

Performance Report Summary 2017/18



Overview

The Glasgow City Integration Joint Board (IJB) was established in February 2016 and provides strategic direction and leadership for community health and social care services in the city, which are jointly delivered through the Health and Social Care Partnership (HSCP). The IJB is required to publish an Annual Performance Report (APR) and this summary focuses upon key highlights from the full 2017/18 report.

Our Vision and Priorities

We believe that Glasgow's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. Our strategic priorities are:

Early intervention, prevention and harm reduction
Providing greater self-determination and choice
Shifting the balance of care
Enabling independent living for longer
Public Protection

Key Achievements in 2017/18

- Introduced integrated older people's teams which include social work, rehabilitation and enablement, district nursing and older people's mental health services.



- Produced a Strategic Commissioning Plan for unscheduled care which aims to prevent unnecessary hospital admissions, improve discharge processes and strengthen joint working with acute services.



- Continued to sustain more children at home and in their local neighbourhoods and schools, by further developing community infrastructure and family support services in the most vulnerable neighbourhoods.



- Led on the production of a whole system five year strategy for mental health for all six Partnerships in NHS Greater Glasgow and Clyde, which seeks to continue to shift the balance of care towards community based services and early intervention.



SUMMARY

- Established a Young People's Champions' Board to ensure the voices of care experienced young people are at the forefront of how children's services are planned and delivered in the city.



- Won the Scottish Association of Social Workers Team of the Year award for the work of the Family Group Decision Making (FGDM) team, which aims to transfer the control of decision making from professionals to the family group.



- Delivered Mental Health First Aid Training to secondary school teachers across the city, in order to equip them with the knowledge and skills to implement a range of strategies to support pupil's mental health and wellbeing.



- Worked with the Choose Life suicide prevention programme to support the production of a short film, "Bridge", which premiered at the Scottish Mental Health Arts Festival and included key messages about the benefits of intervention in situations of distress.



- Introduced a local internet based service which provides access to evidence based psychological interventions for people who are experiencing mild/moderate anxiety and/or depression.



- Established a new City Tobacco Group to develop a consistent, evidence based approach to the delivery of smoking cessation and prevention work across the city.



- Worked with the Glasgow Dental Hospital and the Oral Health Directorate to incorporate Alcohol Brief Interventions into the dental under-graduate syllabus.



Key Performance Improvements in 2017/18

INDICATOR	2016/17 YEAR END	2017/18 YEAR END
Number of community service led Anticipatory Care Plans in place	484	824
Number of people in supported living services	231	734
% Service users who receive a reablement service following community referral for home care	76.5%	78.2%
Acute bed days lost to delayed discharge	15,557	10,982
% of young people in aftercare who are known to be in employment, education or training	61%	67%
Number of children in high cost placements	111	67
Number of households reassessed as homeless or potentially homeless within 12 months	493	444
Number of individual households not accommodated in the last month of the quarter	209	186
Women smoking in pregnancy – general population	13.4%	12.1%
Women smoking in pregnancy – most deprived quintile	19.7%	17.3%

Areas for Improvement in 2018/19

Reduce the number of inappropriate A&E attendances, emergency hospital admissions, and delayed discharges.
Young people in aftercare who are in employment, education or training.
Children referred to specialist Child and Adolescent Mental Health Services (CAMHS) who are seen within 18 weeks.
Community Payback Order (CPO) work placements commenced within 7 days of sentence.
Exclusive breastfeeding (at 6-8 weeks) in the most deprived neighbourhoods.
Social Work and NHS staff sickness absence rates.
Social work complaints responded to within timescales

Managing Our Resources

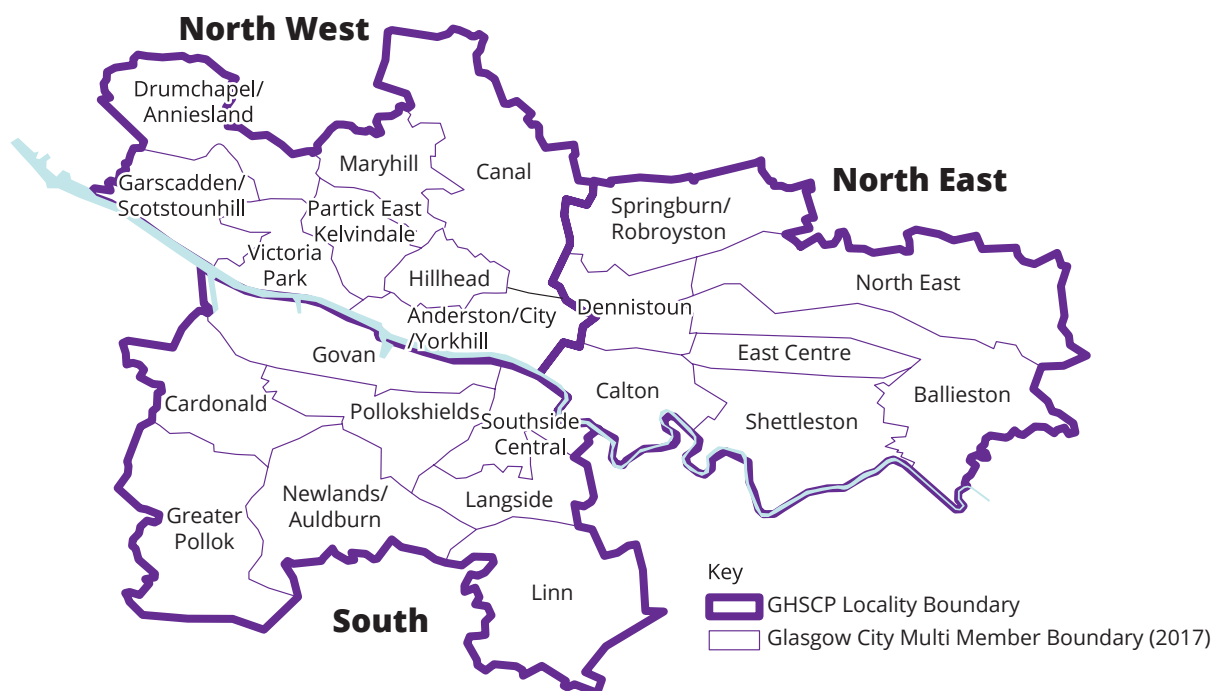
The total financial resources available to the Partnership for 2017-18 were around £1.1 billion. These were allocated across services areas as shown below.

CLIENT GROUP	% of Gross Expenditure 2017/18
Older People/Physical Disability	23.8%
Children and Families	13.1%
Family Health Services	15.4%
Prescribing	10.9%
Mental Health	9.2%
Homelessness	6.3%
Learning Disability	6.0%
Other Services	5.9%
Addictions	3.7%
Older People's Mental Health	2.5%
Prison Healthcare and Criminal Justice	2.0%
Hosted Services	1.0%
Carers	0.2%
TOTAL	100.0%

Our Localities

The Partnership is divided into three areas, known as localities, to support operational service delivery and respond to local needs. These localities - North West, North East and South - are shown on the next page.

SUMMARY



Each area has their own Locality Engagement Forum, which bring together community representatives and local networks and groups. These are a key part of the HSCP's participation and engagement arrangements, and in the last year over 30 meetings and events have been held, which over 900 people have attended. These have been used to consult on both city wide and locality developments and plans.

These have included each area's individual Locality Plans, which have been reviewed and updated in the last year. These show how localities are taking forward the HSCP's Strategic Plan and responding to locally identified needs and priorities. Locality planning arrangements are in place to support this process and have involved the Locality Engagement Forums, GPs and other primary care professionals, as well as partner agencies.

Work has also been progressed within localities to further develop and embed the General Practice clusters, which are taking forward the quality agenda within primary care. GP practices within each cluster have been working together to share good practice, identify quality improvement priorities, and improve integrated working with community services.

Equalities

In accordance with the Equalities Act (2010), the Partnership is expected to review policies and practices to ensure that these eliminate discrimination and advance equality of opportunity and access for people with 'protected characteristics'. To facilitate this, we have established an Equality Group and published a set of equality outcomes within a Mainstreaming and Equality Plan.

Activities progressed over the course of the last year have included the mainstreaming of equality into the guidelines and training for community participation and engagement; the completion of a number of Equalities Impact Assessments; the delivery of equalities training and awareness raising sessions to HSCP and partner agency staff; and the publication of a study which examined the health and wellbeing of Black and Minority Ethnic (BME) adults living in Glasgow City.