ANNUAL PERFORMANCE REPORT 2023/24

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1. INTRODUCTION

1.1 PURPOSE OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the eighth annual report for the Glasgow City Integration Joint Board (IJB) and within it we review our performance over the last 12 months against agreed local Key Performance Indicators, as well as in relation to the Core Suite of National Integration Indicators (**Appendix C**) which have been published by the Scottish Government to measure progress in relation to the National Health and Wellbeing Outcomes (**Appendix B**).

We also consider progress in delivering the priorities set out in our new Strategic Plan (2023-26), with key service developments and achievements from the last twelve months highlighted.

1.2 PARTNERSHIP OVERVIEW

Glasgow City Integration Joint Board is a distinct legal entity created by Scottish Ministers which became operational in February 2016. In responding to the Public Bodies (Joint Working) (Scotland) Act 2014, Glasgow City Council and NHS Greater Glasgow and Clyde agreed to integrate children and families, criminal justice and homelessness services, as well as those functions required by the Act, delegating these to the Integration Joint Board.

The IJB is, therefore, responsible for the strategic planning and/or delivery of a wide range of health and social care services in the city. These include the following:

- School nursing and health visiting services
- Social care services for adults and older people
- Carers support services
- Social care services provided to children and families
- Homelessness services
- Justice social work services
- Police custody and prison healthcare services
- Palliative care services
- District nursing services
- Services provided by allied health professionals
- Dental services
- Primary care medical services (including out of hours)
- Ophthalmic services
- Pharmaceutical services

- Sexual health services
- Mental health services
- Alcohol and drug services
- Services to promote public health and improvement
- Strategic planning for hospital accident and emergency services
- Strategic planning for inpatient hospital services relating to general medicine; geriatric medicine; rehabilitation medicine; and respiratory medicine

More information on the health and social care services and functions delegated to the Glasgow City IJB are set out within Glasgow City's Integration Scheme. This original scheme is currently being reviewed and has been the subject of a recent Consultation.

The Health Board area for NHS Greater Glasgow and Clyde is larger than Glasgow City's boundary, spanning 5 other Health and Social Care Partnerships. As a result, Glasgow City HSCP also has responsibility for planning and delivering some services that cover the entire Board area, including sexual health and continence services.

Across all services, as of March 2024, the Health and Social Care Partnership has a workforce of **11,061** Whole Time Equivalent (WTE) staff, made up of **6,325** WTE employed by Glasgow City Council and **4,736** by NHS Greater Glasgow and Clyde.

In addition to directly providing services, the Partnership also contracts for health and social care services from a range of third parties including voluntary and independent sector organisations. Within primary care services, a range of independent contractors, including GPs, dentists, optometrists and pharmacists are also contracted for by the Health Board, within the context of a national framework.

Within the Partnership's area, there are **139** GP practices providing general medical services to their practice populations. There are also **157** community pharmacies, **111** optometry practices and **161** dental practices which include **7** orthodontic practices.

1.3 AREA PROFILE

Key demographic characteristics of the city are summarised below. A more comprehensive Demographics Profile is available, containing demographic data and indicators at Scotland, Glasgow City and HSCP locality level. The profile relates to the health and social characteristics of the population and includes further detailed data on population, health, lifestyles, poverty and deprivation. The profile also covers other topics including social care, social health/capital, education, learning, employment and crime. Other information sources where further information can be found are listed in **Appendix A**.

Population

Glasgow has a population of **622,820**. It is densely populated with **3,567** people per km^2 with 52.3% of residents living in houses and 47.2% living in flats. This is very different from the Scottish average of 70 people per km^2 with more than four fifths of people living in houses (81.2%) (NRS Mid-Year Estimates of Population 2022; Scottish Household Survey 2022).

Glasgow is a diverse city. Of those who disclosed their country of origin, 78.4% of people living in Glasgow were born in the UK and 11.6% outside the UK. This compares with 87.4% (UK) and 7.9% (outside UK) for Scotland, meaning the percentage of Glasgow's population born outside the UK is almost 50% higher than the percentage for Scotland as a whole (Scottish Survey Core Questions (SSCQ) 2022).

79.6% of Glasgow's total population has a White ethnic background and 20.3% has a Black or Minority Ethnic (BME) background. The proportion of Glasgow local authority school pupils with a non-white ethnic background is 27.6%. By comparison, Scotland's overall population is 91.0% white and 8.7% BME, with 11.3% of local authority school pupils having a non-white ethnic background (Scottish Survey Core Questions (SSCQ) 2022; Scottish Government Pupil Census Supplementary Statistics 2023).

Projected Population

National Records of Scotland (NRS) produced estimated population projections in 2018. These indicate that:

- The overall population of Glasgow is expected to grow by 1.2% between 2024 and 2029, 2.3% between 2024 and 2034, and 3.8% between 2024 and 2043.
- Scotland's population is also expected to grow overall, by 0.7% between 2024 and 2029, by 1.1% between 2024 and 2034, and by 1.3% between 2024 and 2043.
- Within the overall increase in Glasgow between 2024 and 2034, the child population (0-17 years) is forecast to decrease by 6.0%. The adult (16-64 years) population is expected to increase by only 0.3% and the older people (65+) population is expected to increase by 22.3%.
- Within Scotland between 2024 and 2034, there are expected decreases in both the child and adult populations (7.5% and 2.3% respectively) and an increase of 19.0% in the older people population (NRS Population Projections 2018).

Events such as Brexit and Covid-19 have had an impact on population figures in the period since the above projections were produced, however, the percentage changes described above are still deemed valid.

Life Expectancy

The Life Expectancy (LE) and Healthy Life Expectancy (HLE) indicators shown below illustrate that on average, Glasgow residents live fewer years in good health from birth and die younger than Scotland's population. The figures for males for both measures are lower than those for females.

- A Glasgow male is expected to live to 54.8 years of age in good health (HLE) from birth, compared to a Scottish male who is expected to live a further 5.6 years in good health (to 60.4 years)
- A Glasgow female is expected to live to 56.0 years of age in good health (HLE) from birth, compared to a Scottish female who is expected to live a further 5.1 years in good health (to 61.1 years)
- A Glasgow male is expected to live to 73.0 years of age (LE), compared to a Scottish male who is expected to live a further 3.5 years (to 76.5 years)
- A Glasgow female is expected to live to 78.2 years of age (LE), compared to a Scottish female who is expected to live a further 2.5 years (to 80.7 years)

Glasgow has higher than average death rates attributable to a range of causes. The death rate from all causes for people under 75 in Glasgow, is 651 per 100,000 population, almost 1.5 times the Scottish average rate of 450 per 100,000 population (Sources: Public Health Scotland 2022/NRS 2021).

Key Health and Wellbeing Indicators

The following high level indicators illustrate some key aspects of the health of Glasgow's population, as well as factors that may impact upon their health. More detailed information on these and other related indicators can be found in our Demographics Profile:

- 74.0% of Glasgow adults rated their health positively (NHSGGC Adult Health and Wellbeing Survey – Glasgow City 2022/23)
- 73.7% of Glasgow P5-S6 school pupils rated their health positively, similar to the 73.9% of Scottish pupils who did so (Scottish Government Schools Health and Well-being Census 2021/22)
- 8.5% of Glasgow adults said their health was bad/very bad, compared to 7.9% of Scottish adults (Scottish Survey Core Questions (SSCQ) 2022)
- 29.0% of Glasgow adults have a limiting condition or illness (NHSGGC Adult Health and Well-being Survey – Glasgow City 2022/23)
- 16.0% of Glasgow P5-S6 school pupils have a long term physical or mental health condition or illness, compared to 14.2% of Scottish pupils (Scottish Government Schools Health and Well-being Census 2021/22)
- 25.0% of Glasgow adults have common mental health problems, scoring 4+ on GHQ12a, compared to 21.0% of Scottish adults (Scottish Health Survey (SHeS) 2018 to 2022 exc. 2020)
- 30.0% of Glasgow S2-S6 school pupils have a WEMWBS well-being score indicating probable depression (Scottish Government (Schools) Health and

Well-being Census 2021/22 - Glasgow City Council Education Services Infographics)

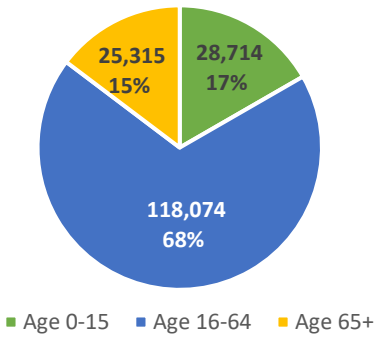
- 8,117 people or 2.1% of the Glasgow adult population aged 30+ are estimated to have dementia (Alzheimer's Scotland 2017)
- 61.0% of Glasgow adults are overweight (inc. obese) (BMI of 25 or higher) whilst 27.0% are obese (BMI of 30 or higher) compared to the respective figures for Scotland of 65.0% overweight and 29.0% obese (SHeS 2016 to 2019)
- 25.0% of Glasgow adult males and 18.0% of Glasgow adult females are current smokers (NHSGGC Adult Health and Well-being Survey – Glasgow City 2022/23)
- 2.1% of Glasgow S2 and S4 school pupils are current smokers and 5.4% are current vapers, lower than the comparative rates for Scotland of 2.7% (smoking) and 6.7% (vaping). Across Scotland, 4.3% of S2 pupils and 10.1% of S4 pupils were regular vapers (Scottish Government Schools Health and Well-being Census 2021/22)
- 29.0% of Glasgow adult males and 16.0% of Glasgow adult females have hazardous/harmful levels of alcohol consumption, compared to 31.0% of Scotland's adult males and 16.0% of Scotland's adult females (SHeS 2018 to 2022 exc. 2020)
- There are an estimated 11,869 to 18,060 problem drug users in Glasgow (Public Health Scotland (PHS) – Prevalence of Problem Drug Use in Scotland 2015/16)
- 18.0% of Glasgow adults provide unpaid care to others (NHSGGC Adult Health and Well-being Survey – Glasgow City 2022/23)
- 87.0% of Glasgow households have home internet access – similar to the national average of 88.0% (Scottish Household Survey (SHS) 2019)
- 97.9% of Glasgow P5-S6 school pupils have home internet access compared to 98.3% of Scottish pupils (Scottish Government Schools Health and Well-being Census 2021/22)
- 19.3% of all Glasgow people are classed as income deprived compared to 12.1% of all Scots (Scottish Index of Multiple Deprivation (SIMD) 2020)
- 33.5% of Glasgow children aged 0-15 are living in relative low income families compared to 21.3% of Scotland's children (UK Gov Children in Low Income Families Statistics 2022/23 (provisional))

1.4 LOCALITIES

Glasgow is divided into three areas, known as localities, to support operational service delivery and to enable planning to be responsive to local needs. To ensure consistency in local service delivery with key partners, the Glasgow City Health and Social Care Partnership has adopted the same strategic areas as the Glasgow Community Planning Partnership. Services are managed and delivered within three local areas, known as localities. These localities – North West, North East and South – are shown on the city map and described in more detail below.

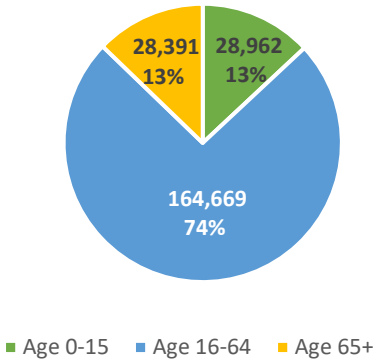
North East Locality
North East Locality covers the wards of Calton, Dennistoun, Springburn/Robroyston, East Centre, North East, Shettleston and Baillieston.

The total population of North East Glasgow is 172,103 people and a breakdown by age is shown on the chart below.



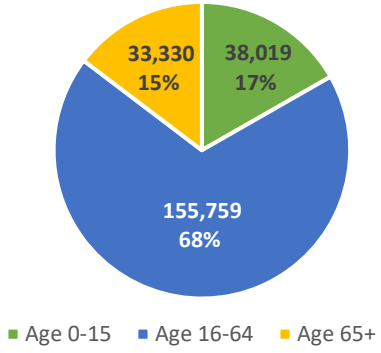
North West Locality
North West Locality covers the wards of Anderston/City/Yorkhill, Hillhead, Canal, Maryhill, Partick East/Kelvindale, Victoria Park, Garscadden/Scotstounhill and Drumchapel/Anniesland.

The total population of North West Glasgow is 222,022 people and a breakdown by age is shown on the chart below.



South Locality
The South Locality covers the wards of Greater Pollok, Cardonald, Govan, Pollokshields, Newlands/Auldburn, Southside Central, Langside and Linn.

The total population of South Glasgow is 227,108 people and a breakdown by age is shown on chart below.



Note
The population estimate for the city shown above of **622,820** is the NRS Mid-Year Estimate (MYE) of Population (June 2022), which is only currently available at city level. The locality sub-totals given in these pie charts are from the 2022 Census (March 2022) and do not add to this MYE total. These locality sub-totals will be updated on publication of the small area population estimates in the autumn by NRS, which will align to the MYE total.

Locality Management Arrangements and Plans

Each locality is managed by an Executive Team responsible for the overall delivery of health and social care services in that area. This team is also responsible for ensuring that the partnership's policies and plans are put into practice at a local level; and working with partners, including the third sector, service users, and carers, to improve the health and well-being of their local population. Wider locality planning arrangements are also in place which involve a range of partner agency representatives, service user and carer networks and groups, GPs and other primary care professionals. Links with

Community Planning partners are maintained at a strategic level through the Community Planning Area Senior Officers Group and the Community Planning Partnership Board.

Locality Engagement Forums

Across the City, we have established Locality Engagement Forums (LEFs) in each of the Partnership's localities, which feed into local management arrangements and city-wide networks. LEFs are made up of a range of local stakeholders, mainly patients, service users and carers. They have an important role to play in linking to the governance, decision-making and planning structures of the locality and HSCP, ensuring that feedback and the opinions of patients, service users and carers are heard. These form a key role in our local participation and engagement arrangements, in line with the HSCP's current Participation and Engagement Strategy. Papers for their meetings over the last year can be obtained on the HSCP website.

Working in Partnership with Primary Care Contractors

Glasgow HSCP engages with primary care contractors (general practice, dental, community pharmacy and optometry) within each of our localities and at a city-wide level, through local primary care groups and a city-wide strategy group. The **139** General Practices within Glasgow City have been grouped into 21 'clusters' to take forward the quality agenda in primary care. Each practice has a Practice Quality Lead and each cluster has identified a Cluster Quality Lead. These clusters provide an opportunity for GPs and their associated primary care services to work more closely to share good practice, identify quality improvement priorities and to look at how community services can align with the clusters to facilitate more integrated working. There is also on-going work at a national level to understand how the cluster approach in primary care can be further improved. To support improvement activity locally, Glasgow City HSCP is developing a quality improvement framework in collaboration with NHSGG&C's clinical governance team.

Locality Plans

Each locality has developed a Locality Plan, which details how they are taking forward the IJB's previous Strategic Plan and responding to locally identified needs and priorities. These Locality Plans are currently being reviewed and will be aligned with the new Strategic Plan (2023-26).

1.5 STRATEGIC VISION AND PRIORITIES

As indicated above, in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, we have prepared a Strategic Plan for the delivery of those functions which have been delegated to the Integration Joint Board by Glasgow City Council and NHS Greater Glasgow and Clyde (NHSGGC). The

latest Strategic Plan (2023-26) was approved by the IJB in June 2023 and sets out the following Strategic Priorities for health and social care services in Glasgow. Within this Annual Performance Report, we capture some of our key achievements in relation to delivering these, as well as the nine National Health and Wellbeing outcomes (See **Appendix B**).

Our Priorities

- Prevention, early intervention, and well-being
- 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

1.6 PERFORMANCE MANAGEMENT ARRANGEMENTS

A comprehensive Performance Framework is in place and routine performance management arrangements established at various levels within the Partnership.

A detailed Quarterly Performance Report is produced which includes a wide variety of Health and Social Work KPIs and provides information on how services are responding to areas of under-performance. All KPIs have been aligned to the HSCP's Strategic Priorities, as set out in our Strategic Plan and to the National Health and Wellbeing Outcomes specified by the Scottish Government. This Performance report is shared with and scrutinised by the HSCP Senior Management Team and is presented to the Integration Joint Board's Finance, Audit and Scrutiny Committee (FASC). The FASC will also review and respond to any Inspection Reports produced by local audit teams or by national agencies such as Audit Scotland, Healthcare Improvement Scotland, or the Care Inspectorate.

At each FASC meeting, specific service areas are focused on and relevant strategic leads are invited to discuss performance. At these meetings, service leads are also asked to demonstrate how they are taking forward their commitments within the Strategic Plan and contributing to the HSCP's Strategic Priorities. Processes to systematically monitor and report to the FASC upon delivery of commitments within the new Strategic Plan have also been introduced in the last year. The IJB and HSCP Management Teams also regularly receive updates upon delivery of these commitments through individual service and overall financial updates.

In addition to the above, the health improvement team, in partnership with the wider local public health intelligence community in NHS Greater Glasgow and Clyde, also undertake a range of activities to identify and assess population health and well-being trends, including the Schools and Adults Health and Wellbeing Surveys. Other similar information is produced by partners including the Glasgow Centre for Population Health and the Scottish Public Health

Observatory. A range of this type of information is captured within the HSCP's Demographics Profile which is updated annually.
Within our Annual Performance Reports, we reflect upon performance in relation to our Key Performance Indicators, as well as delivery of our Strategic Plan through examples of key achievements/developments in the last 12 months. We also seek to illustrate the impact of HSCP activities at an individual and service outcome level, by drawing upon examples of case studies, surveys and other user/carer and staff feedback mechanisms; and at an organisational level by consideration of key health and wellbeing trends from our Demographics Profile.

There are, therefore, a range of mechanisms in place within the Partnership to scrutinise performance on an ongoing basis, to monitor delivery of our Strategic Plan and to consider the impact of HSCP, as well as partner activity, on individual, service and wider health and wellbeing outcomes.

1.7 STRUCTURE OF THE REPORT

Chapters 2 to 9 of this report are structured around the HSCP's strategic priorities, including equalities. Within them, we highlight some of the key developments over the last 12 months, then consider our performance in relation to Key Performance Indicators associated with each priority. Drawing on this information, key achievements in relation to our performance are highlighted and areas for improvement identified. Consideration is also given to the HSCP's performance in relation to the Core Suite of National Integration Indicators (**Appendix C**) as well as other national and local information sources and surveys.

Chapter 10 provides information on inspections undertaken over the last twelve months by the Care Inspectorate and Mental Welfare Commission. It also describes practice audit and evaluation activity undertaken within the HSCP.

In chapter 11, we provide a summary of our financial performance for 2023/24. We also describe some of the key transformation programmes and resultant savings that have been achieved as a consequence. Key capital investments are also summarised and the financial outlook for 2024/25 considered.

2. DELIVERING OUR KEY PRIORITIES

Chapters 3 to 8 are structured around the HSCP's Strategic Priorities:

- Prevention, early intervention, and well-being
- 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

For each Priority, we profile some of the key developments in the last 12 months. We then consider performance in relation to some of the Key Performance Indicators (KPIs) associated with each Strategic Priority.

Indicators where performance has shown the greatest improvement over the last 12 months are highlighted. Areas where we would like to see improvements over the next year are also identified, with key actions planned to achieve this summarised. Progress in delivering these improvements will be monitored through the range of performance management mechanisms described in Chapter 1.

Under each priority, where relevant, we also include other information such as local surveys and case studies, as well as our performance in relation to the National Integration Indicators (**Appendix C**). These are derived from national data sources and are produced by the Scottish Government to enable Health and Social Care Partnerships to assess progress in relation to the National Health and Wellbeing Outcomes (**Appendix B**) and to compare their performance with the Scottish average.

Key

Within Chapters 3 to 8, **Performance Status** has been classified as Red, Amber or Green (RAG), as explained below. The **Status** is provided for the end of 2023/24 and the previous 5 years where possible. The **Direction of Travel** details whether the current figure (2023/24) is better or worse in comparison with i) the previous year (2022/23) and ii) 5 years ago (2018/19).

KEY TO PERFORMANCE STATUS		
🛑	**RED**	Performance misses target by 5% or more
⚠	**AMBER**	Performance misses target by between 2.5% and 4.99%
✅	**GREEN**	Performance is within 2.49% of target
⬜	**GREY**	No current target and/or performance information to classify performance against.
DIRECTION OF TRAVEL		
▲		Improving

KEY TO PERFORMANCE STATUS	
▶	Maintaining
▼	Worsening

3 PREVENTION, EARLY INTERVENTION AND WELL-BEING

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Prevention, Early Intervention and Well-Being and consider performance in relation to KPIs associated with this theme. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5
Health and social care services contribute to reducing health inequalities

3.1 KEY DEVELOPMENTS/ACHIEVEMENTS

3.1.1 Health Improvement Annual Report

The latest Health Improvement Annual Report highlighting the work of the HSCP's Health Improvement Team, was published in November 2023 and provides an overview of progress made by the team during 2022/23. The report reflects the increasingly important focus on poverty, mental health and inequality; and demonstrates the range of partnership working being undertaken by our Health Improvement teams with other organisations and groups across the city. Some of the areas covered in this Health Improvement Annual report are discussed in more detail below.

3.1.2 Mental Health

Aye Mind

The Mental Health Improvement Team works across NHSGGC to support staff and partners to promote positive public mental health. Their activities in the last year have included updating of the Aye Mind website, a resource aimed at supporting anyone working with children and young people. Through the website and its community of practice, it seeks to build confidence in using digital tools to support children and young people's mental health and wellbeing.

Healthy Minds

Other activities of the Team include the development of the Healthy Minds Collection, which provides resources to support capacity building and aims to raise awareness of factors that impact people's mental health. During the last year, the team have added a resource to this collection, which highlights the potentially adverse effects of too much screen time for children and young people, and encourages a healthier balance between online and offline activities.

The Team have also developed a new resource which aims to promote awareness and understanding of the impact of Online Harms and signposts people to support available for those experiencing it. An e-learning module has also been developed and rolled out across health and social work staff learning platforms, with over 500 staff completing it during the last year.

Mental Health Improvement Framework

The Early Years Mental Health Improvement Framework has been created by partners as a tool to support those working with children under 5 and their parents/carers, to plan and deliver mental health improvement activities. It was produced following extensive engagement with key stakeholders during 2023 and is intended to facilitate a unified, co-ordinated approach amongst partners to addressing the wider determinants of mental health and wellbeing. It provides a consistent structure against which stakeholders can review their existing approaches and identify opportunities for improvement to promote positive mental health and wellbeing. The framework complements existing frameworks for adults, and children and young people aged 5+, thus ensuring these are in place across the life course.

Suicide Prevention

Glasgow City's Suicide Prevention Partnership (GCSPP) commissioned Glasgow Association for Mental Health (GAMH) to develop material for people supporting someone considering suicide. In the last year, GAMH launched the resource Being There for Someone at Risk of Suicide, which includes the experiences and voices of people in this situation who GAMH have worked with, as well as information about where to get support.

A range of activities were also undertaken by GCSPP to mark Suicide Prevention Week, including locality events and an online event for HSCP staff to raise their awareness of suicide and of the local services and training available. A range of suicide awareness and intervention skills training for frontline staff has also continued to be delivered and is made available to all HSCP services and partners, including education, voluntary sector organisations and housing associations.

Work also continues under the auspices of the Locations of Concern Sub-Group, to identify and respond to any intelligence about locations, groups or situations that might indicate elevated suicide risk. This involves working closely with partners including Police Scotland, Scottish Fire and Rescue, British Transport Police, Scottish Canals, Samaritans and the Wheatley Group.

3.1.3 Addictions

Gambling Harms – What's at Stake

Gambling harms is an emerging public health issue and has been identified as a priority in Glasgow and nationally. HSCP staff have supported the development of the Glasgow City Gambling Harms Action Plan, which is being implemented by a multi-agency group, chaired by Glasgow City Council. A new resource - *What's at Stake; Glasgow's Stories of Harms and Recovery* - that raises awareness of gambling harms has also been produced during the last year, commissioned by the HSCP and Public Health Scotland. The resource includes a collection of anonymised stories and posters and reflects the realities of gambling participation, risks and harms and is based on real people's gambling experiences in the city.

Smoking Cessation Smoke Free App

During 2023-24, our HSCP Community Quit Your Way (QYW) teams continued to develop new face-to-face services in health centres and pharmacies and reintroduced CO (carbon monoxide) monitoring, which had been paused due to the pandemic. They have also delivered other service delivery options, including telephone support and more recently digital support via the 'Smoke Free App', which has been used as a test of change to enables its effectiveness to be assessed. This provides 24/7 access to free advice and support and is aimed at clients who are difficult to engage with in other more traditional ways. Feedback so far has been positive, with clients valuing the ability to access support any time that suits them.

Case Study

'I had tried to stop smoking on several occasions, mainly due to my health and physical wellbeing, although other factors included the rising costs of smoking. I learned of the Quit Your Way (QYW) service by searching for possible options online initially and a pharmacy then gave me a QYW information leaflet, so I made the call. This service seemed supportive but didn't appear to put me under too much pressure and an added advantage was that the smoking cessation products which can be costly, were made available free throughout the 12-week course. I have been smokefree for 19 weeks now. I found that the weekly call was non-invasive and yet it was a marker to aim for each week. The support from the staff was always encouraging, they reminded me to not feel guilty about smoking but to think positively about the small steps I was making. I would recommend the QYW Service to others wishing to stop smoking.

In fact, I have already given the information to interested friends and family who are now attempting to quit too. Smoking was always a part of my personality which I didn't think I wanted to give up. I told myself that I liked smoking and that it was a personal choice. Having stopped now for over four months, I can see that the addiction was fuelling this mindset. I have seen improvements in my sleep, breathing, stamina, fitness, libido and I seem to deal with illnesses quicker than ever before. On top of this, I think that food tastes better than I can remember previously. In the future, my only hope is to remain smoke/nicotine free and to focus on a healthy body and a healthy mind. Thanks again for all of your help' (Service user)

Vaping

HSCP staff chair the NHSGGC Vaping and Young People's Group, which aims to develop coordinated and collective activity across the Health Board area. Due to increasing concerns about the number of young people vaping, Health Improvement staff have developed a range of resources to raise awareness of the associated harms, including an online presentation for parents/carers which has had over 1,500 views. Materials for use in schools have also been produced, following consultation workshops and engagement with young people and teaching staff.

3.1.4 Supporting Children and Young People

Educational Resources

Glasgow City Health Improvement staff have created a Health and Wellbeing website for education colleagues in Glasgow. This allows them to share quality assured materials and create a consistent health and wellbeing offer to schools. In the last year, staff have developed a range of resources aimed at reducing harms associated with multiple risk behaviours, and there has been a significant increase in engagement and participation on related training courses. Health Improvement staff have also worked with health and education staff to update the 'Your Body Matters (YBM): A Primary Health and Wellbeing Curriculum Pack' which seeks to encourage a whole school approach to promoting improved nutrition and increased physical activity. A summary of all the work undertaken by Health Improvement Youth staff in the last year, including the above, can be found in Glasgow City Youth Health Improvement Annual Report 2023/24.

Oral Health

Childsmile is a national programme designed to improve children's oral health and reduce oral health inequalities. Since the COVID-19 pandemic, Health Improvement staff have remobilised the tooth brushing element of the programme, delivering training to over 1,200 early years practitioners across the 233 nurseries in the City. 85% of early years establishments are currently

implementing daily toothbrushing. The Health Improvement team have also worked with the Health Board's Oral Health Directorate to deliver the fluoride varnishing element of the programme, which has been shown to be effective in reducing decay rates in children in the most deprived areas, when used alongside regular tooth brushing. Between September 2023 and March 2024, 2,708 children received at least one application of fluoride varnishing in Glasgow.

Thrive Under 5 Approach

Thrive Under 5 (Tu5) is a pre-5 early intervention approach to tackling healthy weight, which recognises the barriers preventing families from pursuing healthier lifestyle choices, including low income; limited access to affordable healthy foods and physical activity opportunities; and a lack of skills/equipment to cook healthily at home. It has been in operation in three areas: Ruchazie, Garthamlock and Cranhill (North East); Drumchapel and Blairdardie (North West); Priesthill, Househillwood, Nitshill and Pollok (South) and in the last year, parts of it have been extended to other areas in the Health Board area.

Youth Health Service

Glasgow City Youth Health Service (YHS) offers confidential advice and support for 12-19 year-olds on all aspects of health and wellbeing and works closely with a range of partners. The main presenting issues continue to be mental health and wellbeing, in particular low mood, anger and self-harm. During the last year, a number of priorities were progressed by the YHS, including the migration to EMIS Web which will allow improved performance management reporting and analysis; the development of an action plan to progress the Gold LBGT Charter Award; the introduction of volunteering opportunities for young people within the service; and the mainstreaming of the referral pathway associated with the Intoxicated Young Person's Pilot.

Feedback

- **'It was very welcoming and comforting.' (Service User)**
- **'The worker was out of this world and helped him turn his life around'. (Parent)**
- **'As a Principal in General Practice I find the Youth Health Service to be an incredibly useful resource. It is highly valued by my patients'. (Referring GP)**

3.1.5 Sexual Health

Good Practice Toolkit

Sexual health outcomes for young people who are care experienced, are markedly poorer than their peers in the general population across a broad range of indicators, including early experience of pregnancy, abortions, early

parenthood, sexual exploitation and sexually transmitted infections. Underpinning these are differences in their resilience and their ability to identify and avoid unhealthy relationships or situations. In the last year, a Toolkit has been developed by the Sexual Health Improvement Team, which offers a practical resource to help staff and carers to support children and young people who are care experienced, in relation to their sexual health and wellbeing.

GlasGOw GetTested

The Sexual Health Improvement Team has worked in partnership with the Terrence Higgins Trust (THT), to develop a targeted social marketing intervention, *'GlasGOw GetTested,* along with a GlasGOw GetTested hub page to encourage HIV testing among Gay, Bisexual and other Men who have Sex with Men (GBMSM). The campaign was successfully run in 2022 and another phase launched in June 2023, which sought to reconnect with those engaged in phase one, while also reaching out to those who had not engaged previously. The reach of this second phase has been strong, with 'click-through' rates from campaign advertising to the hub page continuing to be above the benchmark for campaigns of this nature, and increases seen in the number of tests booked.

Training

Work has also been undertaken in partnership with Alcohol and Drug Recovery Services (ADRS), to carry out a bespoke Sexual Health and Blood Borne Virus (BBV) Training Needs Analysis (TNA) for their staff. The findings from this exercise have informed the development of a Sexual Health and BBV training programme for ADRS staff, to support them to have conversations with clients about sexual health, BBVs, testing and support services.

Staff Feedback

- **'I feel like I gained a greater understanding of everything through the training, giving me confidence to have conversations'.**
- **'I now know where to access sexual health and other support services to refer individuals on to'.**

Glasgow and Clyde Rape Crisis

During the last year, the North West and North East Health Improvement Teams have been working in partnership with Glasgow and Clyde Rape Crisis (GCRC) to provide Outreach Services to women and girls who have experienced sexual violence, as well as to their friends and family. These have been introduced in response to low referral rates to GCRC in the north of the city, which it is believed are due to a range of potential barriers including travel times, cultural stigma, language issues, fear of disclosure and wider issues such as poverty, generational abuse and violence. Monthly drop-in sessions

have been organised in 7 partner agency venues, with a GCRC outreach worker and a variety of support services in attendance.

Menopause Care

In response to demand, Sandyford Sexual Health Services established a menopause care advice service for GPs, practice nurses and other community professionals in 2019. In the first year 151 emails were received and in the last year, this has grown to 2,370. Since its introduction, the service has reduced inappropriate referrals to the specialist menopause clinic at Sandyford and improved menopause management and treatment for women.

3.1.5 Tackling Inequalities

While many of the above activities seek to address inequalities, there are a number of cross cutting initiatives that have continued to be progressed which specifically seek to address inequalities and improve outcomes within the most disadvantaged areas of the city. These include the following:

Thriving Places and Place Based Approaches

The Community Empowerment (Scotland) Act 2015 plays a key role in ensuring that communities are involved in local decision making and lays out the public sector duty to improve outcomes in neighbourhoods disadvantaged by inequalities. A focus for activity in these areas has been the Community Planning Thriving Places approach, which aims to facilitate collaboration between organisations and communities and has led to the development of plans across 10 neighbourhoods in Glasgow, which set out a range of actions to improve outcomes for local residents.

Over the last year, partners have completed a review of Thriving Places as described within the new Glasgow Community Plan 2024-2034. This concluded that while there have been positive changes, there was a need for further improvements and refinements in the approaches adopted. The Plan commits to building upon the learning from Thriving Places, by adopting a refreshed 'Place Based' approach, which recognises the need to develop responses tailored to each of these neighbourhoods, in line with local needs and available resources.

Work has commenced across Glasgow in the last year to support the transition to this new approach. Service delivery supported by the HSCP Health Improvement Teams has also continued, with activities undertaken in the final year of the Thriving Places approach including the following:

- Development of a new North East grower's network and organisation of a series of practical workshops, with the assistance of the Royal Horticultural Society (RHS) Community Outreach officer. These were designed to

inspire and upskill volunteers and new growers and provide them with the confidence and skills to plan and manage a small growing site.

- Delivery of an anti-racist campaign in Drumchapel. This included the production of anti-racism artwork; a video entitled Drumchapel's No To Racism; and the delivery of workshops in local schools. Partners have also worked together to provide a range of support to asylum seekers and refugees who have come to Drumchapel, including ESOL classes (English as a Second or Other Language), social opportunities and access to free food and clothing where required.
- Activities to improve health and wellbeing within the Priesthill and Househillwood areas. These have included the development of Walk Leadership training for local staff and volunteers, enabling the establishment of tailored walking groups such as buggy and mental health walks. As part of a 12 days of Christmas programme, a Christmas Eve family walk was also organised and over 40 hampers delivered to local people who had been identified as socially isolated or in particular need.

Community Link Workers

Community Link Workers are embedded in GP practice teams and provide non-clinical support to patients, with the aim of helping them to address socio-economic issues that may be affecting their health and wellbeing. Throughout 2023/24, the Community Link Worker (CLW) Programme has faced major funding challenges and following a full recommissioning period, the programme has been reviewed and amendments made to service interventions and delivery. Reporting arrangements were also revised, with the aim of better showcasing activity in relation to the emerging themes. Over the course of the last year, these have included homelessness and housing issues; mental health and wellbeing; and financial/benefits advice and support. Between March and December 2023, 10,699 people were supported by a CLW in Glasgow.

User Feedback

'My CLW provided me with ways to deal with problems through a range of coping mechanisms, and even just by being able to discuss my life with them. I've also been offered many opportunities to join new groups and engage with the community'.

'My CLW was of great help to myself and my mum, I had been trying to find somewhere for my mum to go for a few hours a week to give her some additional stimulation. When we attended the appointment with the CLW, she put me in touch with a day centre just five-minutes from my mum's house, who pick her up. She likes it so much she now attends two days a week, it has given her structure to her week now, before she barely knew what day it was. My CLW also contacted Money Matters on our behalf. So, thank you all for the different jobs you do, every day, good folk like you make a difference.'

3.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
% of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks. (Outcome 4)	NE 98% NW 99% South 99%	NE 98% NW 95% South 96%	NE 96% NW 96% South 99%	NE 97% NW 97% South 97%	NE 94% NW 93% South 95%	95%	NE 95% NW 98% South 97%	NE ▼ NW ▼ S ▼	NE ▲ NW ▲ S ▲
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) (Outcome 1)	92.3%	93.2%	94.2%	93%	92.3%	95%	90.2%	▼	▼
Mumps, Measles & Rubella (MMR) Vaccinations: (% Uptake at 5 years) (Outcome 1)	96%	96.5%	96.3%	94.8%	94.9%	95%	95	▼	▲
Psychological Therapies: % of people who started treatment within 18 weeks of referral. (Outcome 9)	NE 78.2% NW 89.4% S 97.6%	NE 69.9% NW 90.3% S 80.3%	NE 56.6% NW 93.6% S 91.4%	NE 46.3% NW 92.4% S 81.2%	NE 58% NW 91.7% S 82.9%	90%	NE 75.3% NW 93.4% S 81.4%	NE ▼ NW ▲ S ▼	NE ▲ NW ▲ S ▼
% service users commencing alcohol or drug treatment within 3 weeks of referral	98%	98%	99%	95%	96%	90%	93%	▼	▼

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
(Outcome 7)									
Alcohol Brief Intervention Delivery (Outcome 4)	5,055	4,394	4,269	7,749	8,966	5,066 per annum	10,479	▲	▲
Smoking Quit Rates at 3 months from the 40% most deprived areas. (Outcome 5)	1,412	1,389	1,280	1,260	1,050	1,224 per annum	1,097	▼	▲
Women smoking in pregnancy (general population) (Outcome 1)	10.4%	9.8%	8.2%	9.5%	8.4%	<10%	7.3%	▲	▲
Women smoking in pregnancy (most deprived quintile) (Outcome 5)	18.9%	14.6%	12.4%	16.7%	13.9%	<14%	10.8	▲	▲
Exclusive Breastfeeding at 6-8 weeks (general population) (Outcome 1)	30.4%	31.8%	29.6%	28%	31.1%	33%	30.7%	▲	▼
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones). (Outcome 5)	21.2%	24.9%	21.9%	20.6%	25.0%	24.4%	24.2%	▲	▼

Notes:
i) targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets

KEY ACHIEVEMENTS

Indicators where performance has shown the greatest improvement over the last 12 months:

INDICATOR		YEAR END 2022/23	YEAR END 2023/24
% of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks.	North East	94%	95%
	North West	93%	98%
	South	95%	97%
Psychological Therapies: % of people who started treatment within 18 weeks of referral	North East	58.0%	75.3%
	North West	91.7%	93.4%
Alcohol Brief Intervention Delivery		8,966	10,479
Women Smoking in Pregnancy	- General Population	8.4%	7.3%
	- Most Deprived Quintile	13.9%	10.8%

AREAS FOR IMPROVEMENT

Ongoing improvement is sought across all services. KPIs relating to this Strategic Priority which we would specifically like to improve within the next 12 months are:

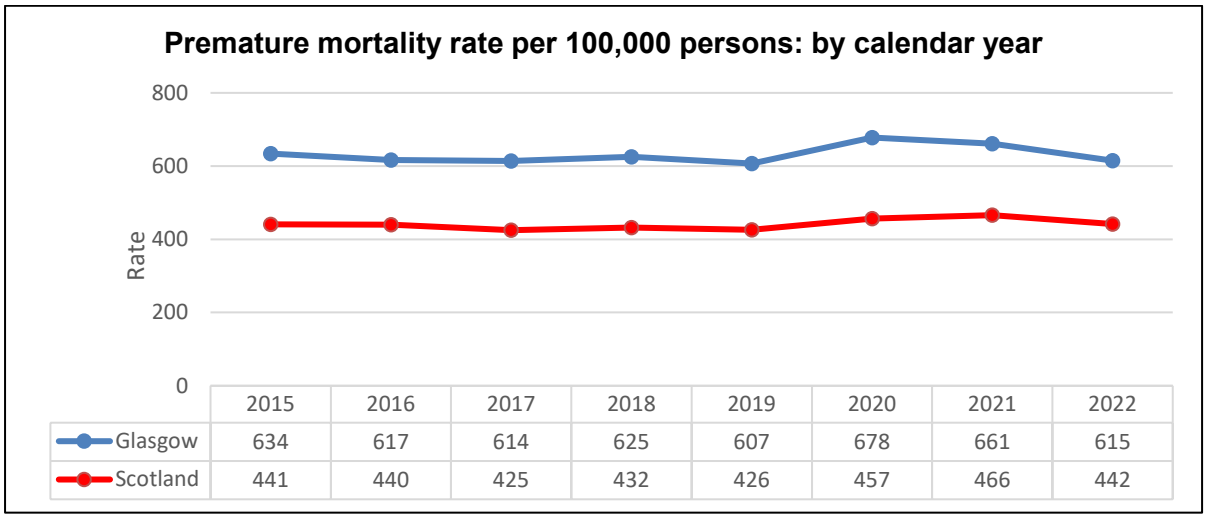
INDICATOR	Performance Issues and Actions to Improve Performance
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) **Target:** 95% **Actual:** 90.2%	**Performance Issues** • The World Health Organisation has raised concerns that vaccine uptake has reduced internationally for several reasons including a decline in vaccine confidence linked to the pandemic. **Actions to Improve Performance include:** • The team continues to focus on areas where uptake is lowest. • Working with public health colleagues, several “tests of change” to improve uptake have been undertaken. • Specific videos have been produced for use with marginalised communities. • Staff continue to recall and chase up families who have not attended for vaccines. • Public Health Scotland is using the measles outbreaks in England to raise awareness of the need for the MMR vaccination, which is anticipated will increase uptake rates.
Psychological Therapies (PTs): % of people who	**Performance Issues**

started treatment within 18 weeks of referral **Target:** 90% **Actual:** 75.3% North East Locality 81.4% South Locality (N.B. This indicator is reported at locality level, not city-wide.)	• The capacity to deliver PTs has been impacted by staffing issues including vacancies and sickness absence. • Recruitment to some posts resulted in no or no appropriate applicants highlighting the national supply issue of clinically trained professionals. • Some people waited longer due to clinical, social, or personal reasons, which prevented engagement through remote consultations (waiting for an in-person face-to-face approach). **Actions to Improve Performance include:** • Waiting list initiatives continue to target patients with the longest waits. • Digital alternatives to face-to-face approaches (i.e. Anytime Anywhere or Near Me) continue to be used to reduce waiting times. • Continued delivery of cCBT (Computerised Cognitive Behavioural Therapy) for people with long term conditions. • Heads of Service and Professional Leads routinely monitor team performance to assess the impact of actions and support decision-making. • Ongoing focus on staff recruitment.
Smoking Quit Rates at 3 months from the 40% most deprived areas **Target:** 1,224 **Actual:** 1,097	**Performance Issues** • Continues to be issues with pharmacy capacity. • Unavailability of several products including varenicline, which has been unavailable since June 2021 and was the most popular and effective product. • Clients continue to present at the QYW (Quit Your Way) community service with complex needs such as poor mental health and financial issues. This requires an increased amount of time and intensity of intervention to provide them with holistic support and to effectively signpost them to other local agencies, which in turn causes capacity issues for QYW. • All three locality teams have also been significantly impacted by staff absence and vacancies across the City. **Actions to Improve Performance include:** • Our community QYW staff have engaged with Public Health Pharmacy and local pharmacy colleagues, to provide support and identify solutions to resolve current challenges and improve pharmacy performance. • Alongside Health Centre clinics, face-to-face community clinics have been established in local pharmacies. These all offer clients the opportunity to get support, collect

	cessation prescriptions and receive CO (carbon monoxide) monitoring. • A Smoke Free App is being piloted to provide an accessible digital support option for clients. Initial uptake by clients across the city is positive.
Exclusive Breastfeeding at 6-8 weeks General population **Target:** 33% **Actual:** 30.7%	**Performance Issues** • Reduced staffing across some Health Visiting teams has impacted on the delivery of support programmes. • Health Board Infant feeding teams across acute and community have also experienced staffing shortages. • Telephone and face-to-face support delivered by the BFN (Breast Feeding Network) on behalf of the city was funded via the Health Improvement budget. This funding ended in March 2024 and uncertainty around this impacted on signposting and referrals to the services prior to this date. **Actions to Improve Performance include:** • Mothers will continue to be offered face-to-face or online consultations, with home visits if requested. • The BFN will continue to explore other funding opportunities to allow their work to continue. • Continuing to link with other services to enable families to access a range of services in accessible venues, for example, we will continue to partner with Glasgow Life to offer groups in some of their library venues. • The Breastfeeding Early Intervention Pilot, which focuses on SIMD 1 areas, began in the North East of the city in November 2023. This pilot ensures that participants receive additional support for breastfeeding. • Health Improvement staff continue to lead on the roll out of the Breastfeeding Friendly Scotland Scheme in the City with 116 premises currently signed up. • Continuing to explore opportunities for funding to sustain face-to-face groups.

3.3 NATIONAL INTEGRATION INDICATORS

National Integration Indicator 11



	2015	2016	2017	2018	2019	2020	2021	2022
Glasgow	634	617	614	625	607	678	661	615
Scotland	441	440	425	432	426	457	466	442

- Glasgow consistently higher than the Scottish average
- Decrease in Glasgow over the last two years after an increase in 2020.
- No data currently available beyond 2022.

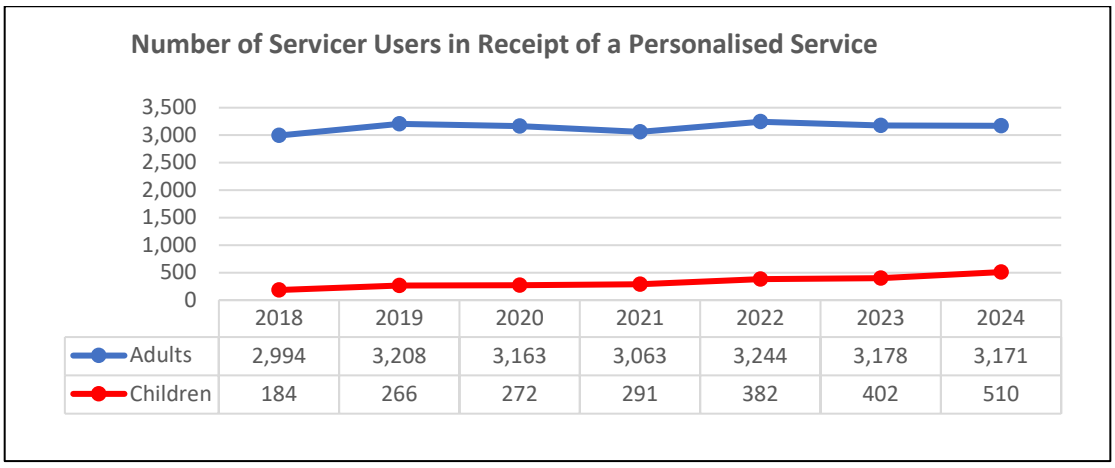
4. SUPPORTING GREATER SELF-DETERMINATION AND INFORMED CHOICE

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Providing Greater Self-Determination and Informed Choice and consider performance in relation to KPIs associated with this theme. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 3
People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5
Health and social care services contribute to reducing health inequalities
Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services.

4.1 KEY DEVELOPMENTS/ACHIEVEMENTS

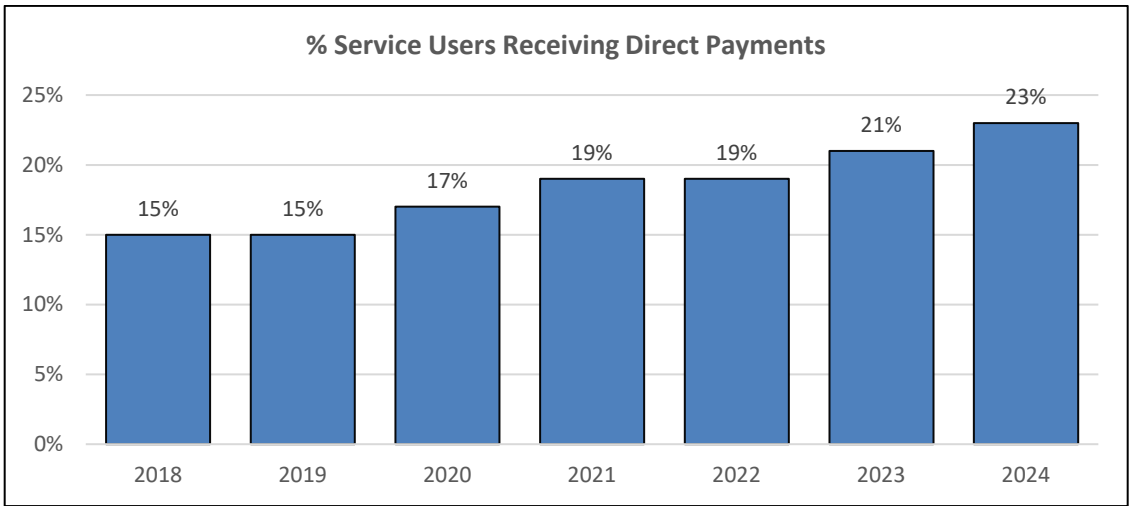
4.1.1 Self Directed Support (SDS)



	2018	2019	2020	2021	2022	2023	2024
Adults	2,994	3,208	3,163	3,063	3,244	3,178	3,171
Children	184	266	272	291	382	402	510

Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013, aims to provide service users with greater choice and control over the support they receive. At the end of March 2024, a total of **3,171** adults were in receipt of a personalised social care service, a slight reduction since March 2023 (**3,178**). In contrast, children with disabilities with SDS rose by 27% over the same period (from **402** to **510**).

The overall proportion of service users who chose the Direct Payment option to receive their personalised budget increased from **21**% to **23**% in 2023, as shown below. This varied considerably between age groups, with **76%** of children with disabilities receiving a direct payment compared to **15%** of adults.



4.1.2 Listening To Our Service Users

Locality Engagement Forums

As indicated in Chapter 1, we continue to seek the views and experiences of people who access our health and care services through the work of the Locality Engagement Forums (LEFs). They provide a mechanism for disseminating information and gathering feedback from patients, service users and carers and help to ensure that health and care services reflect the priorities and needs of local communities. In addition to the LEFs, a number of other examples of service user involvement and engagement have been taken forward in the last year including the following:

Listening to Young People

Glasgow's Promise Plan sets out commitments to improve the experiences of children involved in the care system. Following its publication, Promise Participation Workers were recruited to ensure that the voices of children, young people and families are at the heart of service development and improvement. Other mechanisms by which the views of children and young people are being used to support service delivery and improvement include:

- Delivery of the Nurture programme in children's houses, which supports a consistent understanding of children's needs linked to their developmental stage and promotes a culture of care and love across the houses.
- The provision of a range of activities and equipment which social workers can use to encourage children and young people to share their views (including Sharepoint as described below).

- The use of the Family Connections Assessment and Plan (FCAP), which helps social workers map out brother/sister and other relationships that need to be maintained, and records children and young people's views on their care experience journey.
- The use of the 'My Meeting, My Plan' model for meeting young people and their families, which supports the shift towards a strengths-based approach, seeing families as experts in their own lives.
- The role of Independent Reviewing Officers who are responsible for whole family groups and seek to ensure that relationships are maintained between family members, in line with the young person's wishes.

Viewpoint

Social Workers use several tools to help children and young people to express their views and encourage participation. One such tool is Viewpoint which has been used in the past and allows the young person to complete a questionnaire online prior to a meeting on their care. A working group has involved care experienced children and young people in the development and piloting of new, shorter, strengths-based questionnaires (for under and over 15s). These were launched at locality briefings for social workers in October 2023, with workers asked to encourage and support young people to complete them and the working group is continuing to raise awareness of and promote these new questionnaires. A selection of the questions asked in the under 15s questionnaire is shown below, which shows the type of information we should be able to report on going forward as their usage increases:

- What is going well for you at school or college?
- Please tell us what you are proud of.
- Do you go to any clubs/groups/activities?
- Do you like where you live?
- Do you see everyone you want to see?
- Do you feel happy?
- Do you feel safe?
- Do you have any physical or mental health worries?

Children's Rights Service

The Children's Rights Service (CRS) provide information on rights and advocacy and support children and young people living with residential or foster carers, as well as those in continuing care and aftercare. The numbers being supported by them have risen in the last year and activities undertaken by the CRS in this period have included:

- Appointment of a new Principal Officer, with young people involved in designing the recruitment process and sitting on the interview panel.
- Involvement of young people in redesigning the Children's Rights Briefing and Discussion sessions for HSCP staff, with the young people defining

what they wanted workers to know and agreeing to support their delivery throughout 2024.
- Organised sessions with young people covering a range of health and wellbeing topics including emotional, mental, social and physical health. Health issues which are important to them have been identified and plans developed to share these with social workers, carers, teachers, and other people involved in their care.
- Supporting the planning of the People Make Glasgow festival, as part of Care Leavers Week in October 2023. This is a celebration for young people, led by them and the CRS supported young people to attend as well as contribute in a number of ways. This included delivering creative performances, as well as sharing information with attendees about rights and advocacy at a dedicated CRS stall.

Young People's Feedback on CRS

- **'You really get where I am coming from, why can't other people get it.'**
- **'You explain it and it's understandable and to the point.'**
- **'It's important that the workers know what matters to us.'**
  (Young Person involved in the Briefings)

Review of 16+ Accommodation and Support Services

In response to national evidence that care experienced young people aged 16+ have a substantially higher risk of becoming homeless and experiencing poorer outcomes in adulthood, a strategic review of their Accommodation and Support Services is underway. The HSCP's Promise Participation Workers are ensuring young people's voices are central to the review, with a Practice Redesign Forum which includes young people being established to lead this work. The 'Scottish Approach to Service Design' is being adopted and has involved the use of a range of research and co-design methods including surveys, focus groups and these Practice Redesign Forums. This has enabled us to develop an in-depth understanding of what young people both want and need to be able to thrive. The next steps will be to define a model that is desirable to young people, feasible to deliver and will result in improved outcomes. As part of the review, a 'test of change' is also being piloted which involves the provision of a Youth Housing First Service, delivered by the Rock Trust, which aims to support care leavers with complex needs in their own tenancies.

Alcohol and Drug Treatment Services

Glasgow's progress towards the implementation of the national Medication Assisted Treatment (MAT) Standards is discussed in Chapter 7. A large component of the MAT standards implementation is experiential evidence and Glasgow City have introduced a robust programme which asks people about their experience of MAT services. This aims to change the culture of care

delivery, resulting in a more collaborative and holistic experience for service users. Early feedback indicates that individuals engaging with treatment feel less stigmatised and more included and highlights the importance of the ongoing work between services and recovery communities. Going forward, feedback from the programme will be used to inform the development of a service improvement plan that will be benchmarked and reviewed on an annual basis.

Alcohol Related Brain Damage Recovery Passport

The HSCP has produced a Recovery Passport for people who are living with the impact of Alcohol Related Brain Damage (ARBD). The Passport was developed in collaboration with clients supported by the ARBD Team, with the aim of developing a holistic and person-centred resource that will enable services and family members to better understand their needs and how they can best be supported through their recovery. The hope is that the Passport will mean people don't have to explain their support needs each time they come into contact with new services, allowing them to focus on their recovery and track their progress toward their rehabilitation goals.

Lilias Community Custody Unit (CCU)

A range of health care services are delivered in-house by the HSCP's Prison Health Care (PHC) team, along with NHS and third sector partners. A new Health & Wellbeing group has been established by the PHC with 'user voice' at its core and participants have been asked to consult upon future priorities for the group. During the last year, the Health Improvement Team have also been involved with the residents of Lillias CCU to research, develop, create and film a *'Keeping Yourself Safe in Prison'* resource, which focusses on Sexual Health and Blood Borne Viruses and has a significant emphasis on 'user voice'. This resource will be available nationally through the MAT standards in Justice Toolkit.

4.1.3 Employability

Project Search

The HSCP's Supported Employment Service support people with learning disabilities and/or autistic spectrum conditions to find and keep full time jobs. Recently, a short video was created to showcase the service and clients who have benefitted from it. The service is one of the main partners in delivering Project Search, a work experience programme for young people aged between 18 to 29 years with learning disabilities and/or autistic spectrum conditions. The project celebrated its 10th anniversary this year and since its inception, 184 young people have completed the programme, with 133 gaining employment including 55 in NHSGGC. To mark the anniversary, a video was produced focusing on the journey of participants and the positive outcomes they achieved, which was shown at the participants' graduation ceremonies in the last year.

User/Parent/Staff Feedback

- **'I highly recommend Project Search to all who are thinking of doing it. They really helped me understand my strengths' (Service User).**
- **'Before he joined the programme, he was struggling. He was withdrawn and had difficulty with most tasks and social interactions. Going on Project Search was like flipping a coin – he became more sociable, confident and he seems so much happier.' (Parent)**

English for Speakers of Other Languages (ESOL) - for Everyday Living & Employability

Rosemount Lifelong Learning was funded to deliver a project in the North East that offers English language and employment support and promotes social connection within the local community. The intention is to provide participants with improved language skills and equip them with employability skills which will help them to successfully identify and access appropriate employment opportunities. Activities progressed have included the delivery of ESOL workshops in response to community requests; employability skills sessions; the establishment of a Job Club; and the creation of a weekly international cafe.

4.1.4 Financial Inclusion

Financial Inclusion Advice

The HSCP is a key funding partner with Glasgow City Council for Financial Inclusion Partnership services, which enables community based NHS staff to make direct patient referrals to a range of dedicated money advice providers. In Quarter 1 to Quarter 3 of 2023/24 (March to December), NHS staff made **3,506** referrals, with **70%** made by staff groups engaging with families with children under 5 years old. During this period, there has been almost **£3.9m** in financial gains for clients (**£1.9m** for early years referrals and **£2m** for "other"); and nearly **£1.27m** in debt managed (**£220k** Housing debt, **£917k** Non-housing debt, **£130k** Council tax arrears).

Social Work also operate a welfare rights service for service users and during 2023/24, they represented **342** clients at social security appeals. They also generated a total of **£4.7m** (£3.3m in ongoing benefits and £1.4m in backdated benefits) in successful claims for service users who receive a chargeable non-residential care service.

Welfare Advice & Health Partnerships (WAHPs) programme

Scottish Government investment enabled delivery of an embedded Welfare Rights service in 84 GP Practices serving the most deprived communities, as part of a national test and learn programme. This two year funding commitment came to end in January 2024, but funding has been secured to extend provision

until September 2024 and the initiative will be evaluated both locally and nationally. Early local findings indicate that over 80% of people supported had never sought advice before and did so on the suggestion of practice staff. The main referral reasons were because they were unable to cope financially (one third) or were unable to work for health reasons (one third).

Between March and December 2023 **3,207** referrals were made to WAHP across Glasgow City, resulting in **7,970** individual welfare rights and money advice cases. Financial gains for patients of over **£6.4m** have been made, with a further **£1.3m** in debt managed. The majority (**£800k**) of debt managed was non-housing debt; this included utility arrears, personal loans and credit card debts.

Section 22 Funding

In the last year, the HSCP has also facilitated Health Visitor and Family Nurse Partnership access to Social Work Section 22 destitution funding, which has enabled them to organise financial support for families in immediate need, avoiding the requirement to make a social work referral which can lead to delays. This has allowed a more flexible needs-led response to financial hardship, fuel poverty and destitution and has been used to support families with essential items such as baby milk, food, nappies and clothes. By responding rapidly in this way, it can prevent further deterioration in health, wellbeing and family functioning, which may require a more expensive and intensive service intervention as needs escalate.

Case Study

Patient A was referred for assistance to complete an Adult Disability Payment Review form, after being notified that her benefits were being re-assessed. A suffered from significant mental health issues and had severe anxiety about going through the review process, as she had previous experience of going through an appeals process to maintain her current Enhanced Award. Subsequently, patient A contacted the service very upset and seeking an update on their application, believing it was going to be rejected given the time it was taking. A conference call was organised with the relevant social security team, who reassured her that the review was going ahead within the normal time frame. The review was completed and concluded that A was to remain on her current benefit rates until 2028. She was extremely pleased with the award and with the support received from WAHPHs and her GP, who had written a letter of support. She also agreed to be referred to the Community Links worker to see what community supports were available which could assist with improving her mental health and wellbeing.

Winter Food Project

Glasgow City HSCP has been working with the Red Cross on the Winter Food Project

which was launched to help people experiencing food poverty during the coldest months of the year. Those referred received an essential food parcel delivered by Red Cross volunteers, with the project delivering approximately 80-100 parcels per week, totalling over 1,300 during winter. Each parcel included contact details for the Glasgow Helps Directory, which has been relaunched by the council in partnership with the Glasgow Council for the Voluntary Sector (GCVS), and seeks to help citizens access support from local statutory organisations, community groups and the third sector.

Cost of Living Guide

In the last year, the HSCP has produced and disseminated a new Cost of Living Guide. This was initiated by the HSCP's Child Poverty Steering Group and created by Health Improvement staff to make it easier for people within communities to access support. It is intended to complement existing national and local sources of information and covers a range of topics including food, money advice, energy, housing and legal issues. The Guide will be updated every 6 months to ensure all information remains up to date, before being incorporated into existing websites over time.

4.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
No. ACP summaries completed and shared with the patient's GP (Outcome 2)	N/A	N/A	69	50	276	260	399	▲ (since 2020/21)	▲
% young people currently receiving aftercare service known to be in employment, education or training. (Outcome 4)	74%	68%	80%	80%	80%	75%	77%	▲	▼

Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets.

4.3 LOCAL EVIDENCE

User Feedback - Home Care

Home Care and Reablement Services provide care and support to enable people to live as independently as possible in their own home. The most recent annual service user consultation on the Home Care service was carried out in 2023. Some of the headline figures from this survey in relation to our Strategic Priority of Supporting Greater Self-Determination and Informed Choice are presented below.

Statement	% of respondents who "strongly agreed" or "agreed" with statement	National Health & Wellbeing Outcome
I am treated with dignity and respect.	97%	Outcome 3
My home carers know me well and they know what is important to me.	89%	Outcome 3
My home carers have enough time to support me in the way I prefer.	76%	Outcome 4
If I am not happy with my support, I am listened to and can make changes.	68%	Outcome 3
I am involved in decisions about my support (Personal Support Plan/Service Review) and if I want my family or friends to be included, they can be.	84%	Outcome 3
My home carers use my PSP (Personal Support Plan) to find out how best to support me.	84%	Outcome 4
I feel confident I can communicate changes to my PSP (Personal Support Plan) and that these are acted on.	82%	Outcome 3

Carer Feedback

The commissioned Carers services provide an Evaluation form to Carers in recent contact with the service which asks a number of questions, one of which relates to the Strategic Priority of Supporting Greater Self-Determination and Informed Choice. Feedback in the last year is included below:

Question	% Carers Responding Positively in 23/24
Did you feel valued and respected by the worker?	98%

KEY ACHIEVEMENTS

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

INDICATOR	YEAR END 22/23	YEAR END 23/24
Number of ACP summaries completed and shared with the patient's GP	276	399
Number of Children in Receipt of a Personalised Service	402	510
% of Service Users Receiving Direct Payments	21%	23%

AREAS FOR IMPROVEMENT

There are no specific KPIs relating to this Strategic Priority we would highlight as to be improved within the next 12 months, but ongoing improvement is sought across all service areas.

4.4 NATIONAL INTEGRATION INDICATORS (see Appendix C)

National Integration Indicator	2023/24 Survey Results			
	Outcome	Glasgow	Scotland	Compared to Scottish average Above Below
3. % adults supported at home who agree that they had a say in how their help, care or support was provided	3	**61.5%**	**59.6%**	

Note
This indicator is derived from the national Health and Care Experience Survey (HACE). Due to changes in the survey wording, no comparisons can be made with the last report in 2021/22.

5. SUPPORTING PEOPLE IN THEIR COMMUNITIES

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Supporting People In Their Communities and consider performance in relation to KPIs associated with this theme. Some of these developments cut across all services while others are more service specific and, in this chapter, both are considered in turn. Activities undertaken across both areas have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 6
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7
People using health and social care services are safe from harm.
Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services.

5.1.1 HSCP WIDE DEVELOPMENTS

Maximising Independence

Over the last year, Glasgow City HSCP has continued to progress the Maximising Independence (MI) approach. This aims to change the way health and social care services support people, with the aim of enabling them to remain living at home safely for as long as possible. Key principles of this approach are:

- putting people at the centre of care and working with them to find solutions
- focusing on existing assets and strengths of individuals and communities
- taking early action to prevent problems developing into crises
- ensuring the right support is available and easy to find in the right place and at the right time
- embracing new technology, and

- working closely with partners in community and voluntary sectors to provide a range of supports and services

A new Maximising Independence video has been produced recently which shows how people and organisations are putting the MI approach into practice across the city. Other initiatives pursued in the last year include developmental work in relation to Strengths-Based Practice; and planning for the piloting of a 'Community Hubs' approach delivered by the HSCP, third sector and partner organisations. This will facilitate and support people to access a range of health and wellbeing resources locally, with a focus on prevention and early intervention.

Case Study

After more than six months in hospital, then being discharged for assessment into a care home following a serious fall, John had become almost bed bound and was likely to be heading to long term residential care. But more than anything, he really wanted to return to his own home in sheltered accommodation. So, by listening to John and his family, we started to plan if and how we could make that happen. First, we had to show him what was possible by focussing on his strengths and having some honest and open conversations. Family support was crucial, along with the expertise of our staff and John's landlord. We worked as one team alongside John, to build up his confidence, self-belief and strength until he was ready to return home, which took around eight weeks. Having the right team in place and working together with a single aim was crucial, but ultimately, John motivated himself with our support. He's gone from needing two people to help him get out of bed and a probable move to long term residential care, to living in his own home with daily visits from the Care at Home Team and his family. This is a great example of the Maximising Independence approach working to get the best outcome all round.

(HSCP Social Worker and Manager)

Health and Social Care Connect

Health and Social Care Connect (HSCC) is the single point of access for referrals into the HSCP by individuals, families and organisations (telephone and online). HSCC is supporting the Maximising Independence agenda by encouraging staff to initiate wellbeing conversations to assess the caller's needs and determine whether they require statutory services or could have their needs met via community, 3rd sector or commissioned services. This is intended to enable people to be matched to the 'right service at the right time' and prevent unnecessary contact with statutory services.

Socially Connected Strategy

The HSCP launched the Socially Connected Glasgow Strategy in 2022, which highlighted the positive impact social connections can have on supporting people to live in their community for as long as possible. Over the last year, Health Improvement staff have worked with partners to take forward some of the Strategy's recommendations, including one related to charitable funding arrangements in the city. A funders workshop was held to discuss developing a Glasgow Funding Charter, attended by local partners, as well as the National Lottery and Scottish Government. Following the workshop, plans to develop a 'Funders in Glasgow' group were scoped and are now being progressed. Other activities have included the production of a flyer and short film to coincide with Loneliness Awareness Week, offering advice on the signs of loneliness and what can be done to support people identified as lonely.

Live Well

The Live Well programme which is co-ordinated by Glasgow Life, started in Calton and has been expanded into other parts of North East Glasgow in the last year. It is also an example of the Maximising Independence approach in practice, with HSCP staff referring service users onto the programme, which aims to help improve physical and mental health and wellbeing. Participants are linked with an adviser who helps them find activities they are interested in and supports them to attend where required. These can include arts based groups, social groups, museum activities, exercise options, as well as learning and skills development opportunities, with the range of activities offered continuing to develop in response to local demands.

5.1.2 OLDER PEOPLE'S AND CARE SERVICES

The HSCP is aiming to continue to shift the balance of care away from institutional care (hospital and care homes) towards supporting people more in the community. The HSCP has also been working with all five HSCPs in NHS Greater Glasgow and Clyde (NHSGGC), along with the Acute Services Division and the NHS Board, to develop and implement system-wide Unscheduled Care Commissioning and Design and Delivery Plans as part of the Moving Forward Together programme. Some of the key developments progressed in the last 12 months include:

Home First

The Home First Response Service involves community led multi-disciplinary frailty teams, led by Advanced Frailty Practitioners, operating out of 'hubs' in the emergency departments of the Queen Elizabeth University Hospital (QEUH) and Royal Alexandra (RAH) Paisley. These 'hubs' link to community based 'spokes' within the 6 HSCPs in NHSGGC, who ensure rapid and seamless access to community services for those frail patients identified as being likely to be managed better in a homely setting rather than an acute bed. Work has been undertaken over the last year to develop relationships between

the ‘hub’ at QEUH and staff on the Medicine for the Elderly Short Stay ward (2A). The pharmacy role within the service has also been evaluated, which has demonstrated the value of this input, given the range of pharmacy needs identified in patients presenting as frail at acute settings.

Hospital at Home

The Hospital at Home Team provides ‘hospital level’ care at home for service users, who are assessed on referral from their GP as being able to be supported at home by the Team rather than be admitted to hospital. The service is delivered by a range of community practitioners, with oversight from acute specialists who support care delivery. Over the course of the last year, access to the Team has been widened to include GPs from across the city and work has been undertaken to develop referral pathways to the service from the Scottish Ambulance Service and Acute Assessment Units. Service capacity was expanded to provide 20 beds, however the longer term viability of the service remains dependent on securing external funding.

Care at Home Services

The Care at Home Reablement and Assessment teams play a key role in supporting the hospital discharge process and the Hospital at Home model, with reablement enabling people to maximise their independence and improve their quality of life. The approach is underpinned by a strengths-based approach which focuses on an individual's strengths and assets, rather than their deficits. During 2023/24 over **2,700** people have completed or partially completed reablement services, of which **65%** transferred to receive a mainstream service, with the remaining **35%** not requiring any further home care support. If the latter had remained in receipt of mainstream services, the annual cost would have been **£7.3m**. In total, Care at Home services deliver **98%** of care and support services across Glasgow (making it the largest care at home service in Scotland), making on average **85,900** visits per week, currently to **4,327** clients, an increase of **2%** since last year. Due to ongoing financial pressures, however, staff head count has been reduced via staff turnover.

Technology Enabled Care (TEC)

Telecare is an integral part of care planning and Maximising Independence, and assists people to remain independent and safe in their homes, with currently over **8,400** individuals being supported across Glasgow. A range of communications and training activities have been undertaken in the last year to facilitate the transition from analogue to digital technology, which will offer a more efficient and effective service going forward. Tenders have been published and submissions are currently being evaluated, with the new Alarm Receiving Centre (ARC) due to go live in Autumn 2024 and all devices (approximately 13,000) switched over by the end of 2025, in line with national guidelines. Over the course **23/24 period**, the Community Alarm and Telecare services has:

- welcomed **2,280** new service users.
- received circa **405,000** incoming alarms calls.
- made circa **96,000** outbound calls, and
- responded to circa **29,000** onsite requests for assistance equating to approx. 80 per day.

It has been recognised that a lack of awareness and understanding of what's available and how to use the technology offered can be a barrier to its widespread use. A new service 'Helpful Hints with Home Technology' is being trialled as part of the HSCP's Maximising Independence approach, which aims to address these barriers and increase awareness and uptake of available technology. The service is working with partner agencies to deliver training in Glasgow Life libraries and third sector organisations across the city, offering advice and support on the technology available and signposting people to where and how it can be accessed.

Circles of Support

A successful approach to building circles of family support for children and young people is now being adapted to support adults and older people in a new 'Circles of Support' pilot project, which also builds upon the principles of Maximising Independence. This will aim to create a supportive network of families, friends and carers around someone who needs support, to ensure that decisions about their care choices are collaborative, safe and effective. Key underpinning components are effective Future Care Planning and support for carers, so that if a potential crisis situation occurs, plans are in place, understood and acted upon by everyone involved.
If someone has no family or close friends, the team will reach out to neighbours, carers or the third sector where appropriate, always ensuring people feel supported and safe when making decisions about their care.

Residential Services

The HSCP also support people to live in residential units, with Older People's Residential Services providing 24-hour care and support to 550 residents of our five directly provided care homes. During 2023/24, there has been a continued focus on improving physical well-being, with the successful pilot of a walk aid clinic at the Riverside Care Home. This was designed and delivered in collaboration with community rehab teams and planning is underway to deliver similar clinics across all five care homes.

Additional improvements across care homes have included developing and implementing revised policy guidance; improved care planning and risk assessment to better identify and support residents' nutritional needs; development of activity plans to support their wellbeing and social inclusion; and a review of medication recording and impacts.
Work was also undertaken by the multi-disciplinary Care Home Quality Assurance Team (CHQAT) - which delivers upon the HSCPs statutory review responsibilities and ensures a quality assurance approach within the care home

sector - to ensure the disruption caused by the closure of Hogganfield Nursing Home in August 2023 was kept to a minimum and alternative accommodation was quickly found. Following the closure, a development session was organised with key stakeholders to discuss and learn from the home closure process, which has led to changes in practice when carrying out statutory reviews.

The Care Home Support and Review Tool (CHSRT) was devised in 2022 and is used to scrutinise and benchmark performance, as well as highlight good practice and identify areas for improvement. This is used for homes that are rated as AMBER or RED and looks at 5 areas of nursing care; record keeping; pressure ulcer prevention; food fluid and nutrition; falls; and medications. Plans are in place to expand this approach to also include palliative care and stress and distress in 2024.

5.1.3 SUPPORTING CARERS

The Carers (Scotland) Act 2016 gave all carers the right to an adult carer support plan or young carer statement. The Carer Self-Referral form provides the main way to access carer support. During 2023/24 **3,229** new adults and young carers accepted the offer of a Carer Support Plan or Young Carer Statement, compared to **2,533** in 2022/23, and **2,391** in 2021/22, as shown in the KPI section at the end of this chapter.

During the last year, work has also continued to support carers and young carers in Glasgow, in line with the HSCP 2022-2025 Carer Strategy which set out our commitments to make Glasgow a carer-friendly city. Activities which have been progressed include the following:

- Work to improve the recording and reporting of carer awareness across all HSCP services.
- Continuing training and peer support opportunities. Over 747 carers took up these online and face-to-face opportunities up to the end of Quarter 3, compared to 503 in the same period in 2022/23.
- Development of resources to promote carer awareness, including the updating of the *Your Support Your Way Glasgow* Carer Pages, which contain a range of information and supports.
- Appointment of the Principal Officer Carers Lead as a representative to provide a voice for carers on the IJB.

Carer Feedback

- **'The Mood Matters training session was fabulous I really enjoyed it despite being incredibly tired. It did give me some great ideas that could help, not just me, but my husband as well. His mood really does impact on me. The session was engaging, informative, relaxed, welcoming, and productive.'**

- **'I was not aware of all the support I could access. Since using them, I have been less anxious, more in control. I know my mum's dementia will not improve but having a support network there to ask for advice, helps.'**

5.1.4 PRIMARY CARE

Primary Care Action Plan

Glasgow's Primary Care Action Plan (PCAP) - 2023-26 was approved in September 2023. It covers the HSCPs wider responsibilities in relation to primary care including their role in managing the primary care prescribing budget; working with primary contractors (GPs, optometrists, dentists and community pharmacists); and promoting the sustainability of primary care in Glasgow. The plan describes four high level **Actions** and three **Enablers** and updates on progress in implementing the Plan will be reported to the IJB annually and made widely available within Regular Bulletins.

North East Hub

Building work on the new Parkhead Hub continued in the last year. The Hub is due to open in Autumn 2024 and will bring together community health and social care services currently located at nine different sites. The facility will also provide community spaces including bookable rooms, the relocated Parkhead library and a community café. Alongside the building work, public engagement activities continue, including the implementation of an Arts Strategy which seeks to engage groups at risk of marginalisation. Over the course of 2023/24, there have been 1,411 participants across 91 creative engagement events including play cafes for pre-schoolers; and adult art, design and printmaking workshops. Artwork of local residents has also been displayed and artists have now been selected to install large scale art installations on site. The programme of Community Benefits also continues, which include an education programme; work placement and apprenticeship opportunities for young people; training and employability skills development; and support for local voluntary sector organisations and community groups.

Participant feedback from the Arts activities include:

- **'This is the only time I get some me time without looking after anyone.'**
- **'I've come through the criminal justice system and this really helps.'**
- **'My two kids have autism, and this is the only activity my toddler is interested in. He's really into arts and crafts, that's his thing. We drive past the venue and he points to it. 'It's the first thing we've done that he's interested in. Thank you!'**

Pharmacy Hubs

Between May 2023 and January 2024, pharmacy teams moved to single site purpose built hubs in each locality and quality improvement activities are ongoing to standardise the services being provided at each. These hubs support GP practices, updating patients' medications following hospital admissions and outpatient clinic review. The centralised hub model offers increased efficiency, as well as an improved service for practices, with cover in place 52 weeks per year. Hub working has also had a positive impact on team morale and wellbeing, with staff feedback indicating greater satisfaction, both with the environment and the ability to better interact with colleagues.

Single Point of Access for Phlebotomy

Over the last 12 months, a range of changes have been made to how the Single Point of Access (SPOA) for the Glasgow City Phlebotomy Service operates. These include the introduction of a new telephone system, with a reporting function system that enhances the management information available to service managers. These have led to significant service improvements, with a reduction in the call wait time from up to 30 minutes to an average of less than 5 minutes being achieved in the last year. Admin teams have also been centralised and improved reminder systems put in place to encourage attendance at appointments.

Primary Care Access Improvements

Access to General Practice has been a longstanding challenge across the country and in response, Healthcare Improvement Scotland (HIS) has developed the national Primary Care Access Programme. This involves working with GP Practice primary care teams across a 7-week programme to identify and address access problems, using Quality Improvement (QI) tools to test and embed service improvements and build capacity within local teams in using them. The local Primary Care Improvement Team (PCIT) in Glasgow worked with HIS and Health Board colleagues on a rage of QI projects, the aims of which included saving GP and practice staff time; increasing the transfer of patients to serial prescriptions; improving access to appointments; and reducing the number of urgent on the day appointment requests. Feedback was generally positive with participating practices indicating they feel confident using their learning from PCAP to make other service improvements going forward.

Immunisation Programmes

The HSCP's adult vaccination team successfully completed the Winter Flu and Covid Booster programme by 11th December, for those living in a care home or who are unable to leave their home to attend a clinic. The programme saw a positive uptake, with a total of **9,834** people vaccinated against Covid-19 and **9,799** vaccinated against Flu, ranging in age from 9 to 104 years old. The Team also delivered the Shingles programme from January, targeting individuals aged 65 and 70-79, as well as younger people with a weakened immune

system. From February, the Team also delivered the Pneumococcal vaccine for over 65 and over 50 with weakened immune system.

5.1.5 MENTAL HEALTH

Mental Health Strategy

During the last year, Glasgow City HSCP have provided system-wide planning & co-ordination for the refresh of the Health Board wide Mental Health Strategy 2023-28, which has built upon and widened the scope of the earlier version, reaffirming the commitment to shift the balance of mental health care through an enhanced community mental health service provision.

Compassionate Distress Response Service (CDRS)

The Compassionate Distress Response Service was launched in 2020 and provides a rapid response to people presenting with emotional distress. It aims to support people who do not require medical or specialist psychiatric assessment, through their period of distress, helping them access appropriate services where required. A team of Distress Response Workers provide compassionate listening, safety planning and up to a month's follow-up support to those referred. Demand for the service has grown significantly and in the last year, approximately **5,000** people were seen, with 93% of GPs in Glasgow now referring into the service.

Case Study

C was referred into CDRS by her GP. She presented with low mood and was feeling overwhelmed and stressed due to parental pressure over studies. She was not eating or sleeping properly and had thoughts of 'not being here'. The Distress Response Worker (DRW) provided compassionate listening and discussed different coping strategies such as journaling, listening to music, or meditation. C stated she felt listened to by the CDRS worker unlike her own family and later reported she had a better study-life balance; a more positive outlook on life; and is trying to prevent external factors such as her parent's expectations become a burden on her again. When C revisited her GP, they noticed her mood appeared brighter and she seemed more positive. In her final face-to-face session at the CDRS, she said that talking with the DRW has benefited her greatly and she thanked them, leaving with a smile on her face.

Mental Health Pharmacy Clinics

Mental health services nationally are under pressure due to reduced medical staffing and increasing demand. In response, the Scottish Government allocated specific Mental Health Pharmacy funding for four years (2021/22 to 2024/25), as part of the Mental Health Recovery and Renewal Fund. One of the initiatives supported locally, was the creation of specialist mental health

pharmacy clinics for patients with mental health conditions. These are intended to deliver safe, evidence-based, cost-effective use of psychotropic medicines, with the pharmacist input improving the quality of prescribing, leading to better patient outcomes, as well as easing pressures on the service by releasing medical capacity.

Psychological Therapies

Work has progressed to improve performance in relation to the national standard of 90% of psychological therapy treatments starting within 18 weeks of referral, as illustrated in the KPIs section below. Treatments are being delivered in a range of service settings, including adults and older people mental health services, alcohol and drug recovery services, and forensic and prison healthcare. Performance improvements have also been supported by improvements to the delivery of cCBT (digitally delivered Cognitive Behavioural Therapy) using the more clinically supportive SilverCloud platform. Clinical capacity has also been expanded within the Digital & Peripatetic team, which targets people waiting longest, using Scottish Government investment. Work has also been undertaken with users and carers to co-produce patient information, including Borderline Personality Disorder (BPD) and the role of psychological therapies.

5.1.6 LEARNING DISABILITY

Waterloo Care Home

Glasgow City HSCP secured and refurbished accommodation to establish a new community based residential care service for 6 adults with learning disability and complex care needs, opening May 2024. The ethos of the service will be person-centred, with individualised supports from a multi-disciplinary team of health and social work professionals. This will enable a number of service users to leave hospital wards which have been their home for decades and give them the opportunity to develop a fuller and more inclusive life in the community. For the HSCP, this development signifies the end of long-stay specialist hospital bed provision for Glasgow residents with learning disabilities and will support delivery of the outcomes of the Scottish Government's Coming Home Report.

Abbeycraig Supported Living

Abbeycraig is a development of 8 flats within a larger new housing development, which have been specially adapted to meet the needs of people with complex learning and physical disabilities. It has enabled 8 people who previously lived in long-stay hospital wards, or in out of area specialist residential placements, to move to their own home within the heart of a local community. The service has very high staffing levels due to the complexity of people's needs and is equipped with bespoke assistive technology never used in Glasgow before, which aims to assist with the management of risks and ensure that people become as independent as possible, while also accessing

the right support should they require it. Over the next 12 months, the impact of the technology will be evaluated and will inform the wider discussion within the HSCP about the future application of technology in social care services in the city.

5.1.7 HOMELESSNESS AND ASYLUM

Housing Emergency

Due to the streamlining of the asylum decision making process in mid-2023, Glasgow has witnessed an unprecedented increase in demand for housing advice and homelessness assistance from those recently granted leave to remain, as well as facing continued pressure from residents of Glasgow dealing with challenging economic circumstances. In response, at the City Administration Committee (CAC) on 30th November 2023, Glasgow became the third local authority in Scotland to declare a housing emergency and the HSCP has developed an action plan, in collaboration with Neighbourhoods, Regeneration and Sustainability (NRS), to mitigate the effects of this emergency. This action plan includes examining the impact of using modular buildings for accommodation; increasing oversight of void properties within the RSL (Registered Social Landlord) sector with incentives to make them available more quickly; and financial support to RSLs to acquire properties on the open market. Glasgow City HSCP will also continue to lobby both the Scottish and UK Governments for appropriate funding and legislative change to respond to this housing emergency.

Temporary Accommodation

Given the above increased demand, the HSCP has been required to rapidly increase its use of temporary accommodation, with Homelessness Services working with colleagues in Neighbourhoods, Regeneration and Sustainability (NRS) to identify vacant properties which can be used as temporary accommodation in order to ensure the HSCP continues to meet its statutory duties. Use of bed and breakfast/hotel accommodation have more than doubled since the accelerated asylum decision making process began, with the number of households in this accommodation currently around **1,300**. As a result, Homelessness Services will review their Temporary Accommodation Strategy in 2024/25, to recalibrate the aims and objectives of the strategy in light of this unforeseen increase in demand.

Settled Accommodation

Homelessness Services continue to enjoy positive working relationships with Registered Social Landlords (RSLs) and have held a number of well attended engagement events throughout the year. The housing sector have reported they face significant challenges in supporting their tenants, many of whom are facing financial pressure due to the cost-of-living crisis. Figures indicate that the sector will see a 12% reduction in the turnover of void properties during

2023/24, with financial uncertainty reducing the number of people looking to move house. Despite this reduced turnover, Homelessness Services are on course to secure a 15% increase in the total number of lets secured, as a result of improved joint working relationships with RSL partners and improved data collection and knowledge of the housing sector.

Homelessness Services have also worked with third sector organisations, including Homeless Network Scotland (HNS), against the backdrop of the housing emergency. Building upon the experience of the Glasgow Alliance to End Homelessness, HNS will draw on the expertise of local services, as well as those with lived experience, to focus on the support people need during a housing and cost-of-living crisis. A major focus of the programme, known *as 'All in For Glasgow'* will be an expansion of Housing First, with increased capacity to provide flexible, wraparound tenancy support for people whose homelessness is made more difficult by experiences with trauma, addiction, or mental health.

Asylum and Refugee Support Team

Glasgow City Health and Social Care Partnership is fully integrating Asylum Refugee Health and Social Care services. This integration will combine the Health Bridging, Asylum and Refugee Support, and the Ukrainian Teams and will facilitate collaborative and holistic service delivery for our asylum and refugee service users. The integrated team will provide initial health and social care needs assessments to all newly arrived asylum seekers and refugees in Glasgow; provide planned care; ensure they are registered with a GP; and refer onwards as required to partner agencies with the aim of supporting their integration into the community.

Complex Needs Service

Launched in 2022, the Complex Needs Service provides specialist, highly personalised support for individuals presenting with multiple and complex needs who struggle to engage with mainstream services. The service is the recognised interface between Homelessness, Alcohol and Drug Recovery Services, Mental Health, Justice Services and the third sector, and it continues to implement the strategic priorities of Maximising Independence through collaboration with Self-Directed Support services and packages. It also continues to work closely with the Mental Health directorate and Health Improvement Scotland, to review outcomes and continue to improve the lives of those with complex needs in the city.

5.1.8 CHILDREN'S SERVICES

Family Support Strategy

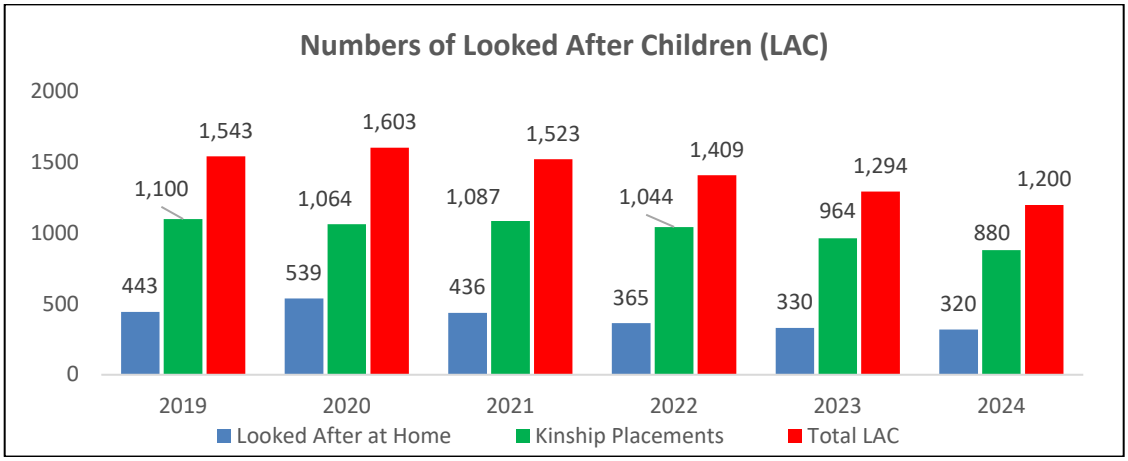
Glasgow's Family Support Strategy (2020-23) sets out the strategic direction for children's services in the city and plans are in place to refresh and update it

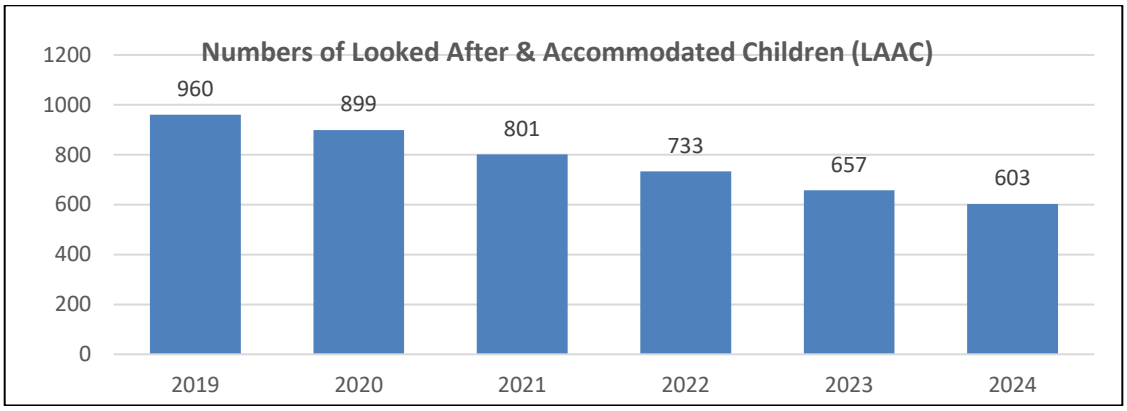
during 2024. The emphasis within the Strategy is on using strengths-based approaches, working in partnership with families to support meaningful change, recognising them as the experts in their own lives. Key aims underpinning the strategy are to invest in prevention and earlier intervention activities so that over time, the number of local families requiring statutory support are reduced, with more children managed within their own homes and communities.

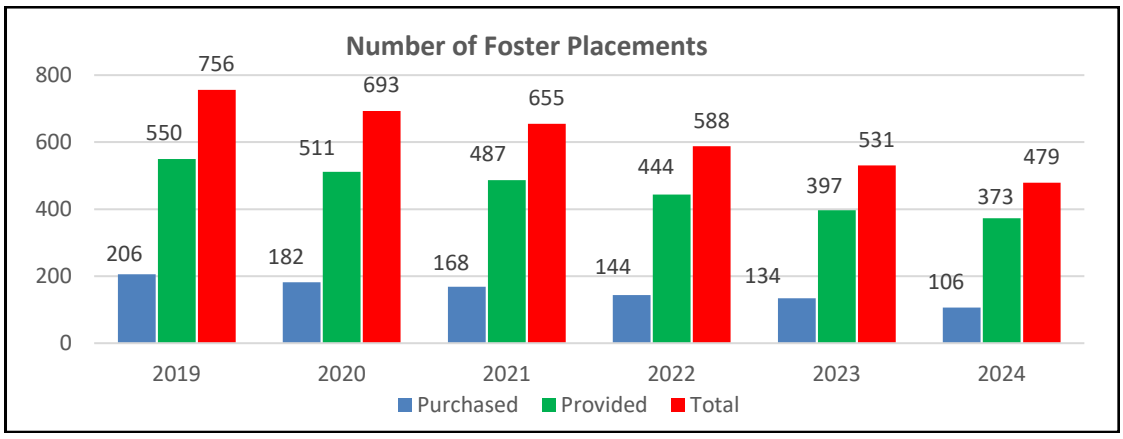
During the last year, we have re-commissioned our Family Support services, which will allow us to jointly work with providers for up to 7 years. This has an associated investment of £44.8m, with a joint commissioning contract monitoring framework established to capture progress. Services are delivered for children from pre-birth to 12 by the Early Intervention and Prevention Family Support Service (EIPFS), along with HSCP Health Visiting and Family Nurse Partnership Teams; and for 12-18 year olds by the Glasgow Intensive Family Support Service (GIFSS).

During 2023/24, over **940** families have been supported and a number of positive outcomes have been reported by staff and servicer users, including reduced levels of harm, improved family relationships, increased confidence in parenting abilities, improved mental wellbeing and raised expectations about the future. The success of this approach can also be seen in the children's balance of care figures below, which show a consistent reduction in the number of Looked After Children (at home or in kinship care) and Looked After And Accommodated Children (includes residential placements and foster care).

Children's Balance of Care Indicators







User/Parent Feedback

- **'I was able to reset, be stronger and have faith in myself and my decisions, as opposed to second guessing my every move. I had got to a stage where I was riddled with anxiety, I was afraid of everything & getting it wrong. GIFSS played a huge part in helping repair my relationship with my daughter. I didn't believe we could ever get to where we are now.' (Parent)**

- **'The best bit about working with the service was the support that my son got to help him express emotions and feelings, and how to develop coping strategies.' (Parent)**
- **'I'm thankful for the help I got, I am in college now and going to get counselling. When I open my hairdressers, I'll do my workers hair for free.' (Young Person)**

Nurture in Children's Houses

Following a successful test of change in 2021, which saw violent incidents and the use of physical restraints significantly reduced, the Nurture Framework, which has been used in Glasgow's schools for over 10 years, was adopted as the preferred model of care for residential services. Over the last 12 months, the development of the Nurture Through Leadership programme has been broadened to include psychological theories and concepts, which help to further develop the essential components of self-awareness and reflection. A bespoke Nurture @ Nights learning programme has also been developed for nightshift teams, supported by onsite coaching and supervision. Work is also underway to engage staff in the development of a 'Nurture Charter' that will form the basis of a self-assessment tool to be launched this year. The impact of the Nurture Framework on practice within the houses has been identified by the Care Inspectorate and referenced in their reports for services inspected in the last year, contributing to overall improvements in service gradings awarded by them.

Children and Young People's Networking Team

The Children and Young People's Networking Team offers support for young people and their families waiting on an Autism assessment, connecting them into the range of available tier 1 and 2 mental health and wellbeing supports, as well as signposting professionals who are looking to identify appropriate supports. The Service is also currently developing its approach to supporting families following diagnosis of autism, with the aim of improving connections between services and building a better understanding of the range of young people's neurodiversity needs which will help inform future service developments.

5.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
Children									
Number of out of authority placements (Outcome 4)	N/A	N/A	N/A	N/A	30	25	26	N/A	▲
Older People									
No. Clustered Supported Living tenancies offered to Older People (Outcome 2)	N/A	N/A	N/A	84	83	75 per annum	88	▲ (since 21/22)	▲
% service users who receive a reablement service following referral for home care **from hospital** (Outcome 2)	75.8%	68.9%	70.9%	71.7%	70.1%	75%	73.9%	▼	▲
% service users who receive a reablement service following referral for home care **from the community**	74.8%	75.5%	81.5%	72.5%	79.6%	75%	88.4%	▲	▲

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
(Outcome 2)									
Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement (Outcome 6)	1,984 ✅	1,932 ✅	1,928 ✅	2,391 ✅	2533 ✅	1,900 per annum	3,229 ✅	▲	▲
New KPI introduced for 23/24: Telecare referrals	n/a	n/a	n/a	n/a	n/a	1,310	3,475 ✅	n/a	n/a
A&E Attendances									
New Accident & Emergency attendances (18+). MSG 3 (Outcome 9)	162.600 13,542/ month	161,155 ⚠ 13,430/ month	113,633 ✅ 9,469/ month	139,967 ✅ 11,664/ month	141,753 ✅ 11,813/ month	153,791 12,816/ month	147,080 ✅ 12,257 month	▲	▼
Emergency Admissions and Bed Days									
Emergency Admission	63,898 5,325/ month	63,855 ✅	54,947 ✅	59,197 ✅	56,574 ✅	66,624 5,552/ month	58,866* ✅	▲	▼

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
s (18+) MSG 1 (Outcome 9)		5,321/ month	4,579/ month	4,933/ month	4,715/ month		4,906/ month*		
Unscheduled Hospital Bed Days - Acute (18+) MSG 2 (Outcome 9)	496,071 41,339/ month	507,633 42,303/ month	450,954 37,580/ month	522,420 43,535/ month	546,937 45,578/ month	507,633 42,303/ month	526,739* 43,895/ Month*	▼	▲
Unscheduled Hospital Bed Days (18+) -Mental Health MSG 2 (Outcome 9)	191,810 15,984/ month	198,258 16,522/ month	181,881 15,157/ month	180,102 15,009/ month	181,660 15,138/ month	181,371 15,114/ month	168,924* 14,077/ Month*	▲	▲
Delayed Discharges									
Total Acute Delays (Outcome 9)	59	77	103	136	142	120	140	▼	▲
Bed Days Lost to Delays (All delays, all reasons 18+). MSG 4 (Outcome 9)	38,656 3,238/ month	45,318 3776/ month	49,902 4159/ month	64,853 5404/ month	74,875 6,240/ month	39,919 3,327/ month	76,777 6,398/ Month	▼	▼
Total Adult & Older People Mental Health delays (Outcome 9)	N/A	N/A	N/A	47	42	20	45	▲ (2021/22)	▼
Intermediate Care									

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
Intermediate Care: % users transferred home. (Outcome 2)	24%	19%	25%	15%	29%	30%	14%	▼	▼

***Provisional figures**

Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets

KEY ACHIEVEMENTS

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

INDICATOR	2022/23	2023/24
Number of out of authority placements	30	26
Number of Clustered Supported Living tenancies offered to Older People	83	88
% Service Users who Receive a Reablement Service Following Referral for Home Care **from Hospital**	70.1%	73.9%
% Service Users who Receive a Reablement Service Following Referral for Home Care **from the Community**	79.6%	88.4%
Number of New Carers Identified During the Year That Have Gone on to Receive a Carers Support Plan or Young Carer Statement	2,533	3,229

AREAS FOR IMPROVEMENT

Ongoing improvement is sought across all services. KPIs relating to this Strategic Priority which we would specifically like to improve within the next 12 months are:

INDICATOR	Performance Issues and Actions to Improve Performance
Total number of Acute Delays and Bed Days Lost to Delays (All delays, all reasons 18+) ***Delays*** **Target:** 120	**Performance Issues** • Awaiting care home places – Lack of availability, impact of patient & family choice, engagement required to liaise and progress discharge. • Increase in Adults with Incapacity (AWI) issues requiring Court/Sherriff involvement, impacting on the length of time required to process cases. • Delays linked to issues which may not have an HSCP locus such as house cleans, equipment, housing factors etc.

Actual: 140 ***Bed Days Lost*** **Target:** 39,919 (Total) 3,327 per month **Actual:** 76,777 (Total) 6,398 per month	• Increase in homelessness linked cases, reflecting the wider housing crisis in the city. • Increased complexity of referrals • Ongoing staffing issues – general sickness/absence **Actions to Improve Performance include:** • Aim for a shift from patients being delayed towards a planned discharge date, with actions being progressed to support this. • Liaise with and utilise support from the discharge team on issues at ward level such as medications and transport required on discharge. • Improve access to care home places through ad hoc Commissioning inputs; linking with care homes to progress pre-admission assessments and mitigate discharge delays; and attending care home webinars to liaise with homes on an ongoing basis. • Regular links with legal department to support AWI issues and using a tracker to progress cases. Using interim powers to support progress and aiming for additional court dates. • Maximising use of Intermediate Care & Discharge to Assess using the daily Intermediate Care Huddle and liaising with HSCP residential units to improve pathways. • Supporting the Homelessness Liaison team via a weekly multi-disciplinary meeting involving a range of HSCP functions and teams including addictions, homelessness services, commissioning and the complex needs team. • Management of complex cases through a focused joint approach with multi-disciplinary teams, including NHS Acute and a range of HSCP services including community health, home care, commissioning, occupational therapy and social work. • Management of staffing issues through targeted action around short and long-term absence and the use of temporary capacity. • Implementing a service improvement programme, working across a range of areas including demand, activity, capacity and queueing.
Total number of Adult and Older People Mental Health delays **Target:** 20 **Actual:** 45	**Performance Issues** • The recent rise in delays includes more complex patients who require a particular type of community placement, which have proved difficult to source. **Actions to Improve Performance include:** • Regular meetings continue with commissioning staff and service managers, to ensure that we progress as quickly

	as possible with patients who are deemed fit for discharge. • Continued focus across the city to reduce the number of delays for OPMH (Older People Mental Health) and AMH (Adult Mental Health) patients. • A review of discharge teams has progressed, and a report with recommendations is being prepared for consideration by senior management.
Intermediate Care (IC): % users transferred home. **Target:** 30% **Actual:** 14%	**Performance Issues** • Number of IC referrals aged 65 and under have increased and the overall frailty/complexity of service users being admitted to IC has increased making a return to home more challenging. **Actions to Improve Performance include:** • Continuation of daily IC "Huddles" to discuss IC referrals from Hospital Teams, including the Rehab team and IC Unit staff. • A revised focus on rehabilitation group for IC is under discussion. • An improvement event with all IC staff was held recently. Further engagement sessions are planned with care providers and support partners to identify opportunities for home as an outcome for an increased number of residents. • IC Improvement Group, which has a strong focus on performance, will continue to meet 4-weekly.

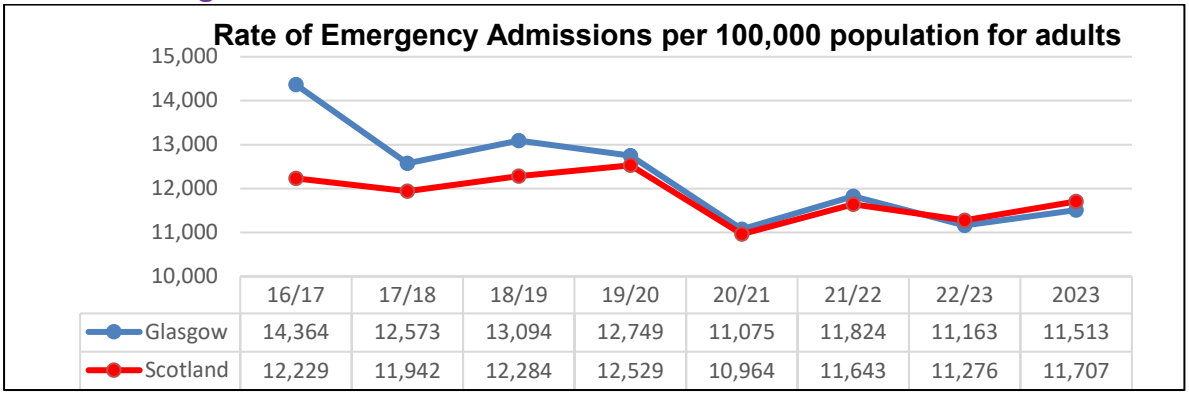
5.3 NATIONAL INTEGRATION INDICATORS

The majority of the National Integration Indicators relate to the Strategic Priority of Supporting People in their Communities. Data from the recent Public Health Scotland publication in relation to these indicators is shown below, with a number of them covering the same aspects of performance as the Local KPIs set out in Section 5.2 above.

National Integration Indicators 1 to 9 are derived from the national Health and Care Experience Survey (HACE), which is a sample survey of people aged 17 and over registered with a GP in Scotland. Due to changes in the survey wording, only indicators 1, 6 and 8 can be compared to the last report in 2021/22.

National Integration Indicator	2023/24 Survey Results (21/22 results shown in brackets if comparable)				Direction of Travel Since Last Survey (21/22)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above ✅ Below 🛑	
1. % adults able to look after their health very well or quite well	1	**87.6%** (88.1%)	**90.7%** (90.9%)	🛑	▼
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	**72.3%**	**72.4%**	🛑	N/A
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	**65.2%**	**61.4%**	✅	N/A
5. % adults receiving any care or support who rate it as excellent/good	3	**71.2%**	**70%**	✅	N/A
6. % people with positive experience of the care provided by their GP practice	3	**73.7%** (71.4%)	**68.5%** (66.5%)	✅	▲
7. % adults supported at home who agree that their services/support had impact on improving /maintaining their quality of life.	4	**69.7%**	**69.8%**	🛑	N/A
8. % carers who feel supported to continue in their caring role	6	**34.5%** (33.7%)	**31.2%** (29.7%)	✅	▲
9. % adults supported at home who agreed they felt safe	7	**72.6%**	**72.7%**	🛑	N/A

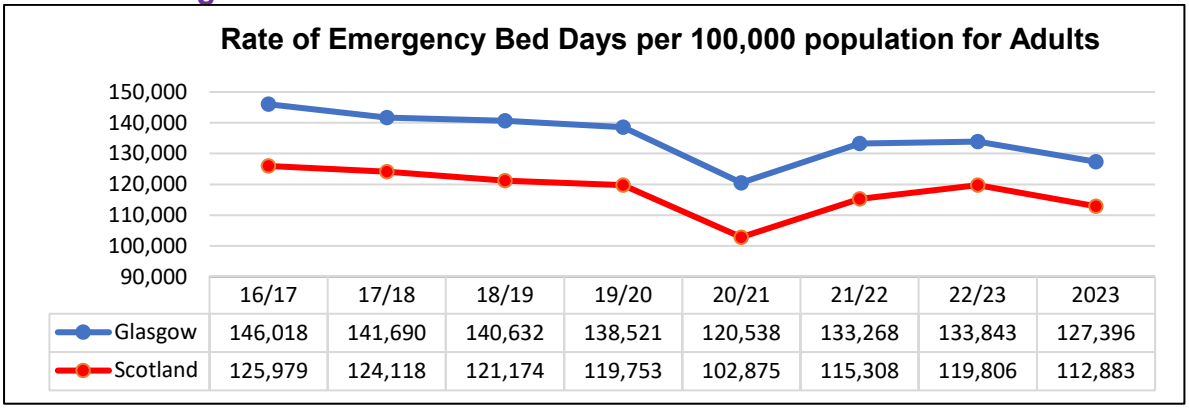
National Integration Indicator 12



	16/17	17/18	18/19	19/20	20/21	21/22	22/23	2023
Glasgow	14,364	12,573	13,094	12,749	11,075	11,824	11,163	11,513
Scotland	12,229	11,942	12,284	12,529	10,964	11,643	11,276	11,707

- Reduction over the period shown in Glasgow. Rate slightly increased in the last year after a decrease in 22/23.
- Glasgow remains slightly below the Scottish average having been above it in the period up until 2022/23.

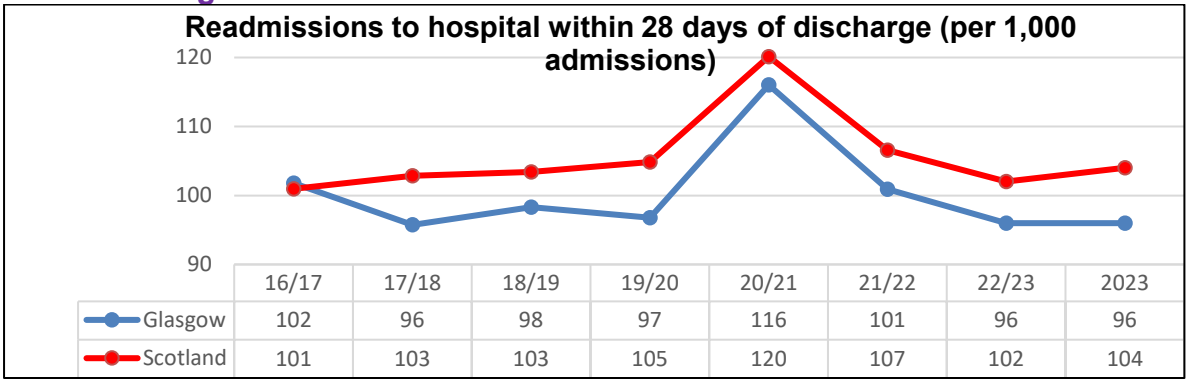
National Integration Indicator 13



	16/17	17/18	18/19	19/20	20/21	21/22	22/23	2023
Glasgow	146,018	141,690	140,632	138,521	120,538	133,268	133,843	127,396
Scotland	125,979	124,118	121,174	119,753	102,875	115,308	119,806	112,883

- Reduction over the period shown in Glasgow. Rate decreased in the last year after an increase in 2021/22 and 22/23.
- Glasgow continues to be higher than the Scottish average although the gap has narrowed over the period shown.

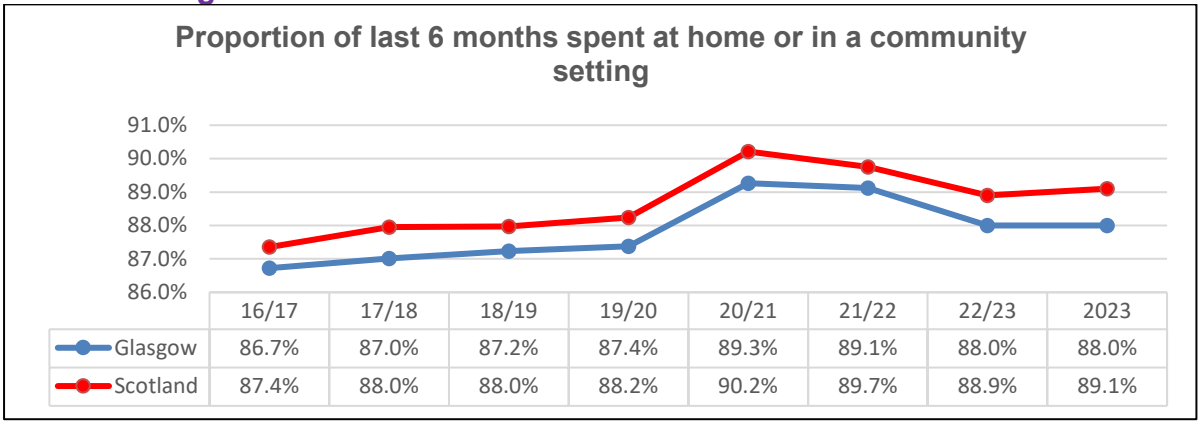
National Integration Indicator 14



	16/17	17/18	18/19	19/20	20/21	21/22	22/23	2023
Glasgow	102	96	98	97	116	101	96	96
Scotland	101	103	103	105	120	107	102	104

- Reduction over the period shown in Glasgow. Numbers remained the same in the last year after a decrease in 2022/23.
- Glasgow has remained lower than the Scottish average since 2017/18

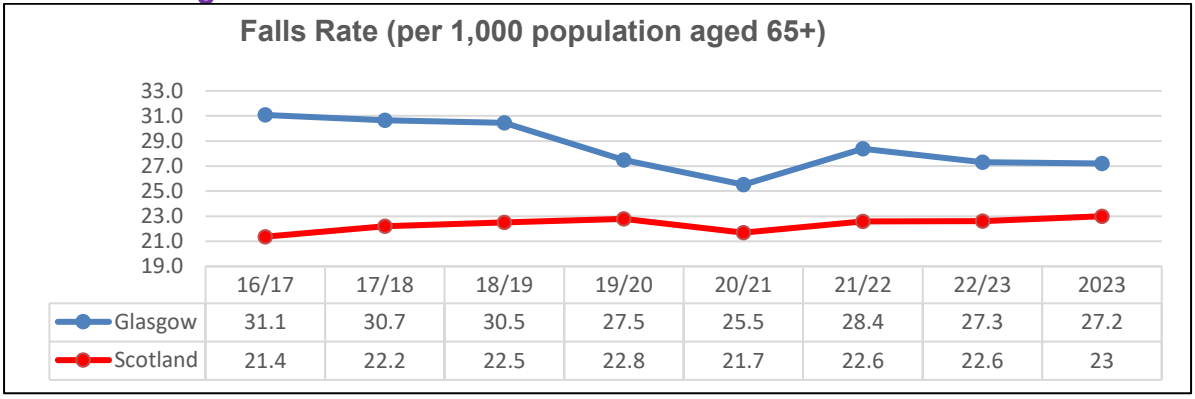
National Integration Indicator 15



	16/17	17/18	18/19	19/20	20/21	21/22	22/23	2023
Glasgow	86.7%	87.0%	87.2%	87.4%	89.3%	89.1%	88.0%	88.0%
Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	88.9%	89.1%

- Increase over the period shown in Glasgow. Remained the same in the last year after a decrease in 2021/22 and 2022/23.
- Glasgow slightly lower than the Scottish average over the period shown.

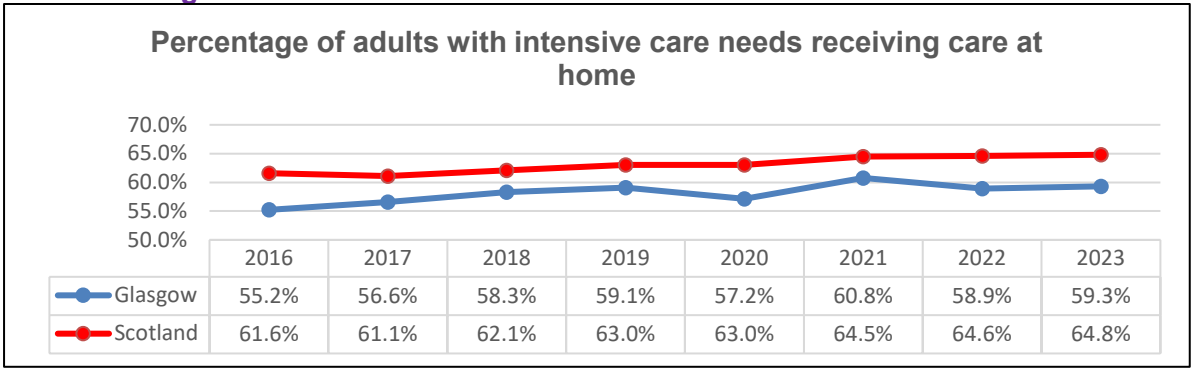
National Integration Indicator 16



	16/17	17/18	18/19	19/20	20/21	21/22	22/23	2023
Glasgow	31.1	30.7	30.5	27.5	25.5	28.4	27.3	27.2
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.6	23

- Reduction over the period shown in Glasgow with a decrease in the last two years after an increase in 2021/22.
- Glasgow higher than the Scottish average over the period shown although the gap has reduced and the Scottish average has increased over this period.

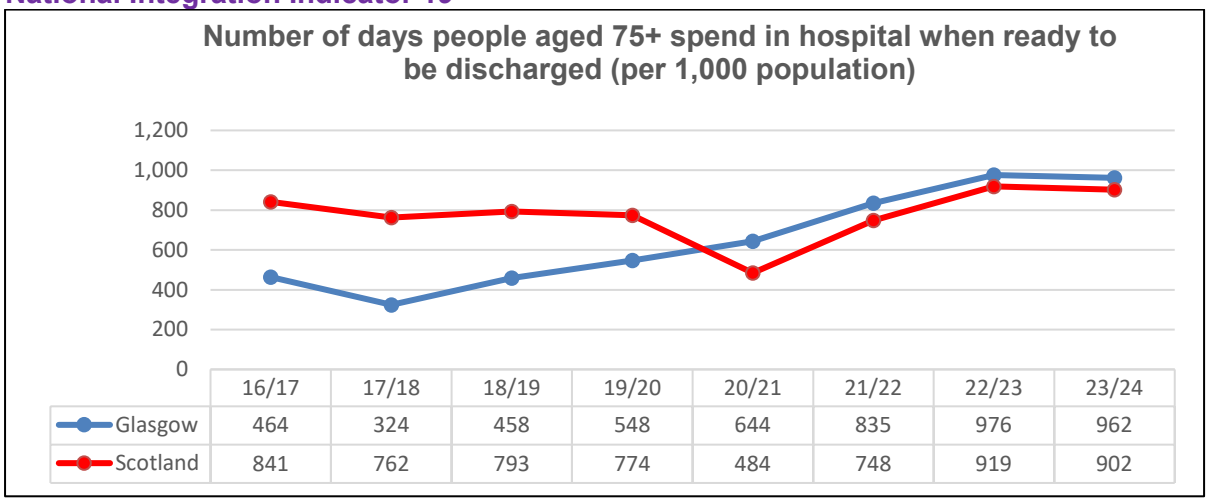
National Integration Indicator 18



	2016	2017	2018	2019	2020	2021	2022	2023
Glasgow	55.2%	56.6%	58.3%	59.1%	57.2%	60.8%	58.9%	59.3%
Scotland	61.6%	61.1%	62.1%	63.0%	63.0%	64.5%	64.6%	64.8%

- Increase over the period shown in Glasgow and over the last year after a slight fall in 2022.
- Glasgow lower than the Scottish average over the period shown.

National Integration Indicator 19



	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
Glasgow	464	324	458	548	644	835	976	962
Scotland	841	762	793	774	484	748	919	902

- Significant increase in Glasgow over the period shown although there has been a small reduction in the last year.
- Glasgow higher than the Scottish average since 2020/21 having been lower prior to that for the period shown. Rates increased nationally to a lesser extent than in Glasgow.

Notes

Please note that calendar year 2023 is used for indicators 12-16 above as a proxy for 2023/24, due to the national data for 2023/24 being incomplete at this stage. This is in line with guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Indicators 18 and 19 are reported as normal by calendar year (18) and financial year (19).

5.4 LOCAL EVIDENCE

User Feedback - Home Care

Home Care and Reablement Services provide care and support to enable people to live as independently as possible in their own home. The most recent annual service user consultation on the Home Care service was carried out in 2023. Some of the headline figures for the 2023 survey in relation to our Strategic Priority of Supporting People in their Communities are presented below.

Statement	% of respondents who "strongly agreed" or "agreed" with statement	National Health & Wellbeing Outcome
I am supported to be as independent as possible by my home carers.	91%	Outcome 2
I feel more confident at home because of my home care service.	92%	Outcome 7

I feel that having a home care service has contributed to my quality of life.	92%	Outcome 4
I am confident that my home carers have the right skills and training to support me.	91%	Outcome 8
Someone lets me know when there are changes to my care and support.	73%	Outcome 3
My home carers are helpful and friendly.	97%	Outcome 3
The home carers are familiar faces.	83%	Outcome 3
If I telephone the service, I receive a prompt response.	74%	Outcome 3
Overall, I am satisfied with the service.	93%	Outcome 4

Carer Feedback

The Carers Centres provide an Evaluation form to Carers who have been in recent contact with the service. The Evaluation form asks Carers to rate the Carers Service in relation to a number of questions including those which relate to the Strategic Priority of Supporting People in their Communities.

Question		% Carers Responding Positively
Has the Carers Service …	improved the quality of life for the person you look after?	85%
	improved your quality of life?	91%
	improved your ability to support the person that you care for?	89%

6. STRENGTHENING COMMUNITIES TO REDUCE HARM

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Strengthening Communities to Reduce Harm and consider performance in relation to KPIs associated with this theme. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 3
People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5
Health and social care services contribute to reducing health inequalities.
Outcome 7
People using health and social care services are safe from harm.

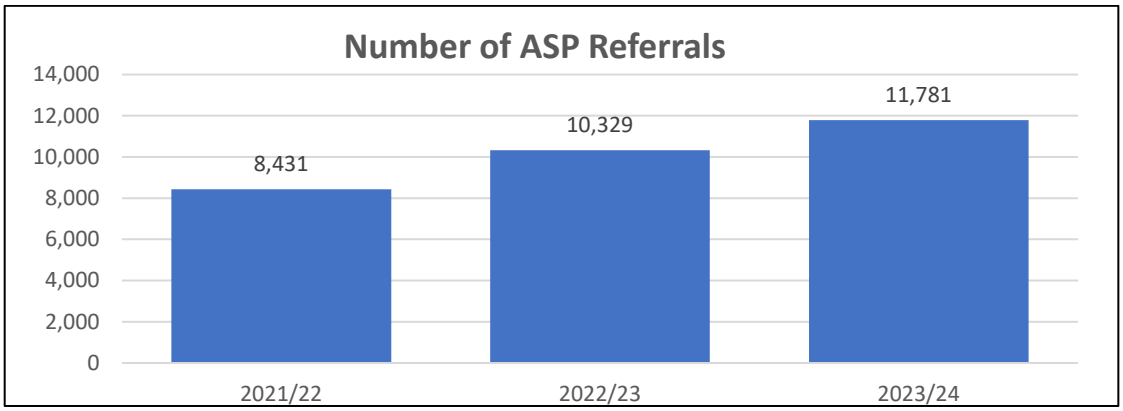
6.1 KEY DEVELOPMENTS/ACHIEVEMENTS

6.1.1 ADULT SUPPORT AND PROTECTION

Glasgow City Adult Support and Protection (ASP) Committee and its sub-groups are the primary strategic planning mechanisms for over-seeing multi-agency support and protection arrangements for adults at risk of harm. This helps to support Partnership arrangements for making/receiving ASP referrals, undertaking inquiries and investigations, and progressing relevant cases to Case Conference and related stages of protection planning.

Adult Support and Protection (ASP) Minimum Dataset

In the last year, the Scottish Government introduced a new quarterly ASP Minimum Dataset, replacing the previous Annual Submission. This requires mandatory reporting across a wider range of risk information and is designed to generate more meaningful and comparable data which support planning and service improvement at a local and national level and inform a collaborative approach with partners to mitigate risks from abuse, exploitation and harm. It should also support early identification of referral themes and indicators of concern and enable a response based on prevention. The new requirements have been introduced on a phased basis and we have been amending our recording arrangements to support them. Key data from the minimum dataset are shown below:



- There has been a continuing upward trend in ASP referrals as shown above.
- Of the 11,781 referrals in 2023/24, **2,987 (25%)** used Investigatory Powers, with **8,794** (75%) not requiring them.
- Police Scotland **(21%)** and Care Homes **(25%)** were the biggest referrers in 23/24.

ASP Improvement Plans

Glasgow City HSCP's ASP arrangements were externally inspected in 2022 and received positive feedback. The inspection noted two main areas for strengthening: i) improve quality of chronologies alongside the consistency of decision making linked to cases which progress to investigation and case conference stage; and ii) improve aspects of the case conference stage including more accurate recording of attendees and detailing reasons for any non-attendance. An ASP Improvement Plan was developed in response and submitted to the Care Inspectorate. During the last year, activities taken forward from the plan have included the development of a chronology course launching in Autumn 2024 to help support improved practice around their use; updates to our IT and recording systems to help ensure more accurate recording; and the production of guidance notes for HSCP and key partner staff.

The service is committed to ongoing joint evaluation to help support and strengthen our strategic leadership arrangements and encourage practice improvement. The annual Tripartite Audit which involves scrutiny of ASP practice across health, social work and police was held in December 2023. This used an audit tool based on the national inspection approach, involving file reading across partner agency records and the undertaking of a staff survey. This is currently being evaluated and the findings will inform a Joint Audit Report and updated Multi-Agency Improvement Plan. Practice improvements have also been driven by the establishment of Health and Social Care Connect which is streamlining the screening and management of ASP referrals, ensuring that they are dealt with more appropriately and efficiently, depending on the nature of the assessed needs.

6.1.2 CHILD PROTECTION

The centralised Child Protection (CP) Team has a strategic, practice and policy development role in relation to the protection of children and young people at potential risk of significant harm. Key functions include ensuring direction of flow between respective Child Protection Governance arrangements with locality teams; undertaking case reviews at the request of localities and the Child Protection Committee (CPC); and translating national policy and legislation into practice in a Glasgow context. Key priorities for the team in the last 12 months have included the following:

National Guidance Implementation

The National Guidance for Child Protection in Scotland was revised in 2023 and embodies the ethos of a strengths-based, trauma-informed approach, focusing on children's rights and their voice, as well as highlighting the need for engagement and collaboration with families. The Child Protection Team have developed an implementation plan that includes an update of the Glasgow Child Protection Procedures, based upon the national guidance and findings from staff consultations. These procedures once approved, will be launched, with training and briefings put in place to support their implementation and evaluation.

Multi-Agency Reviews

The Interagency Referral Discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision-making, following reported concerns about abuse or neglect of a child or young person. During the last year, the Child Protection Team have led a multi-agency review of the current IRD guidance and new updated guidance has been drafted. The Team have also supported a joint review with education and third sector representatives of the current Notification of Concern (NoC) referral paperwork, used where there are concerns about a child being at potential risk of significant harm. 'Request for Assistance' referral paperwork has also been developed by partners in line with the principles of early intervention and prevention, as set out in the HSCP's Family Support Strategy.

Preparing for Inspection

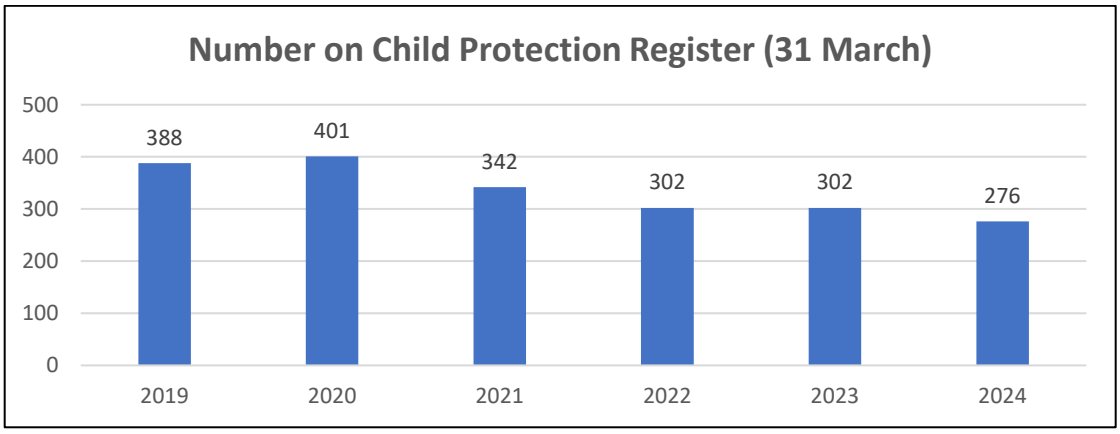
A further key priority for the Child Protection Team has been preparing for the anticipated national inspection of Children's Services, which will focus on 'children at risk of harm'. Governance structures have been established to oversee preparations, including senior managers from the HSCP and partners. A Children's Services Inspection Plan, highlighting key inspection areas, strengths and areas for improvement has been drafted and short-life working groups established to oversee improvements in several areas including chronologies, the assessment of care toolkit, participation and data quality.

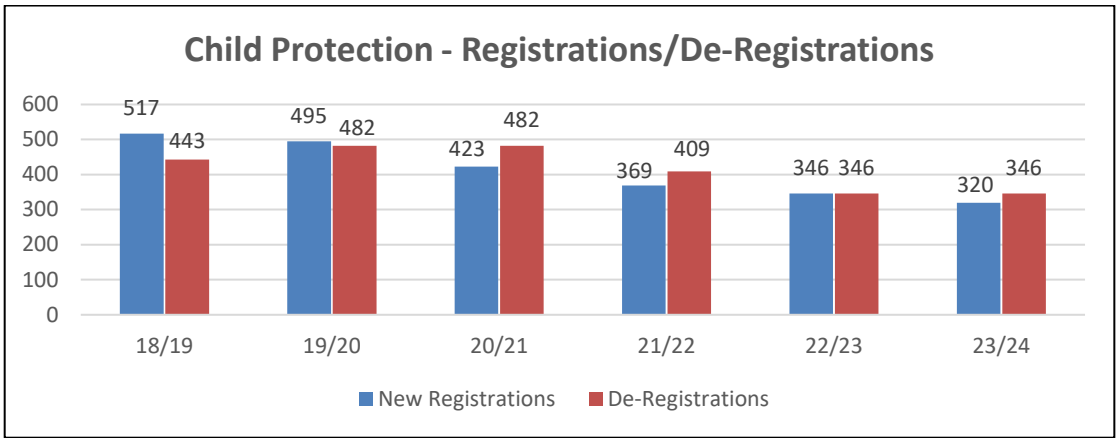
Work has also been progressed on an internal audit and an action plan developed in response to audit findings.

Child Protection Trends

Trends over time in respect of child protection data are shown in the graphs below. These indicate that the numbers on the Child Protection Register have been falling over the period shown, as have number of new Registrations and De-registrations.

In terms of age breakdown, at March 2024, **49%** of the children on the CP register were aged 0 to 4; **35%** were 5 to 11; and **12%** were 12 to 15 while the remaining **4%** were 16 and over. This compares to **52%** (0-4), **34%** (5-11) and **14%** (12-15**)** in March 2023, when there were no over 16s.





6.1.3 JUSTICE SOCIAL WORK

The Justice Social Work transformational agenda has aspirations to improve long term outcomes for service users, creating opportunities for reintegration and rehabilitation, while working to reduce the prison population and improving engagement and compliance with community orders. Early and effective intervention remains at the heart of this agenda with the ongoing development

and enhancement of services in pursuit of these ambitions. Activities over the last 12 months have included:

Unpaid Work

Following the withdrawal of an Unpaid Work (UPW) provider, Justice Services obtained approval to approach three local charities to secure more locally delivered UPW opportunities within communities. The providers selected had a strong commitment to supporting people with lived experience, providing a further mentoring role to service users and aiming to end their involvement with justice services. The desired outcome was to support service users in completing their orders timeously, while being supported by other employment/training opportunities and given help with any identified needs in relation to, for example, mental health or substance misuse. Feedback from each of the placements has been overwhelmingly positive from service users and staff.

Case Study

X was given a Community Payback Order (CPO) with 250 hours of unpaid work to be completed within 12 months. He was immediately placed in 'Open Gates' and became part of a team involved in environmental clean ups and helping to restore a new retail unit for the charity. The UPW order gave him a much needed structure to his day within a very supportive environment, while at the same time undertaking activities that will benefit the wider community. During this time, X was afforded the opportunity to learn new skills and as a result of his commitment, driven in part by the flexibility and interesting nature of the work offered, he completed the UPW element of his order within 11 weeks. As a result, Open Gates are hoping to offer paid employment in a new charitable venture they are starting in the near future.

Criminal Justice Service Users

People in contact with the justice system are much more likely than the general population to experience poor health outcomes and barriers to accessing health and wellbeing services. To help address this, Community Justice Glasgow, working with a range of partners, facilitated a health and wellbeing event in September 2023 for people serving a Community Payback Order in Glasgow City, which aimed to help support service users to engage more fully with services that interested them. This event helped define health and wellbeing priorities and has shaped the development of a health and wellbeing action plan for Criminal Justice service users, which includes supporting them, as well as providing training for providers, on a range of topics including alcohol brief interventions, sexual health and blood borne viruses, mental health, naloxone, gambling harms and financial inclusion.

Glasgow Youth Court Evaluation

The Glasgow Youth Court was introduced in 2021 to improve sentencing and outcomes for young people. During the last year, the service has been evaluated by the Children and Young Person's Centre for Justice and a range of recommendations made which will inform its future development. The Youth Court commonly offers Structured Deferred Sentences (SDS), which provide young people with a period of time between conviction and sentencing. During this time, Youth Court staff link with HSCP services and voluntary sector partners to provide the young person with intense 'structured interventions', aimed at addressing any issues contributing to their offending behaviour, such as addictions or mental health problems, as well as offering them support such as employability advice or mentoring. Providing they commit no further offences in the intervening period, upon sentencing they may receive a lowered sentence or even complete admonishment.

Women's Problem-Solving Court

Glasgow HSCP Justice Services, in conjunction with the Sheriff Principal at Glasgow Sheriff Court, established a monthly Women's Court in January 2023 and due to increased demand it now meets twice monthly. Women being referred to this court are likely to have experienced significant trauma in their lives, have complex needs and have a history of offending behaviour. The intention is that by using Structured Deferred Sentences (SDS), along with flexible support packages from Tomorrow's Women Glasgow (TWG), women will be diverted from more punitive disposals. Over the course of 2023, 80 women appeared and over 50 SDS were imposed with over 40 being supported by Tomorrow's Women Glasgow.

Case Study

At the point of referral, one service user explained experiencing extreme anxiety and trauma from a domestically abusive relationship, which had led her to using alcohol problematically, exhibiting self-harming behaviours, and limiting her social interactions. Since working with the service, she has been supported by safety and stabilisation, and self-esteem work. This has allowed her to develop more positive coping mechanisms and led to a decline in her alcohol use. Social workers also encouraged her to join the Victim Notification Scheme, which has helped dispel some of her anxieties, allowed her to feel safer and led to her participating in more social activities. She has also recently been supported to move out of emergency accommodation where she had been residing for over twelve months and secure her own permanent tenancy near to her family support network. She has committed no further offences and she feels that the direct contact with the Sheriff, where her efforts to make positive changes have been recognised and praised, has been motivating and given her a sense of pride at her achievements. She also welcomes that Tomorrow's Women will continue to offer support

when her SDS comes to an end, which she feels will help her to maintain these positive changes.

Lilias Community Custodial Unit

The Lilias Community Custody Unit (CCU) was opened in 2022 by the Scottish Prison Service (SPS) and holds up to 24 female prisoners. Women are referred to Lilias if they are assessed as low risk, approaching the end of their sentence and there is evidence they are ready to be released. The unit aims to prepare them for their reintegration into the community and is staffed by a range of health and social work professionals, including Tomorrow's Women Glasgow (TWG) who provide a range of support to assist women after release, such as helping them to: access funds to buy clothing and furniture; apply for benefits; set up bank accounts; register with local health services; and connect with local voluntary groups and networks.

Over the last year TWG have supported 6 women being released after serving 4+ years. Multi-agency working and engaging with third sector organisations has been critical with the Turning Point Scotland Tenancy Sustainment Service providing women with a supported tenancy rather than being placed within homeless projects or hotel accommodation. In the last 12 months, TWG Mental Health Nurses have also linked with the Scottish Prison Service (SPS) Psychologist, to ensure a seamless transition of psychological support once prisoners are released and to deliver trauma-informed boundaries training to SPS staff, to help them manage women with complex needs. TWG now also facilitate a Weekly Recovery Café at the Unit, given many of their women's offending is linked to substance misuse problems. This is delivered by a TWG Social Care Worker and 2 volunteers with lived experience of addiction and the Justice System.

Case Study

'I found it useful to build a relationship with Sharron (TWG Worker) while I was still in prison. It was good to get to know her and it meant I felt comfortable with her before I got out. I was worried about being released because the last time I had no support and I fell back into old habits. This time I was reassured that support would be in place, a supported flat, help with benefits, getting furniture/clothes etc. Although I was still stressed about my release, this time felt much better and I was glad that Sharron and Turning Point were there for me. I have been out for a few weeks now and the settling in period has been made easier by the support I have received. The staff have been brilliant, and I don't know what I would have done without them. I am also enjoying attending Tomorrow's Women group work two days a week. The staff are all great and it's good to spend time with other women who are trying to better themselves'. (Service User)

Martha's Mammies

Martha's Mammies is a multi-disciplinary service that works with birth mothers who have lost care of their children, either on a temporary or permanent basis and it recently won Team of the Year at the HSCP Staff Awards for Excellence. Prior to its implementation, women who had lost care of their children had limited specialist help to enable them to cope with the grief and loss that inevitably followed. The service works with women towards emotional wellbeing, repair, and recovery, assisting them to find support networks and rebuild supportive family relationships. Martha's Mammies has now been 'live' since November 2022 and has engaged with over 100 women. At any one time, the team support around 60 women with a further 60-80 on the "waiting list". It has been found that 31% of the women referred are care experienced, with a high percentage experiencing a range of issues including alcohol and/or drug misuse, mental health difficulties, or domestic or sexual abuse.

Domestic Abuse Strategy

Effective joint planning arrangements and a clear strategic direction for Domestic Abuse support were established through development of the first Domestic Abuse Strategy for Glasgow in April 2023. Implementation of the Strategy is being driven by 3 Operational Groups and monitored through the Strategic Oversight Group. During the last year, a number of areas of progress have been made:

- Organised a series of briefing sessions for approximately 300 staff which aimed to raise awareness of the Domestic Abuse Strategy and support them to improve their service responses to people who suffer domestic abuse.
- Delivered Safe & Together training to over 340 staff and managers from across the HSCP and partner agencies, to support them to adopt a new model of practice which will improve outcomes for families experiencing domestic abuse.
- Assisting the Nuffield Foundation in their research *'The Rethinking of Domestic Abuse in Child Protection; Responding Differently* in Glasgow and 2 English Local Authorities, with the research expected to conclude by Summer 2024.
- Utilised the 'Children's Tool Bag' to support staff to have early trauma-informed conversations with children affected by domestic abuse.
- Scoped existing work and engagement techniques for those who harm, as well as the establishment of a group of those with lived/living experience of domestic abuse, to capture views on current HSCP service provision to support victims.

6.1.4 ALCOHOL AND DRUGS

Safer Drug Consumption Facility (SDCF)

Glasgow City Health and Social Care Partnership (HSCP) is working to implement a pilot Safer Drug Consumption Facility (SDCF) that will be the first of its kind in the UK once opened in the summer of 2024. This will be a supervised health and social care setting where people can inject drugs, obtained elsewhere, in the presence of trained professionals. Key aims of the SDCF are to reduce the harms associated with injecting drugs, support drug users to access services which will help them improve their lives, as well as reducing the wider negative impact of outdoor injecting. Over the last year, the HSCP has been running a number of Engagement Sessions with key stakeholders to inform the development of the service.

Medication Assisted Treatment (MAT) Standards Implementation

Medication Assisted Treatment (MAT) refers to the use of medication, alongside psychological and social support, in the treatment of people who are experiencing issues with their drug use. MAT Standards have been developed nationally and are designed to ensure the consistent delivery of safe, accessible, high quality drug treatment across Scotland. Within Glasgow, Standards 1 to 5 have been fully implemented by Glasgow City Alcohol and Drugs Partnership (ADP) and assessed as either Green (fully implemented) or Provisionally Green by Public Health Scotland via the MAT Implementation Support Team (MIST). Work continues to implement the remaining standards 6 to 10, in line with MIST implementation timelines.

Staff in services that deliver MAT have been undertaking training on Tier 1 psychological interventions and a pilot is underway to increase capacity to deliver these. The delivery of long-acting buprenorphine within community pharmacies in South Glasgow has also been piloted in the last year, with plans to expand further across the city. The HSCP has also been working with Health Improvement Scotland to develop and progress mental health pathways and to review the current mental health interface with ADRS and mental health services in Glasgow.

Prison Health Care (PHC) Health Improvement Harm Reduction Service

The Prison Health Care (PHC) Health Improvement Harm Reduction Service provides psychosocial interventions at the point of need for people within prisons in NHSGGC who are actively at risk of overdose. The numbers of referrals since the service launched at the end of 2021 has grown year on year, with over 2,400 made during 2023.

6.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
Number of households reassessed as homeless/ potentially homeless within 12 months. (Outcome 7)	400 ✓	437 ✓	420 ✓	526 ●	406 ✓	<480 per annum	312 ✓	▲	▲
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence. (Outcome 4)	66% ●	76% ●	76% ●	87% ✓	89% ✓	80%	90% ✓	▲	▲
% of Service Users with a Case Management Plan within 20 days* (Outcome 4)	76% ●	85% ✓	85% ✓	93% ✓	97% ✓	85%	93% ✓	▲	▼

Notes

1. *This includes Community Payback Orders, Drug Treatment and Testing Orders (Drug Court), and Throughcare Licenses (Clyde Quay, Sex Offender Criminal Justice Services)
2. These targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets.

KEY ACHIEVEMENTS

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

INDICATOR	YEAR END 2022/23	YEAR END 2023/24
Number of Households Reassessed as Homeless/Potentially Homeless Within 12 months	406	312
% of Community Payback Order (CPO) Unpaid Work Placements Commenced Within 7 Days of Sentence	89%	90%

AREAS FOR IMPROVEMENT

There are no specific KPIs relating to this Strategic Priority we would highlight as to be improved within the next 12 months, but ongoing improvement is sought across all service areas.

7. A HEALTHY, VALUED AND SUPPORTED WORKFORCE

Within this section, we profile some of the key developments progressed in relation to our strategic priority of A Healthy, Valued and Supported Workforce and consider performance in relation to KPIs associated with this theme. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 8
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

7.1 KEY DEVELOPMENTS/ACHIEVEMENTS

7.1.1 Supporting Our Staff

iMatter

iMatter is a national staff engagement questionnaire that teams can use to measure staff engagement and satisfaction and to create an improvement plan based on their results. In 2023, the HSCP had a 55% response rate and an overall HSCP Employee Engagement Index of 78, which is classified by iMatter as 'Strive and Celebrate' (compared to 53% and 77 in 2022). The overall experience of working in the HSCP was rated at 7 out of 10 in 2023, the same as in 2022. 55% of teams have completed an action plan to follow up on their team report, compared to 33% in 2022.

Staff Mental Health and Wellbeing

A Staff Mental Health and Wellbeing group has been established within the HSCP and a range of activities to support staff mental health and wellbeing have been progressed in the last year by the HSCP and parent organisations. These include the following:

- Peer Support framework supporting the wellbeing of HSCP staff. There are 53 trained peer supporters and 533 staff have accessed training on looking after themselves and others.
- Active Staff programme which offers opportunities to engage in a range of free physical activity sessions for all ages and levels of fitness.
- Online Wellbeing sessions delivered by Lifelink, covering a range of topics including resilience, self-care, stress and isolation for hybrid workers.
- Staff Mindfulness programme to enable staff to gain skills and knowledge on mindfulness approaches.

- Menopause sessions offering information and peer support for those experiencing menopausal symptoms, as well as awareness raising programmes including one specifically for male leaders.
- Wellbeing Hub at Bridgeton which offers a range of free in-person wellbeing sessions including fitness, yoga and tai chi.
- Leadership programme providing leaders with skills in resilience and compassionate leadership.

Supporting Attendance

Stress and musculoskeletal issues continued to be the main reasons for sickness absence in 2023/24. Key activities to address absences in the last year have included a greater focus on training for managers, with 90 minute training sessions entitled *'Maximising Attendance & Employee Wellbeing'* being delivered; as well as training on the respective NHS and Council Attendance Management policies and systems. Online hubs have also been created for staff and managers to access a range of sickness absence related guidance, templates and resources. An updated Absence Action Plan will be implemented in 2024/25, which will be aligned to the Glasgow City HSCP Strategic Plan and Workforce Plan, to ensure there is a consistent approach to attendance management and supporting staff mental health and wellbeing. Actions will be targeted where staff absence is highest and service pressures are greatest and will focus on improving early intervention and preventative measures.

Management and Leadership Development

A range of learning and development opportunities have been provided to managers and leaders in the last year, including the following:

- Leading, Managing and Care programme, provided though the Open University. 18 managers completed this, with another 18 expected to complete by June 2024.
- Certified Coaching Conversations 3 day Skills for Leaders Programme, which is aimed at skilling leaders and managers to adopt a coaching approach to empowering staff and teams; and to have more effective PDP and performance related conversations. 60 managers/leaders across the HSCP attended in 2023, and a further 60 are anticipated to attend in 2024. In addition, 40 managers in Older People Services attended a half-day coaching course in 2023, with a further 80 from across service areas expected to complete in the next year.
- An internal Professional Executive Coaching Service which seeks to strengthen and support strategic and operational leadership capability. 15 Diploma/Degree level qualified coaches are in place and the service has now been opened up to all staff at any level.
- Pilot with 10 Senior Managers attending Leading Teams through Change Programme for Primary Care Leaders, to support change and transformation. More versions of this programme will be offered in 2024.

- Facilitation for Collaboration Programme, supporting primary care leaders facilitating groups and teams implementing change/quality improvement. This was attended by 30 people in 2023.
- The provision of a range of various psychometric tools and 360 degree feedback processes for managers to support leadership and career development.
- The provision of bespoke Team Development sessions across the HSCP, supporting effective high performing teams, and transitions and change.

Staff Training and Development

A range of learning and development opportunities for the wider staff group of the HSCP have also been made available in the last year, including the following:

- Sponsorship of Social Workers to study for enhanced postgraduate professional qualifications, with the HSCP meeting the cost of the qualification and allowing staff time to attend classes, learn and study.
- Ongoing delivery of SVQ programmes for Care Services' staff, ensuring registration requirements for the SSSC (Scottish Social Services Council) are met. Over 200 staff have been supported to achieve these qualifications, with 150 currently working towards them. 96% of the home care team are now registered with the Scottish Social Services Council with the remaining 4% progressing to registration within the agreed timelines.
- Delivery of the generic induction program to approximately 100 new staff. Care services have also provided induction to another 400 new staff in home care, day care and residential services through delivery of an 8 day programme that includes mandatory training such as moving and assisting, first aid, dementia awareness, managing medication and personal care.
- Appointment of a Trauma Lead in 2023 who is leading on the Trauma agenda for the HSCP. Four e-learning trauma modules were approved March 2024 and are now available online.
- Established a project team to implement a training strategy to equip staff with the necessary skills and knowledge to apply 'strengths-based approaches' in their daily practice, supporting the principles of Maximising Independence.
- Delivered Intensive Autism Training to Health Visitors to develop their knowledge, confidence and skills in supporting families with a child with autism, or other related neurodiverse differences.
- Reintroduction of the dementia skills program in September 2023. To date 40 staff have been trained with plans in place to train another 124 staff in 2024.
- Development of a Training Liaison Group to plan and deliver Public Protection related training. A variety of learning opportunities have been made available including online training and webinars for staff and team leaders on Adult Support and Protection, Adults with Incapacity, Child Protection and Domestic Abuse (Safe Lives). 450 staff have been trained to date from a variety of services.

- Creation of an ASP Digital Library to help provide a repository for ASP training/resource materials and good practice guides.
- Delivered PPB (Promoting Positive Behaviour) training to a range of staff groups. Since April 2023 we have trained over 350 staff, with an additional 250 to be trained over 2024/25.
- 645 social work staff competed the equalities e-learning training since April 2023.

Strategic Partnership Agreement

A new Strategic Partnership Agreement has been signed with the University of Strathclyde which seeks to build upon the joint work of the Health and Care Futures initiative. Academics will work jointly with HSCP staff to develop solutions to local challenges and will carry out joint research and development to inform best practice and innovation. The partnership largely focuses on four areas of shared interest: Collaborative Leadership; Maximising Independence; Multiple and Complex Needs; and Children's Wellbeing.

7.1.2 Awards

In the last year, the HSCP have submitted nominations for a variety of internal and external awards, with a number of winners or recognitions:

- Martha's Mammies, Winner, Team of the Year, Glasgow City HSCP Staff Awards for Excellence
- Staff of Stobhill Hospital Mental Health Wards, Commendation, Team of the Year, Glasgow City HSCP Staff Awards for Excellence
- Rose Traynor, Winner, Leader of the Year, Glasgow City HSCP Staff Awards for Excellence
- Duncan Campsie, Manager, Asylum and Refugee Services, Commendation, Leader of the Year, Glasgow City HSCP Staff Awards for Excellence
- Thomas Higgins, Senior Residential Practitioner, Winner, Employee of the Year, Glasgow City HSCP Staff Awards for Excellence
- Dr. Kay McAllister, Consultant Gynaecologist in Sexual and Reproductive Health Care, Sandyford Clinic, Commendation, Employee of the Year, Glasgow City HSCP Staff Awards for Excellence
- Sarah Donnelly and Sara Delaney, Tomorrow's Women Glasgow and Martha's Mammies, Winners, Volunteers of the Year, Glasgow City HSCP Staff Awards for Excellence
- Jamie Philips, Project Worker, Rodney Street Homelessness Assessment Centre, Commendation, Volunteer of the Year, Glasgow City HSCP Staff Awards for Excellence
- Chalk the Walk Project, North East Health Improvement Team, Winner, Innovation of the Year, Glasgow City HSCP Staff Awards for Excellence
- North East Health Visiting Team 2 (Parkhead Team), Commendation, Innovation of the Year, Glasgow City HSCP Staff Awards for Excellence
- Jenn Wyld, Patient Activity Coordinator Nurse, at Leverndale Hospital, Finalist, 'Jane Davies Award for Person Centred Care'

- Kevin Howe, Assistant Service Manager, Homelessness Service, Winner, Malcolm Smith Memorial Award by Chartered Institute of Housing Scotland
- Mohannad Dawod, Pre-Registration Pharmacy Technician, Adelphi Centre Pharmacy Hub, Winner, Year One Apprentice of the Year 2023, NHSGGC Modern Apprentice Celebration and Awards Event
- NHSGGC Mental Health Improvement Team hosted by Glasgow City HSCP, Winner, 'Translating Evidence Into Practice – The Allison Thorpe Award'. Also shortlisted in 'The Best Social Media Campaign Award' category, UK Public Health Register Innovation in Public Health Award
- West of Scotland Mother and Baby Unit Nursing Team based at Leverndale Hospital, Winner, 'Inpatient Care' category, Mental Health Nursing Forum Scotland Awards
- Police Custody Healthcare Team at Govan Police Station, Winner, 'Leadership in Mental Health Nursing' category, Mental Health Nursing Forum Scotland Awards
- Pauline Zvimba Senior Advanced Nurse Practitioner, at North East Community Mental Health Team, Highly Commended, 'Community Mental Health Nursing' category, Mental Health Nursing Forum Scotland Awards
- Nicola Boyle, Health Visitor, North West Locality, Winner, Children's Choice Award, Scottish Children's Health Awards
- Glasgow City Alcohol and Drug Recovery Service Crisis Outreach Service, Winner, Nursing Team of the Year Award, Royal College of Nursing in Scotland Nurse of the Year Awards.
- Linda Doonan, retired Nurse Team Leader, Primary Care Alcohol Nurse Outreach Service, Glasgow City Alcohol and Drug Recovery Services, Finalist, Mental Health Nurse of the Year Award, Royal College of Nursing in Scotland Nurse of the Year Awards
- Walk & Talk, an innovative project for young people, partly funded by Glasgow City HSCP, Finalist, Youthlink Scotland, National Youth Awards
- Liz Thomson, Complex Needs Service, Gold Winner, Better Workplace Category, NHSGGC Staff Excellence Awards
- Asylum Health Bridging Team, Silver Winner, Global Citizenship Category, NHSGGC Staff Excellence Awards
- Peer Naloxone Champions, Silver Winner, Volunteer category, NHSGGC Staff Excellence Awards
- HSCP hosted Mental Health Assessment Units and Community Assessment Centre, (part of NHSGGC's Urgent and Unscheduled Care services), Silver Award, Better Health category, NHSGGC Staff Excellence Awards

7.1.3 Communications

Effective communication enables the HSCP to engage with staff and other key stakeholders to increase awareness of its priorities and to involve them in the planning and delivery of services. This past year, Glasgow City HSCP's Communications Team activities have included:

- Continued creation of new webpages and the updating of existing ones on the HSCP's website to keep audiences up to date with the work of the HSCP, including IJB and IJB Committee webpages, news articles and service developments and projects.
- Further development and usage of the HSCP's social media channels (with a social media calendar) to increase ways the HSCP communicates and engages with internal and external audiences, including: Facebook, X (formerly Twitter) and YouTube.
- Continued publication of the HSCP's bi-monthly Partnership Matters briefing to keep a range of internal and external audiences up to date on some of the key work happening across the HSCP with partners.
- Publication of a range of service specific newsletters such as Maximising Independence, Primary Care Improvement Plan, Occupational Therapy, Home Care and Foster Carers.
- Continued review and refresh of the HSCP's Your Support Your Way Glasgow website to improve its design, content, accessibility and user experience.
- Continued promotion of accessible communications and brand identity guidance with staff to support more consistent best practice across the HSCP.
- Continued review of HSCP and linked websites such as Glasgow City Council's Social Care and Health pages and the Glasgow City Child and Adult Protection websites, to ensure they are more accessible and compliant with web accessibility regulations and standards as per the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.
- Provided communications support to a wide range of programmes, projects, campaigns and services, such as the IJB's Strategic Plan; the Safer Drug Consumption Facility; Maximising Independence; the Parkhead Hub development; HSCP recruitment campaigns; and Staff Health and Wellbeing.
- Provided graphics support to design a range of print and digital publications and branding for projects and programmes, including the Strategic Plan, the Annual Performance Report, the Demographics and Needs Profile, the Annual Accounts, and the Glasgow City Alcohol and Drugs Partnership Strategy Refresh 2023-2026.
- Developed a range of videos to promote the work of the HSCP and partners, as well as videos to support staff training, including those available on the HSCP's YouTube channel.
- Reviewed and updated the HSCP's Joint Media Protocol.
- Organised a number of internal and external citywide meetings and events, including staff awards, citywide leadership events and Care Leavers Open Day.

Activity

- During 1 April 2023 to 31 March 2024, there were **48,180** visitors to the HSCP's website and **175,472** page views.
- As at 31 March 2024, the HSCP's Facebook profile had **2,816** followers, and **707** posts were made during 2023/24.
- As at 31 March 2024, the HSCP's X profile (formerly Twitter) had **5,596** followers, and 669 posts were made during 23/24.
- As at 31 March 2024, the HSCP's YouTube channel had **327** subscribers.

7.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 TARGET	2023/24 YEAR END	Direction of Travel since 2018/19	Direction of Travel since 2022/23
NHS Sickness Absence rate (%) (Outcome 8)	6.23%	6.37%	5.1%	6.39%	7.01%	<4%	7.66%	▼	▼
Social Work Sickness Absence Rate (%) (Outcome 8)	7.9%	8.5%	8.4%	9.8%	10.3%	<5%	11.5%	▼	▼

Areas for Improvement

INDICATOR	Performance Issues and Actions to Improve Performance
NHS **Target:** <4% **Actual:** 7.02% **Social Work** **Target:** <5% **Actual:** 11.5%	**Performance Issues** • Absences recorded as 'psychological' remains the most common absence reason, along with musculoskeletal. • The post-Covid period has seen significant absence for all Care Groups. • Large percentage of workforce are over the age of 50 and in predominately frontline roles, which can have an impact on absence levels. • Long term absence remains at a higher level than short term absence in keeping with established trend. **Actions to Improve Performance include:** • Plans being developed in health and social work to co-ordinate and implement a consistent, effective approach to Attendance Management and to support the health and mental wellbeing of staff. • Ensuring NHS and Social Work HR resources, assistance and guidance are available and accessible to all HSCP staff and managers.

	• Identifying priority service areas for interventions and focusing on the main contributors to absence i.e., psychological and musculoskeletal. • Support mangers to make appropriate early interventions and adjustments to try to prevent longer term issues. • New robust actions and prompts for managers and support for them to access and analyse improved attendance data to identify trends and areas of concern. • Continue to encourage managers to ensure that staff absence is correctly coded to ensure accuracy of workforce information provided.

8. BUILDING A SUSTAINABLE FUTURE

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Building a Sustainable Future. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 8
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services.

Workforce Plan

The HSCP published its Workforce Plan 2022-2025 in November 2022 which takes account of the Scottish Government's requirements in the National Workforce Strategy for Health and Social Care for Scotland. It includes an associated Action Plan, with priorities set out in relation to the HSCP's Strategic Priorities and the 5 Pillars of the Workforce Journey – *Plan, Attract, Train, Employ and Nurture*. Underpinning the Plan are commitments to promote the HSCP and Glasgow as a great place to work; to support and nurture our workforce; to look after staff mental and physical wellbeing; and to offer rewarding and fulfilling roles and development opportunities. An Update on Year 1 actions of the plan was presented to Glasgow City IJB in November 2023.

Succession Planning

A Succession Planning Programme Board has been implemented in the last year consisting of Senior Management Team members. Following extensive staff engagement at all levels, the group has developed a draft succession planning process which includes Leadership Competency descriptors and guidelines to support effective career conversations between staff and managers. The plans will be implemented in 2024/25 and will provide a greater understanding of staffing risks and development needs across senior teams, allowing targeted development actions to be undertaken to support individuals, teams and the wider organisation.

Career Pathways

Older People's Services have developed a student programme Care in Partnership with Glasgow Clyde College, which provide a new and innovative opportunity for college students to gain an entry level qualification in Social Care. The HSCP's Learning and Development team work closely with the college to identify a career pathway that provides 18 weeks paid employment,

as well as a learning package that meets the core induction learning necessary to become a Social Care Assistant. If completed, the course guarantees all students an interview for a permanent Social Care Assistant post within a HSCP residential care home. In its first year of operation, 11 student interns successfully secured a permanent job and a second cohort started in February 2024. In 2023 our Practice Learning Team also successfully supported 75 social work student placements. Another 25 social work students are currently in place and a further 50 will be supported during the remainder of 2024.

Recruitment

Recruitment activities undertaken during 2023/24 include the following:

- Targeted bespoke social media campaigns to attract candidates for a range of posts. For example, nationwide adverts ran throughout the summer 2023 for Consultant Psychiatrists, using social media and internet advertising techniques.
- Moved from large scale city-wide to targeted local recruitment events and campaigns which were successful in recruiting local people to work within their own communities in both Homecare and Older People's Residential Services.
- Established a workforce planning meeting to plan recruitment for roles within larger services where multiple posts are being advertised on a regular basis.
- Ran an annual recruitment process for Newly Qualified Nurses (NQNs) within Mental Health and Primary Care. Nursing Leads, HR and Recruitment plan and implement the NQN campaign and evaluate this on an annual basis to learn from and improve upon the previous year. 150 NQN's were recruited in the 2023 intake.
- Piloted 'evergreen advertisements', which can be used repeatedly over a period of time, for hard to fill post such as MHOs.
- Mental health nursing have also accessed the support of the NHSGGC Healthcare Academy to train candidates for the role of Health Care Support Worker within mental health inpatient settings. This offers a guaranteed interview for participants who successfully complete the training. It is intended to expand this approach to support candidates in applying for administrative vacancies and Health Care Support Worker roles across the HSCP.
- Work is also under way to implement the Trainee Nurse role within mental health services. This will support Health Care Support Workers to undertake the Open University qualification to become trained Mental Health Nurses and be aligned to a vacant role within their service area.
- Improvements to internal recruitment processes in order to reduce the timescales required to make internal appointments.

9. EQUALITIES

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, list the following specific duties which the IJB is required to undertake:

- Report progress on mainstreaming equality
- Publish equality outcomes and report on progress in relation to them
- Assess and review policies and practices in respect to equality
- Consider award criteria and conditions in relation to public procurement
- Publish equality information in an accessible manner

Glasgow City HSCP Equalities Working Group oversees the programmes of work related to the Equalities and Fairer Scotland Duties to further advance equalities practice across all our business areas.

A key activity over the last year was the development of our new Equality Outcomes for 2024 to 2028. It is important that our Equality Outcomes are evidence-based and developed in consultation with stakeholders. Work was undertaken throughout 2023 and early 2024 to gather evidence and engage with equality groups and partners across the city to shape our new outcomes. Further information can be found in our Equality Outcomes Report.

The new outcomes and supporting action plan were approved by the Integration Joint Board in May 2024 and are as follows:

1. Information and communications about our services and how to access them are inclusive and accessible to everyone. In particular, those who may face barriers through disability, language and digital exclusion.

2. People with protected characteristics and the organisations that represent them, are regularly and systematically supported to be involved in service delivery design by the IJB/HSCP.

3. LGBT+, Disabled, and Black and Minority Ethnic People of all ages are able to access Mental Health and Wellbeing support which better meets their needs.

4. The IJB/HSCP actively challenges prejudices, discrimination and harassment within services and the workplace, including a focus on anti-racism.

5. Glasgow City HSCP is an equalities-focused and inclusive workplace, which has embedded approaches to support Black and Minority Ethnic People, Disabled People, LGBT+ People, Women and a workforce that more accurately reflects the diversity of the City's population.

Other equalities activity has included:

- Production of our Equalities Outcome Progress and Mainstreaming Report, providing an overview of mainstreaming equalities activity and progress towards our Outcomes from 2022 to 2024.
- We participated in the Employers Network for Equalities and Inclusion (enei) Talent Inclusion and Diversity Evaluation (TIDE). The TIDE mark allows organisations to assess their status in equalities and inclusion across eight mainstreaming domains. We achieved an overall score of 69%, an increase on the 2021 score of 65%. We have maintained or made improvement across each of the categories.
- The completion of 26 EQIAs (Equality Impact Assessments). These provide a key way for us to design and deliver services that are responsive and appropriate to protected characteristic groups and intersectionality.
- Working in partnership with NHS GGC and Glasgow City Council, we committed to actions to promote and support British Sign Language (BSL) through the new local BSL Action Plans for 2024 to 2030. We also continued to deliver on existing actions, including the work of a dedicated Deaf Peer Support Worker within Mental Health Services and facilitating the delivery of BSL classes for frontline Social Work staff.

10. INSPECTION AND PRACTICE AUDIT

10.1 HSCP REGISTERED SERVICES – CARE INSPECTORATE

Between April 2023 and March 2024, the Care Inspectorate undertook 28 inspections of HSCP provided services. The following tables detail the individual services inspected during this period, the care grades achieved across each Standard and the number of requirements made. Full details of these inspections can be accessed from the Care Inspectorate Website and via the individual links provided in the tables below.

Care Inspectorate grades are regularly reviewed by the IJB Finance, Audit and Scrutiny Committee. Reports for inspections carried out in 2023 were presented in February 2024, giving details of inspections by care group and details of Requirements and Areas for Improvement. In addition, detailed Action Plans for Improvement were provided where relevant. These can be accessed on the HSCP website via the following links:

Children's Residential Services - Care Inspectorate Activity and Update
Families for Children Adoption & Fostering Service - Care Inspectorate Activity and Update
Older People's Residential and Day Care Services - Care Inspectorate Activity
Care at Home and Housing Support Service - Care Inspectorate Activity

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our setting?	How good is our Staff Team?	How good is our leadership?	No. of Require-ments
OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES							
Wallacewell Day Care Service	11/08/23	5	not assessed	not assessed	not assessed	4	0
Carlton Day Care Centre	22/11/23	See below for details					
Hawthorn House	23/11/23	3	3	4	3	3	2
CARE AT HOME AND HOUSING SUPPORT SERVICES							
Home Care Service - North West	13/06/23	5	not assessed	not assessed	not assessed	4	0
Home Care Service – South	13/06/23	4	not assessed	not assessed	not assessed	4	0
Home Care Service - North East	13/06/23	5	not assessed	not assessed	not assessed	4	0

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our setting?	How good is our Staff Team?	How good is our leadership?	No. of Require-ments
Community Support Project	07/07/23	5	not assessed	not assessed	not assessed	4	0
North West - HSCP - Community Support Service	18/12/23	5	5	not assessed	5	4	0
South - HSCP Community Support Service	16/01/24	5	5	not assessed	4	3	1
HOMELESSNESS SERVICES							
Homelessness Emergency/ Assessment Centre 1	7/12/23	5	not assessed	not assessed	not assessed	5	0
Homelessness Emergency/ Assessment Centre 3	11/01/24	5	not assessed	not assessed	not assessed	5	0
FAMILIES FOR CHILDREN ADOPTION AND FOSTERING SERVICES							
Adoption Service	15/06/23	3	3	not assessed	not assessed	3	3
Fostering Service	15/06/23	3	4	not assessed	not assessed	3	4

Key to Grading: 1 – Unsatisfactory**, 2 –** Weak**, 3 –** Adequate**, 4 –** Good**, 5 –** Very Good**, 6 –** Excellent

Carlton Day Care Centre - Core Assurance Inspection Pilot – Grade awarded 4 (Good)

In November 2023 Carlton Day Care Centre was inspected as part of a pilot to test a new way of confirming that better performing, low risk services continue to provide good quality care and support. This inspection type, called a Core Assurance Inspection, looks at key areas essential to a service being safe namely: legal assurances, wellbeing, leadership, staffing, the setting, and planned care/support. The Core Assurance Inspection confirmed that the previous evaluation of "good" (Grade 4) has been maintained for Carlton Day Care Centre.

Children's Residential Services

Inspection of Children's Residential Services is underpinned by the Quality Framework for Care Homes for Children and Young People. From 1st April 2022, a new question, Key Question 7, was introduced: How well do we support children and young people's rights and well-being? This question was introduced to produce a more regulatory footprint and prioritise the quality of relationships experienced by children and young people in line with the aspirations of The Promise. Key Question 7 has 2 quality indicators:

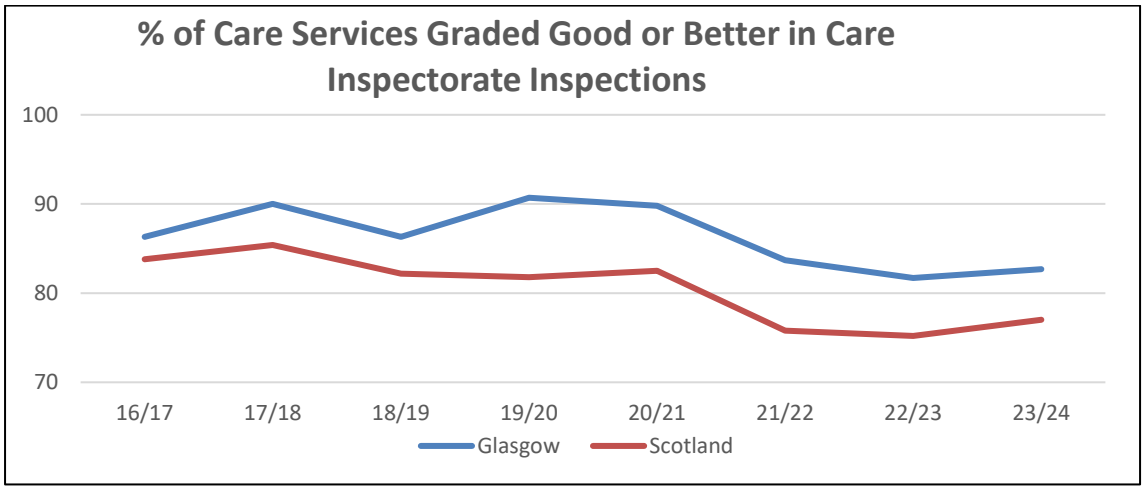
- Children and young people are safe, feel loved and get the most out of life.
- Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.

Children's House	Date of Inspection	Key Question 7: How well do we support children and young people's rights and wellbeing?	No. of Requirements
Mosspark Drive	04/04/23	5	0
Hamilton Park Avenue	13/04/23	4	0
Crossbank Crescent Residential Children's Unit	09/05/23	4	0
Norse Road	26/06/23	3	2
Netherton Children's Unit	03/08/23	5	0
Balmore Children's Unit	15/08/23	5	0
Main Street Residential Children's Unit	26/09/23	3	3
Crawford Street Young Person's Unit	05/10/23	6	0
Wallacewell Residential Children's Unit	09/11/23	5	0
Kempsthorn Residential Children's Unit	30/10/23	4	0
Milncroft Road Residential Children's Unit	24/11/23	3	5
Hinshaw St Residential Children's Unit	30/11/23	3	0
Newlands Road Residential Children's Unit	06/12/23	2	4

Larkfield Children's House	21/12/23	5	0
Chaplet Avenue Children's Unit	26/03/24	6	0

Key to Grading:1 – Unsatisfactory**, 2 –** Weak**, 3 –** Adequate**, 4 –** Good**, 5 –** Very Good**, 6 –** Excellent

National Integration Indicator Number 17 (Care Inspectorate Grades) shows Glasgow's performance over time and in comparison to the overall figure for Scotland. Glasgow is higher than the Scottish average over the period shown below, with the gap increasing
since the baseline year (15/16).



10.2 MENTAL WELFARE COMMISSION LOCAL VISITS

The Mental Welfare Commission for Scotland (MWCS) has a key role to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions. The MWC undertake local visits, either announced or unannounced, which involve visiting a group of people in a hospital, care home or prison service. These visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice; follow up on individual cases where the MWC have concerns; and provide information, advice, and guidance to people they meet with. Local Visits are not inspections, however the Commission details findings from the visit and provide recommendations, with the service required to provide an action plan within three months.

During 2023 the MWC made a number of Local Visits in Glasgow to a range of adult inpatient wards, older adult inpatient wards, intensive psychiatric care units (IPCU), and rehabilitation wards. 25 reports have been published for those visits undertaken in 2023 and the reports from 4 other visits will be published in due course. Details of the sites visited, and the recommendations and good practice noted during these visits, was presented to the IJB in February 2024.

10.3 PRACTICE AUDIT AND EVALUATION ACTIVITY

In addition to external inspections, the Partnership has an ongoing planned programme of practice audit and self-evaluation to give quality assurance across all service areas. Practice Audit and Evaluation activity carried out by Social Work between April 2023 and March 2024 is listed in the following table.

Practice Audit and Evaluation Activity 2023/24
Complexity of Cases between ADRS (Alcohol and Drug Recovery Services) and CNT (Complex Needs Team) (Audit/Review)
Modular Housing (Literature/ Review)
NORM (Non-Offence Referral Management) Service (Audit/Review)
Child Protection Register (Audit/Review)
16+ Care Leavers (Audit/Review)
Martha's Mammies Project (Evaluation/Review)
Safe & Together Training (Evaluation/Review)
Multi Agency Risk Assessment Conference (Audit/Review)
Mental Health Officer System and Provision (Audit/Review)

11. FINANCIAL PERFORMANCE

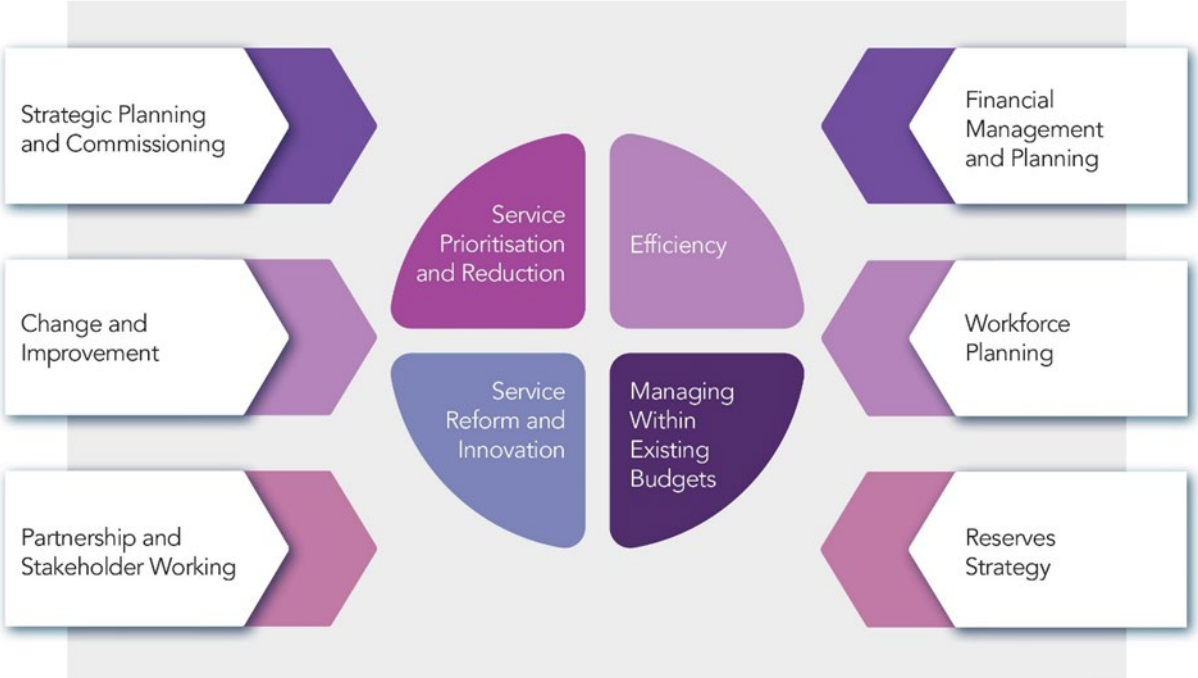
11.1 Introduction

National Health and Wellbeing Outcome 9 is set out below and within this chapter we seek to demonstrate how we have achieved this. Firstly, we provide an overview of financial performance during 2023/24. We then describe the transformation programme we have been taking forward and the key capital investments progressed during the last year, before briefly considering the financial outlook for 2024/25.

Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services.

11.2 Best Value

The IJB has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In making those arrangements and securing that balance, the IJB has a duty to have regard to economy, efficiency, effectiveness, equal opportunities requirements and to contribute to the achievement of sustainable development. The IJB has in place a clear strategy to support the delivery of best value over the medium term and this is reflected in our medium term financial outlook. This is demonstrated in the diagram below.



11.3 2023/24 Financial Planning

The total financial resources available to the partnership for 2023-24 were around **£1.4 billion**. This can be seen in the table below along with trend information for previous financial years.

Client Group	2021/22 £000's	2022/23 £000's	2023/24 £000's
Children and Families	169,654	177,214	173,189
Adult Services	36,393	363,714	381,297
Older People Services	330,485	353,825	371,020
Resources	85,984	73,949	67,561
Criminal Justice	(658)	(792)	(737)
Primary Care	377,518	391,891	421,962
COVID-19	99,449	16,926	-
TOTAL	1,398,825	1,376,726	1,414,292

11.4 2023/24 Set Aside Budget

In addition to the above, there is a 'Set Aside Budget,' which is made available by the Health Board to the Integration Joint Board, in respect of "those functions delegated by the Health Board which are carried out in a hospital within the Health Board area and provided for two or more Local Authority areas". The total set-aside budget for 2023/24 was **£257.228m**, which excludes the budget value for Adult Mental Health and Elderly Mental Health inpatient services.

11.5 2023/24 Financial Management

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 budget strategy and budget monitoring was planning for an overspend during 2023-24 and this is reflected in the final operational overspend of £18.8m shown in the table below.

	Note	£millions
Operational Service Delivery - Pressures		
Mental Health Inpatient staffing pressures	1	11.2
Increased demand for Homelessness Services including acceleration of Home Office decisions	2	12.0

Increase in prescribing costs and volumes	3	9.1
Residential Pressures	4	2.3
Increased demand for direct assistance payments in Children and Families	5	1.8
Overspend in continence products due to increases to price and demand	6	2.2
Overspend in transport costs due to increases in price	7	1.5
Continued pressure on Health Visiting employee Costs	8	1.0
Increased demand for extra contractual referrals in Mental Health Inpatient Services	9	2.0
Increased demand for Equipu	10	1.4
Increased cost in Prison Service due to new pharmacy contract and drug prices	11	1.4
Total Pressures/Investments in Operational Service Delivery		**45.9**
Operational Service Delivery - Underspends		
Underspend as a result of vacancies and staff turnover	12	-18.5
Underspend in personalisation/purchased services due to sector capacity	13	-3.8
Underspend as a result of additional income recoveries	14	-4.2
Underspend due to part year implementation of ADRS prevention contract	15	-0.1
Underspend in implementation of the Carers Act investment	16	-0.5
Total Underspends in Operational Service Delivery		**-27.1**
Net Overspend in Operational Service Delivery		**18.8**

Notes

Impact of Operational Service Delivery

1. The overspend in Mental Health is mainly attributable to increased spend on agency and bank nursing due to the increased needs of patients in these services, the consistently high number of enhanced observations required and spend required to provide sick leave and vacancy cover. Management actions were agreed during 2023-24 to reduce the level of bank and agency spending with a specific focus on reduced observations. This has reduced the level of overspend and this work will continue into 2024-25.
2. The Homelessness Service continues to experience an increase in presentations due to the impact on the economy of both the pandemic and the cost-of-living crisis. In addition, the service is responding to the

resettlement of Ukrainian refugees. When the budget was set in March 23 it was forecast that there was cost pressure of £8.6m in this service linked to demand, which would require to be funded from general reserves. The service has continued to progress recovery planning to reduce this overspend and an update to the IJB in June 23 recognised that although savings had been secured, these had been outstripped by additional costs associated with new local connection legislation which means that the local authority has a duty to secure settled accommodation for any unintentionally homeless household, regardless of where they were resident in Scotland prior to the application. A national decision to accelerate decision making by the Home Office in relation to asylum claims has also had a significant financial consequence for the IJB and has increased demand for temporary accommodation in the City. All these factors have increased demand for services in Glasgow and is reflective in the overspend reported for this service.

3. NHSGGC has the lowest primary care spend on medicines per capita amongst all the health boards, once the demographics and morbidity have been taken into account; despite this, there are cost pressures on our Prescribing Budget in 23-24, driven primarily by an increase in the global price of drugs but also by a sustained prescribing volume growth at pre-pandemic levels, new effective evidence based treatments, and a number of other drivers of inflation. When the budget was set in March 23, it was forecast that there was a cost pressure of £6.6m linked to volatility of global market prices and this would be required to be funded from general reserves. This volatility continued during 23-24 and is reflected in the final overspend reported in this area.
4. There is an overspend in Residential Services in both Older People and Children Services and is linked to the use of agency and overtime directly attributed to increased care needs of residents, and additional cover required to meet staff sickness levels and vacancies.
5. The increase in direct assistance is due to an increase in section 22 payments (£0.3m) primarily supporting families with no recourse to public funds, and an increase in Section 29 payments linked to accommodation costs for care leavers including student accommodation (£1.5m).
6. This overspend reflects both an increase in demand for these services as well as an increase in the price for continence products. From 1st September 2023, NHS GG&C entered a new contract for Supply and Delivery of Continence Products to both acute and community settings. This resulted in an increase of 20.2% in charges for community settings. In addition, the new contract will charge for deliveries to care homes, which was previously non chargeable.
7. Increases in transport costs linked to fuel increases, increases in vehicle hire, taxi charges and repairs due to ageing fleets. This also reflects a non-delivery of saving following market condition changes which means the saving can no longer be delivered as first identified. A review of

transport arrangements is ongoing to reduce costs pressure where this can be done.

8. This overspend in Heath Visiting is primarily due to incremental drift and the level of trainees currently in the training programme. Additional trainees were recruited to support successful planning. This will reduce over time.
9. This overspend in extra contractual referrals in Mental Health Inpatient Services is reflective of both demand and complexity of demand which is resulting in an increase in these referrals.
10. This service is experiencing increasing demand for equipment to support service users and patients to remain within their own homes.
11. This overspend in the Prison Team reflects the outcome of the negotiation of a national tender which has seen an increase in costs linked to the delivery of pharmacy costs. This service is also impacted by the global increase to drug prices experienced in our prescribing budgets.
12. Staffing pressures continue to be experienced across all services due to high turnover levels, high sickness levels and challenges in recruitment. This is not unique to Glasgow and is being experienced UK wide. These challenges are not new to the IJB however the scale of them is increasing. We continue to focus on the recruitment of staff utilising a range of measures such as advertising campaigns both at a local and national level, aligning recruitment timescales with the availability of newly qualified professionals and undertaking targeted recruitment and training strategies to develop existing and new staff to meet the skills requirements of our services. In September, the IJB agreed to slow down recruitment processes for some posts to increase savings from employee turnover, due to the scale of the financial pressures being faced. The impact of this is also reflected in these figures.
13. There is an increase in demand across all services with an increase in both the number of requests for services, as well as the complexity of the need presenting. However, this has not manifested itself as an increase in spend during 2023/24, primarily because purchased services are struggling to complete assessments and/or put services in place because of the staffing pressures being experienced across the sector. This is resulting in delayed start dates which mean in-year costs are part year only and result in an underspend in personalisation and purchased services. These staffing pressures are not unique to Glasgow and are being experienced across the UK and include high turnover levels, high sickness levels and challenges in recruitment, making it difficult to secure staffing levels to maintain services to meet demand. The tender for hospital discharges for those with complex needs has also been delayed, impacting on the underspend part year.
14. Additional income recovered mainly through recovery of financially assessed client contributions, funding received for unaccompanied asylum-seeking children and funding received because of increased

activity in criminal justice teams.

15. The ADRS prevention contract commenced during the year resulting in part year implementation costs.
16. Carers services are underspent mainly in respect of funding received for a short break's bureau. This funding is no longer required due to duplication with the service being developed by the Glasgow carers centres. In addition, external providers are having difficulties finding external provision of low-level support to Carers.

In addition to this, there are local and national priorities which will not be completed until future financial years and require funding to be carried forward (£14.3m). This relates to ring-fenced funding which has been received to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding. The IJB elected to transfer this to earmarked reserves. In addition, they also approved the re-alignment of earmarked reserves to general reserves totalling £0.3m. Details can be found here.

11.6 Change and Improvement

Within the Partnership, we have been taking forward a Transformational Change Programme which has been approved by the IJB across the entirety of the HSCP's business over the course of the last year, as described in earlier chapters of this report. This Programme is being monitored via an Integration Transformation Board, chaired by the Chief Officer, the aims of which are to:

- deliver transformational change in health and social care services in Glasgow in line with the Integration Joint Board's Strategic Plan, and the National Health and Wellbeing Outcomes,
- monitor and evaluate the short, medium and long term impacts of the Transformational Change programme,
- monitor and realise financial savings arising from Transformational Change programme,
- engage with stakeholders and promote innovation within and beyond the Glasgow City Health and Social Care Partnership.

Delivery of the Transformation Programme is closely monitored by the Transformation Board and delivery of associated savings is reported regularly to the IJB and the IJB Finance, Audit and Scrutiny Committee through budget monitoring reporting. **99.7%** of budget savings targets in respect of the IJB's Transformation Programme were achieved in 2023/24.

11.7 Capital Investment and Priorities

Health and Care Centres

As described in chapter 5, work is progressing on the North East Health and Social Care Hub with a practical completion date of August 2024. Planning is

underway to manage the mobilisation of the building and the relocation of staff, with Parkhead Health Centre being the first location to move, to enable demolition to be undertaken and the remainder of the car park to be created.

Work was also completed in 6 Health Centre sites to increase clinical room capacity and adapt rooms to facilitate agile working as a result of increased hybrid working arrangements across the estate. Initial works were all concluded by March 2024, with ventilation works to follow. In addition, projects which were descoped will be taken forward separately. Work was also completed in the Woodside Health and Care Centre to create additional clinical space and meeting rooms, and further works will be completed in May 2024 to provide a further additional clinical room.

Learning Disabilities

As described in chapter 5, work commenced on the development of two adjacent bungalows in Kirkintilloch to accommodate Learning Disability service users. A Provider has been commissioned and the homes are planned to be handed over by May 2024.

Older People Residential Services

Work is underway at Riverside Care Home to undertake building upgrades with 60 of the 120 residents decanted to facilitate the works. The programme of work is anticipated to continue till mid-2025.

Homelessness Services

In response to the additional demand on Homelessness Services from the increased pace of Home Office right to remain decisions, and the impact of local connections, work is underway to identify accommodation opportunities to support this and reduce the use of Bed and Breakfast accommodation. Design work also continues to develop the property at Brighton Place to provide accommodation for young homelessness service users and a site search is underway for the provision of a new Women's Assessment Centre in the South of the City

Addiction Services

Work commenced in February 2024 on the Hunter Street site to create the Safer Drug Consumption Facility, with completion anticipated Summer 2024. Staff from the Complex Needs Service have been relocated from Hunter Street to Commonwealth House to facilitate this and will move to new accommodation in Bell Street in Autumn 2024.

Other Sites

Design works continue in relation to the refurbishment of the Church Street site. An exercise to review accommodation usage has resulted in the consolidation of staff previously located in Martyrs School within other HSCP accommodation, and the creation of a Pharmacy Hub for the North-West of the City within Blair Court. Upgrades have also been undertaken to Criminal Justice accommodation at the Adelphi Centre and Norfolk Street.

12.7 Financial Outlook for 2024/25 and Beyond

In March 2024, the IJB conditionally approved its budget for 2024/25, subject to receipt of a final funding offer from NHS Greater Glasgow and Clyde in the new financial year and further details being brought to the May IJB in relation to some savings.

This draft budget assessed the demand and cost pressures which exist across services and presented a budget strategy with proposals on how these would be funded and managed in 2024/25. This budget identified a funding gap of £36m which will be addressed through a wide range of service reforms and efficiencies, service prioritisation and reductions, and pressures to be managed within existing budgets. Progress on achievement of this programme will be reported during the year to the IJB and the IJB Finance, Audit and Scrutiny Committee and in the 2024/25 Annual Performance Report.

A Medium-Term Financial Outlook was also reported to the IJB on the 20 March 2024. This considers a range of pressures and uncertainties to assess the likely impact on the IJB's financial position over the medium term. Examples include:

- Inflationary pressures linked to pay and contractual commitments and global markets for prescribing
- National commitments such as uplifts for social care providers
- Continuing legacy of the impact of COVID-19 on people's health and wellbeing and the economic impact including income, employment and housing
- Local pressures linked to demand as a result of demographic, deprivation, and health.

This looks forward to 2026-27 and identifies the need for a further £28m of savings to deliver a balanced budget in 2025/26 and £52m in 2026/27.

The IJB is operating in an increasingly challenging environment, with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. Earlier this year the IJB recognised that given the scale of the financial pressure being faced in the current financial year and the forecasts for 2024-25 to 2026-27, there needed to be a fundamental change to the services which are offered. They agreed to the development of a service reset which would identify the services which are sustainable both in

terms of meeting the demands of the population of Glasgow City, but also be sustainable within the financial envelope which is available.

The financial strategy has been developed within this context. Our priority has been to protect core services which deliver care to those who are acutely unwell, support prevention measures and deliver evidenced impact in improving the health and wellbeing of those who access services. The outcome is that we have proposals which will result in reducing services which are not ‘core,’ to enable us to support those which have the greatest impact in relation to improving the health and wellbeing of those who access HSCP services. There have also been areas where we have supplemented Scottish Government funding with additional investment. This is no longer sustainable and investment levels are being reduced back to core funding levels.

The IJB has a clear strategy to support delivery of the Strategic Plan and also to ensure the IJB remains financially sustainable over the medium term. The IJB also understands the key risks and uncertainties linked to delivery and has clear actions in place to mitigate these. We will continue to work closely with all our partners and stakeholders to secure a future which is sustainable and meets the needs of our communities and we remain committed to this as we move forward into 2024/25.

APPENDIX A - Glasgow City Profile – Additional Information

Department of Work and Pensions (DWP) Stat-Xplore	Provides data on DWP benefits – regularly updated.
Glasgow City Council Demographics and Socio-economic Data and Factsheets	Information on demographic and Socio-economic data, council factsheets, Glasgow Open Data Hub and links to statistical websites.
Glasgow City HSCP Health Improvement Annual Report 2022/23	This report highlights the work that Health Improvement has led on or been involved in supporting in the last year.
Glasgow City Youth Health Improvement Annual Report 2023/24	This is a brief infographic style report capturing highlights of work around training and capacity building, partner engagement and health improvement resources as well as next steps for the year ahead following the launch of the Glasgow City Health Improvement Strategic Direction 2023-28.
Glasgow City HSCP Strategies and Plans	This webpage provides links to the key strategies and plans of the Glasgow City Integration Joint Board and Glasgow City Health and Social Care Partnership.
Glasgow Community Plan 2024	This Glasgow Community Plan 2024-2034 makes addressing poverty the overriding priority of the Glasgow Community Planning Partnership (the Partnership) and sets out how the partnership has agreed to act on poverty over the next ten years.
Glasgow Health and Care Experience Survey	This is used for measuring perceptions in relation to GP, care and carers services. It also measures progress against the National Integration Indicators.
HSCP Demographics and Needs Profile for Glasgow City	Last updated in summer 2024, includes general population estimates and projections at HSCP locality, city and national level plus a profile of health in the city.
NHSGGC Adult Health and Well-being Survey 2022-23 - Glasgow City Report NHSGGC Adult Health and Well-being Survey 2022-23 Glasgow North East Locality Report	Survey information on adult health and behaviours in the city. A suite of reports for the 2022/23 survey for Glasgow City and each of the 3 localities within the city are available in addition to reports for other local authority and HSCP areas.

NHSGGC Adult Health and Well-being Survey 2022-23 - Glasgow North West Locality Report NHSGGC Adult Health and Well-being Survey 2022-23 - South Locality Report	
NHSGGC Glasgow City Schools Health and Wellbeing Survey 2019-2020	Survey Information on S1-4 secondary school children's health and behaviours in the city. The latest published survey was for 2019/20. Note: this has been updated by a Scottish Government Health and Wellbeing Census (Schools) Scotland – see reference below.
National Records of Scotland (NRS)	Official statistics on registrations of births, deaths, marriages, adoptions in Scotland. Annual population estimates and bi-annual projected population estimates.
NOMIS	NOMIS is a service provided by the Office for National Statistics, ONS, which provides access to detailed and up-to-date UK labour market statistics from official sources.
Public Health Scotland	Provides robust and extensive health information and health intelligence from data collated mostly from services provided through the NHS in Scotland.
Scotland's Census	Takes place every 10 years. Results from the 2022 Census are being published online between 2023 and 2025.
Scottish Burden of Disease Study	ScotPHO hosted study of health inequalities comparable internationally. Local reports and interactive visual data dashboards available from 2019. Also report & data forecasting the future burden of disease: Incorporating the impact of demographic transition over the next 20 years.
Scottish Government Health and Wellbeing Census (Schools) Scotland 2021/22	The first of a national survey of secondary school pupils in Scotland covering all health & wellbeing areas formerly addressed through the NHS Health Board school surveys. Also covers areas previously included in the SALSUS national survey eg. smoking, drinking, drug use and other lifestyle, health and social factors.
Scottish Government Labour Market Statistics Publications	Various labour market data including employment, unemployment and economic inactivity trends, sourced from the Labour Force Survey for Scotland and the UK.

Scottish Government Statistics	Scottish Government statistics website pre-dating the website above that still contains some national statistics publications or data not offered via other platforms e.g. homelessness data.
Scottish Health Survey (dashboard)	Information in relation to the health and health related behaviours of the population of Scotland.
Scottish House Condition Survey	Annual national survey looking at the physical condition of homes as well as the experiences of householders.
Scottish Household Survey	Annual national survey providing robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland's homes.
Scottish Index Multiple Deprivation (SIMD) 2020	Uses multiple indicators to provide comparative information on population deprivation at a small area level (data zones) within Scotland.
Scottish Public Health Observatory profiles (ScotPHO)	Presents a range of information from routine health statistics to survey data. Some data is available at small area level (eg. intermediate zone of HSCP locality). Updated on an ongoing basis.
Scottish Surveys Core Questions (SSCQ)	An annual Official Statistics publication. SSCQ is a result of a harmonised design across the three major Scottish Government household surveys - the Scottish Household Survey, the Scottish Health Survey and the Scottish Crime and Justice Survey.
Skills Development Scotland Annual Participation Measure	Provides data on the learning, training and work activity of 16-19 year olds in Scotland.
statistics.gov.scot	Scottish Government statistics website offering a wide range of official statistics from multiple sources including population, government statistics and survey data.
UK Government	Provides access to many statistics at UK and local authority level inc. children in low income families statistics.
Understanding Glasgow Profiles	Health and wellbeing profiles for adults and children.

APPENDIX B - National Health and Wellbeing Outcomes

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

APPENDIX C – National Integration Indicators

The Core Suite of National Integration Indicators are summarised below. These were published by the Scottish Government in March 2015, to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures. Numbers 1-9 are based on the biennial Scottish Health and Care Experience Survey (HACE). This is undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city and it asks about people's experiences of accessing and using services. Nine other operational indicators are derived from a range of sources including health activity, community and deaths information. In addition, there are five other indicators which cannot currently be reported as national data is not available, or for which there is not yet a nationally agreed definition. Public Health Scotland published the latest data relating to the available National Integration Indicators in July 2024.

Health and Care Experience Survey (HACE) Indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good.
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.

Operational Indicators

11. Premature mortality rate per 100,000 population.
12. Rate of emergency admissions per 100,000 population for adults.
13. Rate of emergency bed days for adults per 100,000 population.
14. Rate of readmissions to hospital within 28 days of discharge per 1000 admissions.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. % of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. % of adults with intensive needs receiving care at home.
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population.

Indicators Not Currently Reported

10. % staff who say they would recommend their workplace as a good place to work.
20. % of health and care resource spent on hospital stays where the patient was admitted in an emergency.
21. % of people admitted from home to hospital, who are discharged to a care home.
22. % of people who are discharged from hospital within 72 hours of being ready.
23. Expenditure on end-of-life care.