularly prevalent for boys), improvements in long-term family functioning, lasting positive consequences for the socio-economic status of participating families, and reduced substance abuse. These data suggest that the provision of intensive home support for families offered in the context of a strengthened community network of support can result in measurable improvements across a variety of parameters of health outcome for both children and families.

ANALYSIS
In considering the elements of programme success among studies, three essential characteristics have emerged:-
♦ effective programmes are based, either explicitly or implicitly, on ecological models of support (where influences on maternal and child health are viewed contextually through systems of material, social, behavioural and psychological variables)

♦ effective programmes are designed to address the ecology of the family during pregnancy and the early childbearing years through a therapeutic alliance with home visitors (who visit frequently and over a period of sufficient length to affect the system of factors that influence maternal and child health outcomes): and

♦ effective programmes have been targeted at families at greatest risk for family/child health decrements, as defined through socio-economic status and/or significant deficits in personal and social resources.

OBJECTIVES
There are explicit objectives in the Starting Well Project aimed at both the promotion of health and well-being of young children and the health and well-being of families. The objectives for child health include:

♦ the provision of a range of opportunities for the promotion of children’s health

♦ a reduction in the adverse consequences of risk factors on children’s health and well-being and improvements in opportunities for young children to socialise with other children

For families, objectives include:

♦ explicit attempts to improve parental self-esteem, psychological well-being, empowerment and achievement in the parenting role;

♦ enhancements in parental knowledge and understanding of key issues of child development and parenting, and increases in parental abilities to effectively cope with fundamental issues in parenting.

Further, the Project aims to increase the support available for parents in addressing adverse life circumstances (low income and poor skills base) and to increase parental ability to access local services and agencies that can assist families across a range of diverse needs.

IMPLEMENTATION
The Project is being implemented in two areas of Glasgow:

♦ Area 1 lies on the south side of the city, is made up of three distinct communities (Gorbals, Govanhill, North Toryglen) and has a total population of 31,115.

♦ Area 2 lies in the east of Glasgow (Greater Easterhouse) and is made up of communities with a total population of 32,880.

CRITERIA
The target areas were selected on the basis of criteria including:

♦ levels of socio-economic deprivation

♦ evidence of significant child health and parental support needs

♦ the presence of appropriate organisational community infrastructures and capacities which could potentially support the Project

♦ levels of black and ethnic minority populations and evidence of local enthusiasm and support for the Project.

It is important to recognise that the Project is based on a concept of a “vulnerable community”, as opposed to the concept of vulnerable families.
PROJECT DEVELOPMENT
The two essential components in the Project are intensive home-based support (provided by both Health Visitors and Health Support Workers) and the provision of a strengthened network of community-based support services for children and their parents.

Intensive home visiting involves all families with new babies in the target areas. Teams of Health Visitors and Health Support Workers are integrated within existing Primary Care Teams and there are opportunities for family contact beginning in the early ante-natal period. The focus is on parenting issues and the provision of practical support and Health Visitors/Health Support Workers involved in the Project are utilising a community development approach in their work with families. Goals for family and child health (which include both a consideration of lifestyle issues and specific attempts to reduce adverse life circumstances) are being articulated through a Family Health Plan mutually agreed among Health Visitors/Health Support Workers and individual families.

These home-based activities are developing in the context of well-resourced networks of community-based support services. It is intended that these networks will complement existing services and maximise the potential skills and energies within the target communities. Participating families have, therefore, increased choice in supports available to them.

Local Implementation Groups have been established in each of the target areas and financial resources, identified in local development funds, are available to these Groups for community-directed family support services.

The success of the Project will depend, to a significant degree, on the relationship between these component parts of the Project and practical steps have been taken to ensure the integration of these initiatives. Further, attempts are being made to ensure that the Project is fully integrated into existing local partnership arrangements, including, for example, Social Inclusion Partnerships.

CURRENT PROGRESS
There has been intensive development since the Project Launch in November 2000, including:-
◆ the development of appropriate management structures, including the recruitment and development of both a multi-agency/multi-disciplinary Steering Group (under the direction of the Glasgow Healthy City Partnership) and a Senior Management Team
◆ recruitment and employment of Health Visitor Co-ordinators (to lead Project activities within each geographical area) and Health Visitor Teams
◆ consultation with GPs and GP-attached Health Visitors in each area
◆ development and implementation of training modules for participating Health Visitors
◆ selection of an appropriate parenting training module and implementation of parenting training for Health Visitors
◆ development of practice protocols for a variety of subject areas (Dental Health, Nutrition, Peri-Natal Mental Health, etc.);
◆ development of a Core Visiting Schedule for participating families
◆ development of the Family Health Plan
◆ establishment of recruitment pathways for families
◆ recruitment and selection of a voluntary sector provider for the Health Support Worker component of the Project
♦ development and launch of Local Implementation Groups and Affiliate Schemes in each area
♦ recruitment of a Bilingual Worker

Additional Project activity is currently focused on several areas:-
♦ an exploration of the potential for the development of grade-mix models of service delivery, utilising the skills of a range of child-care professionals
♦ development of specific posts in community support/facilitation within the Primary Care arena

RESEARCH AND EVALUATION
Research questions associated with the Project include:-
♦ What are the components of the Project intervention and what are the rationales, intended processes and anticipated impacts of each?
♦ What changes occur within each component of the Project and how are they related to the intended processes and anticipated impacts?
♦ How do the organisations and agencies involved in the implementation of the Project adapt in terms of management support, structures and inter-agency working?
♦ What differences in outcomes are seen over time between target and comparison groups on indicators measured at the level of the child/family/community?
♦ What can be learned from the evaluation of the Project and what are the policy implications?

The Project will be evaluated both externally (by the Public Health Department, University of Glasgow) and internally. The external evaluation will employ both qualitative and quantitative methodologies:-
♦ a "Theory of Change" model will be used to describe the rationale, processes and intended impacts of the Project intervention and to determine whether or not these impacts have been achieved
♦ the measurement and detection of changes (in health, parenting, community involvement, etc.) over the life of the Project will be examined through a quasi-experimental design (in which a variety of indicators assessing outcomes at the level of the child/mother/family will be considered)
♦ to supplement these findings, detailed case studies of twenty individual families will be conducted.

The internal evaluation, conducted by the Project Team, will, again, employ both qualitative and quantitative methodologies. Quantitative data considering the number and length of contacts, types of intervention and family demographics will be collected. Additionally, detailed descriptive data regarding the development of the Project, training of Health Visitors/Health Support Workers, community development activities, protocols and documentation and organisational change issues will be presented.

Key to the long-term success of Starting Well is the extent to which partnership working between agencies and communities can develop, with child health as its cutting edge. The lessons of a successful project will have major implications both for the city of Glasgow, Scotland and potentially further afield.
<table>
<thead>
<tr>
<th>TERM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Value</td>
<td>The purpose of Best Value is to ensure that councils provide services that meet the needs of their customers and citizens and provide value for money. They must also demonstrate that they are accountable and delivering continuous improvement.</td>
</tr>
<tr>
<td>Children’s Services Plan</td>
<td>From 1 April 2001, local authorities must publish plans for services for children in their area.</td>
</tr>
<tr>
<td></td>
<td>The aims of these plans are to:</td>
</tr>
<tr>
<td></td>
<td>♦ ensure the welfare of children;</td>
</tr>
<tr>
<td></td>
<td>♦ clarify strategic objectives in relation to services;</td>
</tr>
<tr>
<td></td>
<td>♦ promote an integrated provision of services and effective use of resources;</td>
</tr>
<tr>
<td></td>
<td>♦ ensure a consistent approach to planning by local authorities; and</td>
</tr>
<tr>
<td></td>
<td>♦ establish a high standard of co-ordination and cooperation between service departments within local authorities, other local authorities and organisations.</td>
</tr>
<tr>
<td>Clyde Valley Structure Plan</td>
<td>A strategic development plan covering Glasgow and the Clyde Valley (population 1.8 million).</td>
</tr>
<tr>
<td></td>
<td>Details: <a href="http://www.gcvcore.gov.uk">www.gcvcore.gov.uk</a></td>
</tr>
<tr>
<td>Community Councils</td>
<td>Community Councils are voluntary bodies which exist within a statutory framework and which have been granted statutory rights of consultation. The general purpose of a community council is to ascertain, co-ordinate and express the wider views of the entire community within its agreed boundaries. Recognised community councils are included in the consultation process for all planning applications.</td>
</tr>
<tr>
<td>Community Development</td>
<td>Community development is founded on a fundamental commitment to community and individual empowerment and participation in order to enable people to have more control over their lives. Details: <a href="http://www.scdc.org.uk">Scottish Community Development Centre</a></td>
</tr>
<tr>
<td>Community Health Exchange (CHEX)</td>
<td>CHEX is a resource for community projects and health workers in Scotland. Its main aims are to:</td>
</tr>
<tr>
<td></td>
<td>♦ Provide a resource for community projects and health workers</td>
</tr>
<tr>
<td></td>
<td>♦ Facilitate networks and exchanges between community projects</td>
</tr>
<tr>
<td></td>
<td>♦ Inform and contribute to policy debate</td>
</tr>
<tr>
<td></td>
<td>♦ Assess training and development needs</td>
</tr>
<tr>
<td></td>
<td>The Exchange is funded by HEBS and located in the Scottish Community Development Centre in Glasgow.</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.scdc.org.uk/chex/index.htm">www.scdc.org.uk/chex/index.htm</a></td>
</tr>
<tr>
<td>Community Health Projects</td>
<td>There are eight Community Health Projects in Glasgow which promote health within their local community using a</td>
</tr>
<tr>
<td>TERM</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Community development approach</td>
<td>They support community-based action on a wide range of issues that affect health including food, safety, stress and parenting. In addition they contribute to local regeneration or Social Inclusion initiatives that seek to improve other issues that affect health such as employment, housing and education.</td>
</tr>
<tr>
<td>Community Learning</td>
<td>Community learning is any learning activity which takes place in a community rather than institutional setting. Community learning programmes and activities can be vocational and non-vocational, accredited and non-accredited. Each local authority is producing a strategy which details how community learning will be developed and the range of partners to be involved.</td>
</tr>
<tr>
<td>Community Planning</td>
<td>A process whereby a local authority and other agencies, including community, voluntary and private sector interests, come together to develop and implement a shared vision for promoting the well-being of their area. The process rests on the key concepts of community leadership; a strategic vision for the whole area; community involvement; and partnership working. The Glasgow Alliance strategy has been adopted as Glasgow’s Community Plan.</td>
</tr>
<tr>
<td>Community Safety</td>
<td>Community safety means protecting people’s right to live in confidence and without fear for their own safety, or safety of other people. Glasgow has established a Community Safety Partnership which brings together partners in a strategic approach to such issues.</td>
</tr>
<tr>
<td>Council Health Forum</td>
<td>Glasgow City Council Health Forum Remit:</td>
</tr>
<tr>
<td></td>
<td>1. To consider health issues in the city, particularly those over which the Council has influence, and take appropriate steps to promote improvements in the health of Glasgow’s citizens.</td>
</tr>
<tr>
<td></td>
<td>2. To support, as appropriate, the development, implementation and evaluation of health projects, including those run by other agencies, as well as the Council itself.</td>
</tr>
<tr>
<td></td>
<td>3. To provide a link between the Council’s services and the Glasgow Healthy City Partnership and to oversee and develop the Council’s input to this project.</td>
</tr>
<tr>
<td></td>
<td>4. To consider the health implications of the Council’s policies and services to maximise their positive health impact.</td>
</tr>
<tr>
<td></td>
<td>5. To develop and support, as appropriate, community-based health action.</td>
</tr>
<tr>
<td></td>
<td>6. To liaise, as appropriate, with city and national agencies on health issues to determine how best to cooperate with such agencies to improve Glasgow’s health.</td>
</tr>
<tr>
<td></td>
<td>7. To consider the health implications of Council services, initiatives and specific programmes developed by Council departments and other bodies with a view to maximising their health impact.</td>
</tr>
<tr>
<td></td>
<td>8. To progress, as appropriate, the development of joint projects with NHS Greater Glasgow, to progress the</td>
</tr>
</tbody>
</table>

City Health Development Plan Appendices
<table>
<thead>
<tr>
<th>TERM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council’s input to NHS Greater Glasgow’s health improvement programme and to advise, as appropriate, the Policy and Resources Sub-Committee on social Inclusion Strategy on these issues.</td>
<td></td>
</tr>
</tbody>
</table>
| **Membership** The City Health Forum has the following membership:  
♦ Elected members as agreed by the Policy and Resources Sub-Committee on Social Inclusion;  
♦ Directors (or their representative) of each department, as appropriate;  
♦ The Directors of Public Health and Health Promotion, NHS Greater Glasgow; and  
♦ Co-ordinator, Glasgow Healthy City Partnership |
| The Forum may agree to invite other individuals or representatives of other organisations to meetings, as appropriate. |
| **Department of Social Security: Benefits Agency** The UK Department of Social Security (DSS) is a central government service which helps with:  
♦ the costs of raising children and with arranging child support maintenance  
♦ Support for people who are looking for work or cannot work  
♦ To promote financial security in retirement. |
<p>| Further details: DSS Website <a href="http://www.dss.gov.uk">www.dss.gov.uk</a> |
| <strong>Drug Action Team</strong> Drug Action Teams (DATs) are local multi-agency coordinating groups set up to tackle drug misuse and to agree service initiatives to reduce drug use. |
| <strong>European Healthy City Projects</strong> The WHO Healthy Cities project is a long-term international development project that aims to place health high on the agenda of decision-makers in the cities of Europe and to promote comprehensive local strategies for health and sustainable development based on the principles and objectives of the strategy for Health For All for the twenty-first century and Local Agenda 21. Ultimately, the Healthy Cities project seeks to enhance the physical, mental, social and environmental wellbeing of the people who live and work in cities. |
| Further details: European Healthy Cities Website <a href="http://www.who.dk/healthy-cities/">www.who.dk/healthy-cities/</a> |
| <strong>Glasgow Alliance</strong> The Glasgow Alliance is a partnership organisation concerned with the regeneration of Glasgow and its communities. Its role is to bring together the public, private, voluntary and community sectors in Glasgow to change the city for the better. |
| <a href="http://www.glasgow-alliance.co.uk">www.glasgow-alliance.co.uk</a> |</p>
<table>
<thead>
<tr>
<th><strong>TERM</strong></th>
<th><strong>DESCRIPTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow Caledonian University</td>
<td>Glasgow Caledonian University began in 1875 as a college and now has over 14,000 students. The University has over 90 undergraduate, 40 postgraduate programmes and a large number of students engaged in research for PhDs in topics that put them at the forefront of their disciplines. Further details: Glasgow Caledonian University Website: <a href="http://www.gcal.ac.uk/">http://www.gcal.ac.uk/</a></td>
</tr>
<tr>
<td>Glasgow City Council</td>
<td>Glasgow City Council is Scotland’s largest local authority, serving the city of Glasgow and its people with a wide range of direct services and statutory powers. See fuller details in Appendix 4. Website address: <a href="http://www.glasgow.gov.uk">www.glasgow.gov.uk</a></td>
</tr>
<tr>
<td>Glasgow Community Plan (Glasgow Alliance Strategy)</td>
<td>The Glasgow Alliance have produced Glasgow’s Community Plan, in the form of the Alliance Strategy. In the Glasgow Strategy the Alliance has identified five strategic themes. Each theme has a number of outcomes and indicators against which progress and success can be measured. The Strategic Themes are: ♦ Working Glasgow ♦ Learning Glasgow ♦ Vibrant Glasgow ♦ Healthy Glasgow ♦ Safe Glasgow</td>
</tr>
<tr>
<td>Glasgow Housing Association</td>
<td>Glasgow Housing Association (GHA) will be a not for profit housing association and is the organisation which will take forward the city-wide transfer proposal of all Glasgow City Council Housing stock, should this be approved by a ballot of current tenants.</td>
</tr>
<tr>
<td>Greater Glasgow Health Council</td>
<td>Greater Glasgow Health Council is a statutory body which represents the patient's interest in the NHS. This is achieved through consultation, monitoring services, information and advice. Further details: <a href="http://www.show.scot.nhs.uk/gghc/">www.show.scot.nhs.uk/gghc/</a></td>
</tr>
<tr>
<td>Greater Glasgow Primary Care NHS Trust</td>
<td>Greater Glasgow Primary Care NHS Trust is the largest Primary Care Trust in Scotland, with an annual budget of over £400m. It provides care and treatment to meet the healthcare needs of almost 1,000,000 people in hospitals, health centres, clinics and local communities throughout Greater Glasgow. Directly employing around 6,000 people, it also works closely with over 2,500 independent contractors and their staff in primary care services. In addition to Primary Care services, the Trust is responsible for the management and delivery of Learning Disability and Mental Health services. Further details: <a href="http://www.show.scot.nhs.uk/ggpct/">GGPCNHS Trust Website</a></td>
</tr>
<tr>
<td>Health Education Board for Scotland (HEBS)</td>
<td>HEBS is the lead organisation for health education in Scotland. Established in 1991, it is technically a “Special</td>
</tr>
<tr>
<td>TERM</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Health Board” within the NHS in Scotland. Responsibility for health</td>
<td>Responsibility for health promotion at local level rests with the 15 Scottish Health Boards. The idea of health impact assessment is to improve knowledge about the potential effects of policies, initiatives or activities on the wider determinants of health of a population. This knowledge can then be used by decision-makers and/or the community to maximise any positive effects and minimise any negative effects of the policy/activity. The health impact process can be used at the planning stage of a project to inform the process, or retrospectively, as an evaluative tool.</td>
</tr>
<tr>
<td>Health impact assessment</td>
<td>The purpose of the HIP is to describe what the NHS in a Board area intends to do to improve the health of its population. The HIP takes a 5 year period as its timeframe and is updated annually. Individual NHS Trusts draw up Trust Implementation Plans (TIP) in the light of the objectives set out in the HIP. Partnership working with other agencies, particularly local authorities, is also described in the HIP. From 2002 HIPs and TIPs will be replaced by a comprehensive Local Health Plan.</td>
</tr>
<tr>
<td>Health Improvement Programme (HIP)</td>
<td>The purpose of the HIP is to describe what the NHS in a Board area intends to do to improve the health of its population. The HIP takes a 5 year period as its timeframe and is updated annually. Individual NHS Trusts draw up Trust Implementation Plans (TIP) in the light of the objectives set out in the HIP. Partnership working with other agencies, particularly local authorities, is also described in the HIP. From 2002 HIPs and TIPs will be replaced by a comprehensive Local Health Plan.</td>
</tr>
<tr>
<td>Healthy Living Centres</td>
<td>&quot;Healthy Living Centres&quot; is the name of a tranche of funding available through the National Lottery's New Opportunities Fund (NOF). Despite the name, NOF expects most HLCs not to be a single &quot;centre&quot; or new building but programmes of activities. These could be provided in existing premises, or through mobile or outreach facilities. HLCs should target the most disadvantaged sectors of the population, be additional to existing services and preferably be innovative. £34.5 million funding is available for Scotland.</td>
</tr>
<tr>
<td>Healthy Living Centres</td>
<td>Healthy Living Centres is the name of a tranche of funding available through the National Lottery's New Opportunities Fund (NOF). Despite the name, NOF expects most HLCs not to be a single &quot;centre&quot; or new building but programmes of activities. These could be provided in existing premises, or through mobile or outreach facilities. HLCs should target the most disadvantaged sectors of the population, be additional to existing services and preferably be innovative. £34.5 million funding is available for Scotland.</td>
</tr>
<tr>
<td>Local Agenda 21 (LA21)</td>
<td>Agenda 21 is an action plan for sustainable development for the world in the 21st century. It was drawn up at the U.N. &quot;Earth Summit&quot; in Rio in 1992, a gathering of 179 heads of state and government.</td>
</tr>
<tr>
<td>Local Agenda 21 (LA21)</td>
<td>Agenda 21 is an action plan for sustainable development for the world in the 21st century. It was drawn up at the U.N. &quot;Earth Summit&quot; in Rio in 1992, a gathering of 179 heads of state and government.</td>
</tr>
<tr>
<td>Local Health Care Co-operatives (LHCCs)</td>
<td>In April 1999 Local Health Care Co-operatives (LHCCs) came into being across Scotland as an integral part of Primary Care Trusts. The co-operatives involve GPs, community nurses and professions allied to medicine. There is also representation from community pharmacists, optometrists, social work and patient groups. The 16 LHCCs in Greater Glasgow cover communities with populations ranging from 20,700 to 118,000. The role of the LHCC is to understand the needs of its community; agree a plan which will improve the quality of</td>
</tr>
<tr>
<td>TERM</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>that community’s health in its broadest sense; bring together all the different professions in the primary care team, and with a common aim and in an atmosphere of mutual support, work together to deliver on that plan.</td>
<td></td>
</tr>
<tr>
<td>Local Health Plan</td>
<td>A comprehensive strategic document which is replacing the Health Improvement Programme and Trust Implementation Plans in each NHS Board area. It will be augmented by a Health Improvement Plan for each local authority area served by an NHS Board.</td>
</tr>
<tr>
<td>National Health Plan</td>
<td>This Plan from the Scottish Executive provides a statement of national priorities for health and for the NHS in Scotland. Full copies of the document are available from the Scottish Executive’s website at: <a href="http://www.scotland.gov.uk/library3/health/onh-00.asp">www.scotland.gov.uk/library3/health/onh-00.asp</a></td>
</tr>
<tr>
<td>NHS Greater Glasgow</td>
<td>NHS Greater Glasgow was established on 1 October 2001 with the responsibility for:♦ assessing the state of health of the Greater Glasgow population;♦ defining the best possible mix of health promotion, prevention of ill health and health services that will improve health;♦ using the money allocated to commission health services from primary care, practitioners, NHS Trusts and other agencies; and♦ working with local authorities and other agencies so that their efforts in social work, housing, employment and environmental improvement best complement NHS Greater Glasgow’s in improving health. <a href="http://www.show.scot.nhs.uk/gghbh/homepage/">www.show.scot.nhs.uk/gghbh/homepage/</a></td>
</tr>
<tr>
<td>Poverty</td>
<td>Absolute poverty = lacking the basic necessities for survival. Others take a wider analysis as relative poverty = goes beyond purely material needs and defines poverty in relation to “the generally accepted standards of living in a specific society at a specific time” i.e. when people are denied sufficient income to meet their material needs and when circumstances exclude them from taking part in activities which are an accepted part of daily living. Two commonly used measures of poverty are:♦ the number of people living in households with below 50% average incomes.♦ the number of people dependent on Income Support.</td>
</tr>
<tr>
<td>Poverty Alliance</td>
<td>The Poverty Alliance is a national anti-poverty development agency for Scotland. Alliance members are spread across Scotland and are drawn from different types of organisations involved in anti-poverty work; community groups; voluntary organisations and the public sector. Poverty Alliance Website: <a href="http://www.povertyalliance.org/">www.povertyalliance.org/</a></td>
</tr>
<tr>
<td>Public Health Institute of Scotland</td>
<td>The Institute was established in 2001 to:♦ Protect and improve the health of the people of</td>
</tr>
<tr>
<td>TERM</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Scotland by working with relevant agencies and organisations to increase our understanding of the determinates of health and ill health. ♦ Help formulate public health policy. ♦ Increase the effectiveness of the public health endeavour</td>
<td></td>
</tr>
<tr>
<td>Sandyford Initiative</td>
<td>The Sandyford Initiative is a Glasgow wide development in sexual, reproductive and women’s health. It brings together three main partner organisations, Centre for Women’s Health, Family Planning and Reproductive Health Care and Genitourinary Medicine services, working closely on a strategic basis with the Sexual Health Policy Implementation Group, and the Women’s Health Working Group of Glasgow Healthy City Partnership. It was formally opened by Susan Deacon MSP on September 11th 2000. Further details: <a href="http://www.sandyford.org/">www.sandyford.org/</a></td>
</tr>
<tr>
<td>Scottish Enterprise Glasgow</td>
<td>Scottish Enterprise Glasgow is the largest Local Enterprise Company within the national Scottish Enterprise network, its overall aim being to promote economic development. Its task in Glasgow is to improve business performance, develop people’s skills and help develop, redevelop and improve the environment. Further details: <a href="http://www.scottish-enterprise.com/glasgow">www.scottish-enterprise.com/glasgow</a></td>
</tr>
<tr>
<td>Scottish Executive</td>
<td>The Scottish Executive is the devolved government for Scotland. It is responsible for most of the issues of day-to-day concern to the people of Scotland, including health, education, justice, rural affairs, and transport, and manages an annual budget of around £20 billion. The Executive was established in 1999, following the first elections to the Scottish Parliament. The First Minister is nominated by the Parliament and in turn appoints the other Scottish Ministers. Scottish Executive civil servants are accountable to Scottish Ministers, who are themselves accountable to the Scottish Parliament. The Executive's plans and priorities are set out in Working Together for Scotland. <a href="http://www.scotland.gov.uk/">http://www.scotland.gov.uk/</a></td>
</tr>
<tr>
<td>Scottish Homes</td>
<td>Scottish Homes is the national housing agency for Scotland whose main purpose is to provide good housing and contribute to the regeneration of local communities. Scottish Homes Website: <a href="http://www.scot-homes.gov.uk/">www.scot-homes.gov.uk/</a></td>
</tr>
<tr>
<td>TERM</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Social Inclusion Partnership (SIP)</td>
<td>A partnership made up of public sector agencies and local community representatives with the aim of combating social exclusion, designated by the Scottish Executive either in geographical areas or on a thematic basis.</td>
</tr>
<tr>
<td>Social Inclusion/Exclusion</td>
<td>A wide variety of inter-related events and characteristics shape the extent to which individuals feel included or excluded from participating in society, and a multiplicity of physical, social, economic and attitudinal barriers impede the full involvement of individuals in society.</td>
</tr>
<tr>
<td>Starting Well Child Health Demonstration Project</td>
<td>Scotland's national child health demonstration project, operating in two geographical areas of Glasgow. See separate appendix entry.</td>
</tr>
<tr>
<td>Sustainable Development</td>
<td>Meeting the needs of the present without compromising the ability of future generations to meet their needs. Further details: <a href="http://www.un.org/english/">http://www.un.org/english/</a></td>
</tr>
<tr>
<td>Towards a Healthier Scotland</td>
<td>This is the Scottish Executive’s principal policy paper on public health. It calls for an integrated approach to tackling health inequalities, with a special focus on improving children and young people's health, and major initiatives to drive down cancer and heart disease rates.</td>
</tr>
<tr>
<td>University Of Glasgow</td>
<td>The University of Glasgow was founded in 1451 and is one of the UK's leading universities with an international reputation for its research and teaching and an important role in the cultural and commercial life of the country. With 16,500 full-time students, it is one of the country's largest universities. Employing 5,700 staff it is a major employer in the city and, with an annual turnover of £230M, it makes a substantial contribution to the local economy. Further details: <a href="http://www.gla.ac.uk/">University of Glasgow Website</a></td>
</tr>
<tr>
<td>University Of Strathclyde</td>
<td>The University's mission is to:  ♦ provide students with the knowledge, skills, and confidence which equip them to contribute positively to society. ♦ undertake research which combines excellence with relevance and so advance the wellbeing of the national and international community. ♦ promote breadth of educational opportunity, encouraging the personal development of students, of staff and of the wider community. Further details: <a href="http://www.strath.ac.uk/">The University of Strathclyde Website</a></td>
</tr>
<tr>
<td>WHO (World Health Organisation)</td>
<td>The WHO is the United Nations Health Organisation. The objective of WHO is the attainment by all peoples of the highest possible level of health. Health, as defined in the WHO Constitution, is a state of complete physical, mental</td>
</tr>
<tr>
<td>TERM</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>and social well-being and not merely the absence of disease or infirmity.</td>
<td>Further details: <a href="http://www.who.int">www.who.int</a></td>
</tr>
<tr>
<td>Women’s Health Policy</td>
<td>A Women’s Health Working Group was established by the Partnership in 1990 to build upon existing activities. It has led to a number of local developments, including the Women’s Health Policy, which was launched in 1996. The policy examines the inequalities that face women and how these affect their health and gives priorities for agencies and groups on how to promote equality in health.</td>
</tr>
</tbody>
</table>