Glasgow City HSCP
Health and Social Care Partnership

GLASGOW CITY HSCP ANNUAL PERFORMANCE REPORT 2025/26 SUMMARY

NHS Greater Glasgow and Clyde

Glasgow City Council

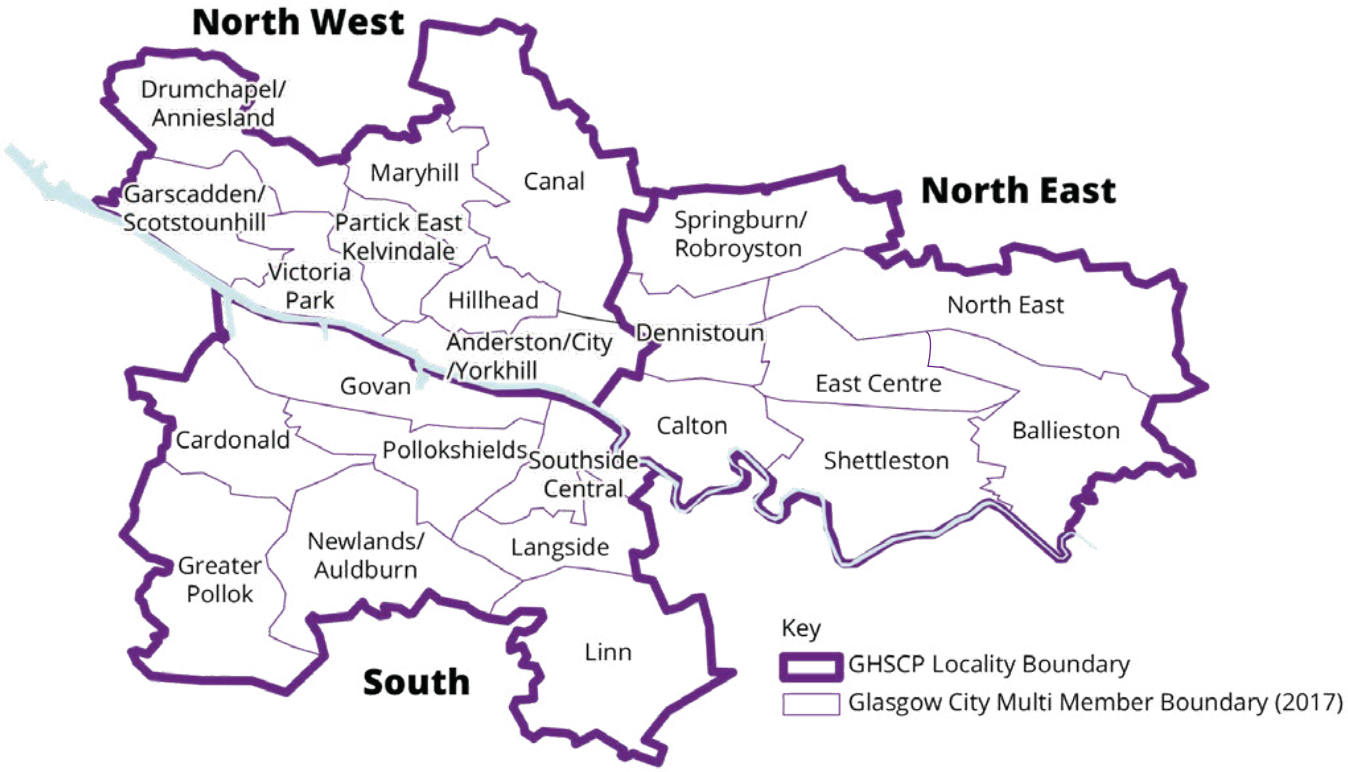
Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report (APR), setting out an assessment of performance in respect of those functions for which they are responsible. This Summary focuses on key highlights from the full **2025/26 APR**.

Partnership Overview

The **Glasgow City Integration Joint Board** (IJB) was established in February 2016 and provides strategic direction and leadership for community health and social care services in the city, which are jointly delivered through **Glasgow CIty Health and Social Care Partnership** (GCHSCP). The Partnership is divided into three areas, known as localities, with each area having a lead role for leading and co-ordinating different care group activities across the city. These are outlined below, along with a map showing Glasgow and the locality split:

- North East Locality: Children and Family Services
- North West Locality: Adult Services
- South Locality: Older People's Services



Each locality has a **Locality Engagement Forum** (LEF), made up of a range of local stakeholders, including service users and carers. These LEFs raise awareness of the governance arrangements of the IJB and GCHSCP, facilitate consultation on **Locality Plans** and help ensure services remain responsive to the views and needs of local communities.

Our Vision and Priorities

We believe that Glasgow's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. Our **Strategic Priorities** as set out within our **Strategic Plan** (2023-26) are:

- Prevention, early intervention and wellbeing
- Supporting greater self-determination and informed choice
- Supporting people in their communities
- Strengthening communities to reduce harm
- A healthy, valued and supported workforce
- Building a sustainable future

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Key Achievements in 2025/26

Key achievements from the last year relating to our strategic priorities include the following:

Prevention, Early Intervention, and Wellbeing

- Delivered a range of suicide prevention training and activities targeted at groups at higher risk of suicide, including justice services clients, students and **male construction workers**
- Led a youth engagement project on social media's impact on mental health and wellbeing and developed the **Digital Wellbeing Conversation Starters Toolkit** to support practitioners to have supportive conversations with young people about their online lives.
- Implemented a 'High Intensity Test and Treat (HITT)' programme in Barlinnie and Low Moss prisons, achieving a 90% screening uptake for hepatitis C and other blood borne viruses, with immediate treatment offered to all who tested positive.

Supporting Greater Self-Determination and Informed Choice

- Launched the **WAYfinder** outreach initiative. This was co-designed with people with lived experience of homelessness, with a **video** produced allowing potential providers to hear about what matters most to service users.
- Staff from all five GCHSCP care homes completed the University of Stirling's 'Effective Leadership for Dementia Care Services Programme', which embeds a person-led approach into dementia care, ensuring people with dementia can influence and shape the support they receive.
- Collaborated on the **Future Hospitals Initiative** which seeks to improve understanding of carers' needs and inform the design of innovative support for them and the people they care for.

Supporting People in Their Communities

- Completed the Community Alarms and Telecare Service transition from analogue to a cloud-based digital platform ahead of the 2027 national deadline, improving reliability, response times and service user experience.
- Introduced an **Advanced Care Pilot**, providing 30 short-term care home beds that support timely hospital discharge of people with complex needs, where services work with patients to find the best long term care solution for them, emphasising the principles of recovery, rehabilitation and independence.
- Produced an updated **Family Support Strategy (2024-2030)** strengthening the focus on early intervention and partnership working with the third sector, to reduce the need for formal social work intervention and help families remain together within their communities.

Strengthening Communities to Reduce Harm

- Implemented an Adult Interagency Referral Discussion (IRD) pilot, which involves rapid multi-agency discussions when partners identify significant Adult Support and Protection (ASP) risks that require urgent consideration and a potential response.
- Achieved a 'Good' rating in the Care Inspectorate's joint Child Protection Inspection, with clear strengths identified, along with some areas for improvement which are being taken forward by partners within a multi-agency improvement plan.
- Following the successful opening of the UK's first safer drug consumption facility - the **Thistle Centre** - a growing demand from people who consume drugs via smoking or inhalation was identified and a **Business Case** is now being developed for a dedicated inhalation space.

A Healthy, Valued and Supported Workforce

- Launched a new **Workforce Plan (2025-28)** which commits to promoting the GCHSCP as a great place to work; supporting and nurturing our workforce; looking after staff mental and physical wellbeing; and offering rewarding and fulfilling roles and development.
- The Staff Mental Health and Wellbeing Group issued a survey to gather staff views and feedback. This will inform the Group's future priorities and workplan to enhance the health and wellbeing support made available to staff.
- Strengthened communication through the launching of the new **Chief Officer Catch Up**, a regular video update aimed at keeping staff and partners informed of HSCP priorities and progress, as well as recognising key staff achievements and contributions.

Building a Sustainable Future

- Secured SSSC (Scottish Social Services Council) and SQA (Scottish Qualifications Authority) approval to deliver the **Professional Development Award in Practice Learning (PDAPL)** in-house, enabling the GCHSCP to train social workers to become practice educators and support around 75 students annually.
- Piloted the Leadership Accelerator and the Women's Leadership Management Development Programmes, which build leadership skills and competencies, with the latter also seeking to address barriers faced by women when progressing into leadership roles.
- Renewed the **Strategic Partnership Agreement** (SPA) with the University of Strathclyde, offering GCHSCP staff development opportunities such as fully funded MPhil places, involvement in teaching activities, and joint PhD studentships.

Equalities

Our Equalities Working Group oversees programmes of work related to the duties set out in the **Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012** and is responsible for developing equalities practice across GCHSCP services, supported by ongoing equality training and awareness raising. Key activities undertaken during the last 12 months include:

- Publishing of 22 **Equality Impact Assessments** (EQIAs) and raising awareness of the EQIA process across all levels of the organisation, including IJB members.
- Development of a British Sign Language (BSL) **Interpreting Pathway** to support staff to access interpreting support and piloting of a Video Remote Interpreting service (VRI).
- Supported research into the health and wellbeing needs of the five largest Ethnic Minority communities in Glasgow

Our latest **Equalities Progress Report for 2024 to 2026** provides details of these and other actions being progressed to meet our agreed Equality Outcomes.

Key Performance Improvements in 2025/26

Indicators where performance has shown improvement over the past 12 months:

Indicator		Target	Year end 2024/25	Year end 2025/26
% of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks	North East	95%	96% ✅	97% ✅
	North West	95%	94% ✅	98% ✅
Psychological Therapies: % of people who started treatment within 18 weeks of referral	South	90%	96% ✅	98% ✅
% service users commencing alcohol or drug treatment within 3 weeks of referral		90%	88% ✅	94% ✅
Alcohol Brief Intervention Delivery		5,066 per annum	10,376 ✅	10,929 ✅
Women smoking in pregnancy	General population	<10%	5.5% ✅	5.3% ✅
	20% most deprived areas	<14%	8.1% ✅	8.0% ✅
No. Future Care Plan summaries completed and shared with the patient's GP		360	605 ✅	903 ✅
% young people currently receiving aftercare service known to be in employment, education or training.		75%	72% ⚠	73% ⚠
Number of Children in out of authority placements		25 or fewer	24 ✅	21 ✅
% service users who receive a reablement service following referral for home care: i) from hospital		75%	84.0% ✅	84.2% ✅
Telecare referrals		1,310	3,313 ✅	3,441 ✅
Emergency Admissions (18+)		63,855 5,321/ month	57,732 ✅ 4,811/ month	56,742* ✅ 4,729/ month (2025)
Unscheduled Hospital Bed Days - Acute (18+)		507,633 42,303/ month	547,042 🛑 45,587/ month	526,283* ⚠ 43,857/ month (2025)
Total Acute Delays		160	172 🛑	139 ✅
Number of households reassessed as homeless/ potentially homeless within 12 months		<480 per annum	414 ✅	410 ✅
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence		80%	83% ✅	88% ✅
% of service users with a Case Management Plan within 20 days		85%	89% ✅	90% ✅

*Provisional

Areas for Improvement in 2026/27

Specific areas where we would like to improve performance over the next 12 months include the following:

Indicator	Target	Year End 25/26
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months)	95%	86.6% 🛑
Smoking Quit Rates at 3 months from 40% most deprived areas	845 (to Q3) 1,190 for year	710 (to Q3) 🛑
Psychological Therapies: % of people who started treatment within 18 weeks of referral	90%	75.9% (NE) 🛑 74.6% (NW) 🛑 81.9% (S) 🛑
% young people currently receiving aftercare service known to be in employment, education or training.	75%	73% ⚠️
Bed Days Lost to Delays (All delays, all reasons 18+).	45,318 3,776/ month	87,160 🛑 7,263/ month
Total number of Mental Health delays (Adult & Older People)	20	68 🛑
NHS Sickness Absence Rate (%)	<6%	8.11% 🛑
Social Work Sickness Absence Rate (%)	<5%	9.6% 🛑

More detailed performance information and updates on actions being progressed to improve performance can be accessed in our full **Annual** and **Quarterly** Performance Reports.

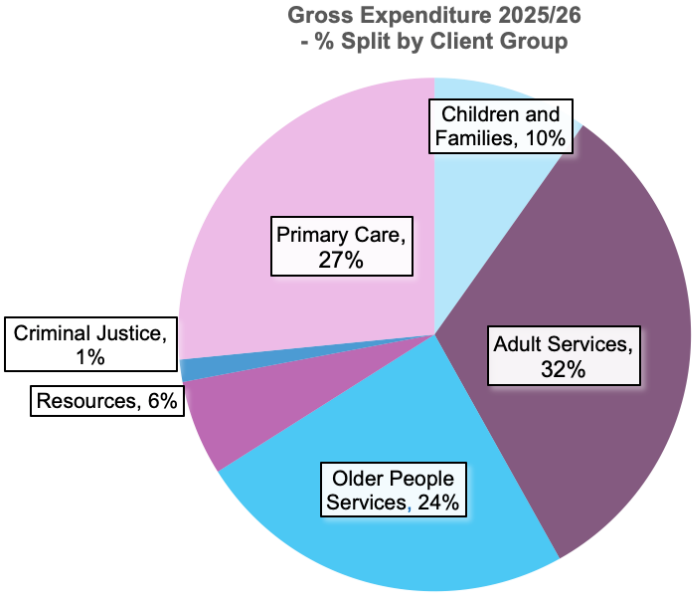
Inspection

GCHSCP services are subject to regular inspection activity by the **Care Inspectorate** who inspected 26 community and residential services during 2025/26. In addition, the **Mental Welfare Commission for Scotland** (MWCS) undertook 17 local visits to mental health wards. Reports summarising the results of these inspections and visits were presented to the IJB Finance, Audit and Scrutiny Committee (FASC) and can be accessed at the links below:

- **Older Peoples Residential Services** (Care Inspectorate)
- **Fostering and Adoption Services** (Care Inspectorate)
- **Children's Residential Services** (Care Inspectorate)
- **Mental Health Wards** (MWCS)

Managing Our Resources

The total financial resources available to the partnership for 2025/26 were around £1.6 billion. These were allocated across service areas as shown below.



The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for service and increasing costs linked to delivery. This requires the IJB to have robust financial management arrangements in place to deliver services within the funding available. The IJB reported a final operational underspend of £0.6m for 2025/26.