NOT YET APPROVED AS A CORRECT RECORD

Glasgow City Integration Joint Board

IJB(M)2023-03

Minutes of a virtual meeting held
at 9.30am on Wednesday, 10th May 2023

Present:

Voting Members	Simon Carr	NHSGG&C Board Member (Chair)
	Cllr Allan Casey	Councillor, Glasgow City Council
	Alan Cowan	NHSGG&C Board Member
	Cllr Chris Cunningham	Councillor, Glasgow City Council (Vice Chair)
	Cllr Audrey Dempsey	Councillor, Glasgow City Council
	Graham Haddock	NHSGG&C Board Member
	Bailie Norman MacLeod	Councillor, Glasgow City Council
	Bailie Leodhas Massie	Councillor, Glasgow City Council
	John Matthews	NHSGG&C Board Member
	Cllr Elaine McDougall	Councillor, Glasgow City Council
	Cllr Cecilia O'Lone	Councillor, Glasgow City Council
	Cllr Lana Reid-McConnell	Councillor, Glasgow City Council
	Francis Shennan	NHSGG&C Board Member
	Rona Sweeney	NHSGG&C Board Member
	Charles Vincent	NHSGG&C Board Member
Non-Voting Members	Gillian Currie	Independent Sector Representative Substitute (for David Reilly)
	Gary Dover	Assistant Chief Officer, Primary Care & Early Intervention
	Allison Eccles	Head of Business Development / Standards Officer
	Dr Julia Egan	Chief Nurse
	John Ferguson MBE	Health Care Users Representative
	Jacqueline Kerr	Assistant Chief Officer, Adult Services / Interim Chief Social Work Officer
	Margaret McCarthy	Staff Side Representative (NHS GG&C)
	Susanne Millar	Chief Officer
	Dr John O'Dowd	Clinical Director
	Chris Sermanni	Staff Side Representative (GCC)
	Sharon Wearing	Chief Officer, Finance and Resources
In Attendance:	Julie Kirkland	Senior Officer (Governance Support) - Minutes
	Pat Togher	Assistant Chief Officer, Public Protection & Complex Needs
Apologies:	Anne Marie Monaghan	NHSGG&C Board Member
	David Reilly	Independent Sector Representative
	Jennifer Sheddan	Head of Housing, Neighbourhoods, Regeneration & Sustainability, GCC

Actions

1. Declarations of Interest

Councillor Elaine McDougall declared an interest in Item No 08 - IJB 2023/24 Budget – EQIA Update.

2. Apologies for Absence

Apologies for absence were noted as above.

3. Minutes

The minutes of 22nd March 2023 were approved as an accurate record.

4. Matters Arising

There were no matters arising.

5. Integration Joint Board Rolling Action List

Allison Eccles presented the IJB Rolling Action List advising that there is one open action relating to correspondence from the IJB Chair and Vice Chair:

Ref No 74 - IJB Financial Allocations and Budgets 2023- 2024 – Chair and Vice Chair to write to: (i) Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which will be needed should additional funding not be made available to the IJB and requesting that funding is increased. (ii) The City Treasurer asking that they justify the decision to retain funding which the Council has received for the 2022-23 pay award for Social Work staff, particularly considering the potential consequences for Council not meeting their statutory duties.

Officers confirmed that the correspondence has been issued to the City Treasurer and a copy will be shared with IJB members. The letter to Scottish Ministers is being finalised and will be circulated in due course. Officers

6. Chief Officer Update

Susanne Millar provided the following update.

Delayed Discharges – the current position, as at 09-05-23, is 138 people delayed in hospital. Of those, 43 are Adults with Incapacity (AWI). The biggest issue relates to placing people in care homes and getting the fit between assessment of need and availability of care homes. There has been an increase in referrals and complexity of referrals from Acute colleagues. There were 167 discharges into the community last week. Of those, 138 were discharged with care at home and 29 were discharged into care homes.

Delays remain an area of focus. Out with AWI cases, there are a small number of patients (4-5) who have a complexity of need which requires care of a highly specialist nature. This category accounts for a significant number of bed days lost. The majority of older people are assessed and discharged within a medium of 2 days.

National Care Service (NCS) – The Health, Social Care and Sport Committee Meeting took place on 09-05-23 and discussed the NCS Bill Stage 1 timetable. Maree Todd, Minister for Social Care, Mental Wellbeing and Sport has extended Stage 1 of the NCS draft charter until Autumn 2023 (from June). There is a commitment from the Minister to work with stakeholders and partners before proceeding further to ensure alignment with the Scottish Government. Co-design events will be held over the summer from June to September, including service users, carers, patients, COSLA, HSCPs and IJBs. The Committee are awaiting the revised financial memorandum from the Minister.

COVID-19 Inquiry – The Chief Officer is attending the first COVID-19 inquiry planning meeting this afternoon with other Local Authorities, the Health Board, user and carer reps and the care home sector. It is anticipated that further information and a timetable will be provided at the meeting.

Members asked for more detail on the barriers to getting patients discharged from hospital, particularly those with AWI. Officers confirmed that AWI patients can't be moved legally until powers are established. If patients don't have capacity to consent, they can't be moved without someone having legal powers, which has to be established through a court order. Private applications or local authority applications (acting on a person's behalf) are granted through Glasgow Sheriff Court. Private applications are the preferred option but families often need support if they haven't previously considered taking powers. There are no issues relating to the court processes. A range of work is ongoing and the bed days lost average has been brought down to 92 days which is a significant improvement.

In Glasgow City there are no delays in relation to care at home. Glasgow operates a 4 hour, same day, discharge. The 138 patients discharged into care at home last week were discharged on the same day they were referred to the HSCP. All discharges from hospital leave with a maximum 6-week reablement programme to support independence. Around 30% don't require ongoing care at home following reablement.

GCIJB Chair – Councillor Chris Cunningham updated on discussion at the last NHS GG&C Board Meeting which proposed he assumes the role of IJB Chair sooner than the annual rotation when Simon Carr stands down from the Health Board and therefore the IJB later this year; and that following agreement from the Council, he will hold the Chair of the IJB for 2 years. Allison Eccles, Standards Officer, advised that the term of the IJB Chair is outlined in the Integration Scheme and any changes need to be laid before Parliament. A solution could be provided with Cllr Cunningham chairing the IJB as Vice Chair, until the annual rotation in February 2024. This will be subject to a membership paper at the next IJB.

7. Glasgow City HSCP Domestic Abuse Strategy – Video

Pat Togher presented the Domestic Abuse Strategy video.

The Chair passed on his thanks to the people who participated in, and produced, the video, which Members agreed had a powerful impact.

Clarity was sought on how widely the video has been shared with other stakeholders and agencies, including community organisations. Officers confirmed that the video has been shared extensively and is available on the HSCP website. There are 80 recommendations in the strategy and a number reflect the requirement to engage with local communities in a more proactive way. There is a commitment to working with partner agencies and smaller community based organisations.

With reference to stakeholder engagement, members asked what engagement took place with young people in the development of the strategic plan and if engagement took place with male victims of domestic abuse. Officers confirmed that to address the gap in relation to children and young people, a thematic review is being undertaken, overseen by the quality assurance group for child protection and the findings will be fed into the Strategy. In terms of the broader public consultation, steps were taken to engage as widely as possible. There were 138 responses to the survey and 46% identified as female and 12% as male. Around 40% provided no response to this question.

8. IJB 2023/24 Budget – EQIA Update

Sharon Wearing presented a report to update on the Equality Impact Assessments undertaken in relation to budget savings proposals agreed in principle at the IJB in March, and to seek approval to implement the relevant savings.

Officers provided background for new members on the challenging decision at the last IJB on the savings options which were required to allow the IJB to set a balanced budget. The proposals were subject to discussion at an IJB Development Session in advance of the budget being presented to the March IJB. Only a partial element is being presented today in relation to the outstanding EQIAs.

Clarity was sought on what liaison took place with colleagues in Acute in relation to the savings agreed. Officers confirmed that meetings took place with the Director of Finance in NHS GG&C on the budget proposals as they were developed. The Chief Officer also ensured the Chief Operating Officer for Acute, the Nurse Director and the Chief Executive remained briefed.

Members questioned if a response had been received from the City Treasurer and what else can be done to apply pressure regarding IJB funding. The Chair confirmed that a meeting has been requested with the City Treasurer and the information presented in today's report will be presented at that meeting.

The Health Care User representative questioned what communication has taken place with those service users affected by the budget savings. Officers confirmed that engagement has taken place with service users and families and there has not been any significant concerns expressed. In some cases, support

packages have been managed differently. The feedback from service users and carers has been that they appreciate the time spent with them in managing their individual circumstances.

Discussion took place on the role of the Board in ensuring the profile is maintained in relation to funding for the IJB. Members questioned if population or need is taken into account when funding is allocated. Officers confirmed that it is based on weighted distribution (Grant Aided Expenditure) and doesn't fully take account of issues in Glasgow of poverty and deprivation.

Following discussion, it was agreed that time would be allocated at the next IJB Development Session to look at forward financial planning and reframing of the Strategic Plan.

The Integration Joint Board:

a) Noted the position in relation to EQIAs; and
b) Approved the implementation of the savings included within the report noting that equality impacts will continue to be monitored and reviewed in line with usual processes.

9. Interim National Care Home Contract Increase 2023/24

Sharon Wearing presented a report to update on an interim increase to the National Care Home Contract (NCHC) fee rates for 2023/24 and the proposed increases on our other commissioned services. The report seeks approval for the payment of the interim rates and instruct Glasgow City Council to vary the National Care Home contracts with providers to reflect the interim agreement.

The Integration Joint Board:

a) Noted the increased interim rates from 10 April 2023 as outlined in Appendix 1 of the report;
b) Agreed to apply the interim NCHC uplift to commissioned services attached in Appendix 1;
c) Instructed the council to vary the contracts with providers in line with the conditions at 4.3; and
d) Noted that a further update may be required once a final agreement is reached on a 2023/24 settlement.

10. Rapid Rehousing Transition Plan Service Developments 2023/24

Pat Togher presented a report to update on the activity within Homelessness Services to progress the delivery of the Rapid Rehousing Transition Plan (RRTP). The report also updates on and seeks approval for the proposals for the final phase 5 (Year 5) spend aligned to the RRTP 2019/20- 2023/24.

Clarity was sought on whether rough sleeping numbers are likely to increase given the pressures and challenges in moving people through the homeless system. Officers confirmed they are in the process of drafting a protocol on

managing risk and how priority of need will be considered in a population of complex needs to mitigate against rough sleeping, but it not without risk.

The Trade Union representative (GCC) raised concerns about pressure on staff and increased workload as more people come into the system, with less people moving on, however acknowledged there are external factors out with the control of the HCSP. Officers agreed to discuss further out with the meeting including how to support managers with messaging to front line practitioners, service users and staff.

Members questioned the two year extension of the RRTP delivery period and whether this would result in a £1m deficit being rolled over. Officers confirmed that an overspend will not be carried into the next financial year. The Scottish Government RRTP Grant for 2023/24 is £1.237m. Spend of £2.283m is projected for 2023/24, which will be met from balances in reserves. If funding does not continue, an exit strategy will be implemented to reduce annual investment plans by £1.237m to stay within the financial envelope available from 2024/25.

The constraints impacting on the RSL sector in terms of providing settled lets was highlighted and Members questioned if it is a supply or demand issue that is causing the challenges in homelessness at the moment. Officers advised that it is an increase in homeless presentations, compounded with reduction in supply. This is an ongoing issue and RSLs have committed 60% of stock for homelessness, however, there has been less movement of people during the pandemic so less freeing up of properties. Private rented sector properties have also reduced.

Members questioned if there are opportunities as an IJB to indicate support to the Scottish Government for any efforts to bring properties that owners allow to fall into disrepair and/or leave unoccupied or unused for years into useful habitation. Officers confirmed they are working with colleagues in the Council in relation to the Empty Homes Initiative. The Head of Housing is a member of the IJB but is not present today. There is support for that work within the HSCP and IJB however it is led elsewhere locally in Glasgow and nationally. HSCP officers are engaged in work with the Council's Chief Executive, COSLA, Solace and the Scottish Government. Discussions are at an early stage and an update will be brought to the IJB by the Head of Housing when it is suitable to do so.

The Chair suggested that this is picked up within the Housing Contribution Statement which will be presented to a future IJB.

Further detail was sought by Members on how many void properties are held by RSLs and whether it can be stipulated that acquisition flats given to RSLs be used for homelessness. Officers confirmed they receive letting activity from RSLs broken down individually but it does not provide detail regarding the number of voids. Questions relating to acquisition arrangements would need to be directed to NRS in the Council.

Members highlighted the number of households currently accommodated in bed and breakfast type accommodation, of which 504 households are breaching the unsuitable accommodation order and questioned if the Scottish Housing Regulator have expressed concern over this. Officers confirmed they are in regular dialogue with the Regulator and there has been no escalation. Assurance has been given to the Regulator in relation to RRTP and the Temporary Accommodation Strategy and moving people on as quickly as possible.

Councillor Casey provided an update on previous correspondence and discussions that have taken place with the Scottish Government and confirmed that he has an introductory meeting today with the new Housing Minister. Funding mechanisms for RRTP and workload of staff will be part of that conversation. Members to contact Cllr Casey direct with any issues that they would like him to raise and he will update the IJB in due course.

Discussion took place on the unique position in Glasgow as a stock transfer authority. The Chief Officer highlighted the good partnership working with RSLs in the city and the confirmed that the specific circumstances within Glasgow are raised with national groups to highlight that demand looks different from elsewhere.

The Integration Joint Board:

a) Noted the contents of the report, with particular reference to GCHSCP Homelessness Service response to the public health emergency and the impact on RRTP objectives and initial target setting;
b) Approved the RRTP financial commitments set out within the report;
c) Requested a further report outlining revised targets and objectives for RRTP and update in response to Scottish Government funding arrangements;
d) Approved the extension of the RRTP delivery period of an additional two years to March 2026, with delivery managed within the funding envelope available; and
e) Approved the implementation of an exit strategy for the annual investment of £1.237m funded by Scottish Government RRTP funding if the Scottish Government Budget in December 2023 does not confirm this will continue in 2024/25.

11. Glasgow City IJB Membership Update

Allison Eccles presented a report to update on a number of appointments to Glasgow City IJB and seek approval of the appointment of a Third Sector representative on the IJB. The report seeks approval of appointment of an NHS Non-Executive to Finance, Audit and Scrutiny Committee.

The Integration Joint Board:

a) Noted the appointments outlined at paragraph 3.1 and 3.2;

b) Approved the appointments of Third Sector representatives to Glasgow City IJB as outlined at paragraph 4.2; and
c) Approved the appointment to the IJB Finance, Audit and Scrutiny Committee at paragraph 5.2.

12. Glasgow City IJB Membership – Carers Representative

Allison Eccles presented a report to update on the recruitment of an IJB member to represent carers (citizens of Glasgow who have a caring role for a family member or loved one). The report advises of a recommendation and direction on next steps.

Members were satisfied that a short-term solution had been found and acknowledged that capacity is restricted for people who are carers. The option of having the Carers Champion as a paid opportunity in the Council was questioned and Officers confirmed that the Officer who would take up the role on the IJB would work with the Council and Carers Reference Group as part of their remit to look at ways of moving forward in relation to the Carers Champion.

The Integration Joint Board:

a) Noted the contents of the paper for representation of carers interests on the IJB; and
b) Approved the appointment of the Principal Officer Carers Lead as a stakeholder representative on the IJB to represent the interests of carers.

13. IJB Finance, Audit and Scrutiny Committee – Presentation Summary (2022/23)

Allison Eccles presented a report to provide a summary of the performance presentations and related discussions at the IJB Finance, Audit and Scrutiny Committee (FASC) meetings during 2022/23.

The Chief Officer outlined the intention to provide this report on an annual basis to the IJB to offer reassurance on the ongoing scrutiny that takes place at FASC.

The Integration Joint Board:

a) Noted the attached summary of the Performance Presentations made to the Finance, Audit and Scrutiny Committee during 2022/23.

14. IJB Committees – Update from the Finance, Audit and Scrutiny Committee (meeting of 19 April 2023)

Cllr Cecilia O'Lone provided an update from the IJB Finance, Audit and Scrutiny Committee (FASC) on Wednesday 19th April 2023.

Internal Audit presented an Assurance Report on Compliance with HR Policies and Procedures and also the Audit Plan for 2023/24.

A performance update was presented from Stephen Fitzpatrick and Frances McMeeking which covered Older People, Carers and Unscheduled Care.

A presentation was also delivered on prescribing which summarised the prescribing budget pressures and influencing factors.

The Committee received a report on Care Inspectorate activity in relation to two Children's Houses (Norse Road and Kempsthorn) and they were reassured on the actions taken and workplans in place.

Also presented was the Health and Safety Annual Report and an update on the new CIPFA Financial Management Code.

Cllr O'Lone reminded Members that papers are available on-line to view.

15. Glasgow City IJB – Future Agenda Items

Allison Eccles presented agenda items for future meetings of the IJB for information.

16. Next Meeting

The next meeting will be held at 9.30am on Wednesday 28th June 2023 via Microsoft Teams.

Item No 5

GLASGOW CITY INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Ref No.	Meeting Date and Paper Number	Action	Responsible Officer	Timescale	Progress / Update / Outcome	Status
74	22 March 2023, item 7	**IJB Financial Allocations and Budgets 2023-2024 -** Chair and Vice Chair to write to: (i) Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which will be needed should additional funding not be made available to the IJB, and requesting that funding is increased. (ii) The City Treasurer asking that they justify the decision to retain funding which the Council has received for the 2022-23 pay award for Social Work staff, particularly considering the potential consequences for Council not meeting their statutory duties.	Chair/Vice Chair	May-23	(i) Letter sent to Scottish Government Ministers 16-05-23 (ii) Letter sent to City Treasuer 03-05-23	Closed

Item No: 7

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Sharon Wearing, Chief Officer, Finance and Resources**

Contact: **Sharon Wearing**

Phone: **0141 287 8838**

Outturn Report 2022/23

Purpose of Report:	To provide a high level overview of the Integration Joint Board's draft outturn position for 2022/23, and to seek approval for the transfer of funds to reserves to allow completion of the Integration Joint Board's accounts by the statutory deadline of 30 September 2023.

Background/Engagement:	The financial position of the Glasgow City Integration Joint Board is monitored on an ongoing basis throughout the financial year and reported to the Board or Finance, Audit and Scrutiny Committee.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report;

	b) approve the transfer of £5.100m from general reserves to meet the operational overspend for consideration by the IJB; c) approve the transfer of £12.912m to earmarked reserves as outlined in paragraph 5.3 for consideration by the IJB; and d) approve the redistribution of reserves as outlined in paragraph 5.5 for consideration by the IJB.

Relevance to Integration Joint Board Strategic Plan:

It is important for the long term financial stability of both the Integration Joint Board and of the parent bodies that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	None.
Personnel:	None.
Carers:	None.
Provider Organisations:	None.
Equalities:	None.
Fairer Scotland Compliance:	None.
Financial:	In accordance with the Integration Joint Board's Reserves Policy, approved in December 2016, it is recommended that the IJB holds sufficient funds in reserve to manage unanticipated pressures from year to year. Reserves must be reviewed on an annual basis to support budget planning and delivery of the service plan strategy. The IJB Reserve Policy recommends holding general reserves which equates to 2% of net expenditure. The Medium Term Financial Outlook also recommends a target of 2% to be achieved over the medium term.
Legal:	None.
Economic Impact:	None.
Sustainability:	Holding General Reserves significantly below the 2% target level represents a significant risk to the IJB. Reserves is a key component of the IJB's funding

	strategy. General Reserves are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. It is also important for the long-term financial stability and the sustainability of the IJB that sufficient General Reserves are held in reserve to manage unanticipated pressures from year to year. This report recommends the re-distribution of earmarked reserves to General Reserves to increase the provision available to support the IJB over the medium term.

Sustainable Procurement and Article 19:	None.

Risk Implications:	It is important that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. Holding General Reserves significantly below the 2% target level represents a significant risk to the IJB. However, it is recognised that this will not always be possible to secure and is subject to the financial position of the IJB each year. The IJB will continue to work towards the target of 2% where this can be delivered within the financial position.

Implications for Glasgow City Council:	None.

Implications for NHS Greater Glasgow & Clyde:	None.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☒
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. To provide a high level overview of Glasgow City Integration Joint Board's (IJB) draft outturn position for 2022/23, and to seek approval for the transfer of funds to reserves to allow completion of the IJB's accounts by the statutory deadline of 30 September 2023.

1.2. The Annual Accounts provide an overview of financial performance in 2022/23 for the IJB. This report was considered by the IJB Finance, Audit and Scrutiny Committee on 14th June 2023.

2. Background

2.1. The 2023/24 budget was approved by the IJB on 22 March 2023. In order to monitor financial performance accurately, budgets have been updated each period to reflect new monies, operational changes and any additional approvals. There have also been adjustments to income and expenditure budgets, and budget realignments between and within care groups, to reflect service reconfigurations.

2.2. The significant budget changes since Month 9/Period 10 are as follows:

Explanation	Changes to Expenditure Budget	Changes to Income Budget	Net Expenditure Budget Change
Pay Award Funding 22/23 - Health Services	£12,940,924	£0	£12,940,924
Primary Care Improvement Fund - Tranche 2	£6,095,913	£0	£6,095,913
General Medical Services (GMS) Recurring Funding Uplift	£5,248,959	£0	£5,248,959
Multi Disciplinary Teams Funding	£4,428,000	£0	£4,428,000
Funding Bands 2-4 Additional Staff	£3,581,580	£0	£3,581,580
Non-Cash Limited Funding	£3,014,140	£280,100	£3,294,240
Action 15 Mental Health Funding	£3,003,625	£0	£3,003,625
School Nursing Development Funding	£1,242,000	£0	£1,242,000
GP Sustainability Payment	£1,234,714	£0	£1,234,714
District Nurse Funding	£1,166,968	£0	£1,166,968
Alcohol Drugs Programme - Tranche 2	£665,600	£0	£665,600
General Medical Services (GMS) 17c uplift recurring	£587,387	£0	£587,387
Community Perinatal funding	£454,763	£0	£454,763
Mental Health SLA income uplift to 6.7%	£453,570	(£453,570)	£0
Mental Health After Covid Hospitalisation Funding	£410,517	£0	£410,517
Dementia Post Diagnostic Support	£314,712	£0	£314,712
Hospital at Home Funding	£279,000	£0	£279,000
Ukraine funding	£270,197	(£270,197)	£0
Secondments & other external income	£257,878	(£257,878)	£0
Care Homes Oversight Funding	£255,474	£0	£255,474
Learning Disability Physical Health Check Funding	£239,780	£0	£239,780

Explanation	Changes to Expenditure Budget	Changes to Income Budget	Net Expenditure Budget Change
Psychological Support Anchor Service	£200,000	£0	£200,000
NHS Education for Scotland Income: Trainee Psychology program	£197,247	(£197,247)	£0
NHS Education for Scotland Income: Trainee Doctors Program	£177,000	(£177,000)	£0
Specialist Children Services Funding Uplift	£111,828	(£111,828)	£0
Distinction Award Funding	£101,919	£0	£101,919
Revenue to Capital Budget Transfer	(£167,780)	£0	(£167,780)
Contribution to Global Sum	(£573,119)	£0	(£573,119)
MH Outcomes Framework Specialist Children's Services	(£746,334)	£0	(£746,334)
HSCP Non Cash Limited final adjustments	(£3,156,735)	£191,547	(£2,965,188)
Transfer Capital Funding To Health Board	(£6,337,836)	£0	(£6,337,836)
Return of COVID funding	(£44,861,000)	£0	(£44,861,000)
Grossing Up - Social Work Client Budgets	£25,078,336	(£25,078,336)	£0
Insurance Budget Increase	£241,622	£0	£241,622
Scottish Government Mental Health Income	£433,406	(£433,406)	£0
Property Management Charges Glasgow City Council	£1,149,949	£0	£1,149,949
Transfer Capital Funding to Council	(£566,529)	£0	(£566,529)
Adult Disability Funding	£535,000	£0	£535,000
Other Miscellaneous Adjustments	£751,628	(£245,270)	£506,358
Total	**£18,714,304**	**-£26,753,085**	**-£8,038,782**

2.3. IJBs and Health Boards are required to agree a figure for the sum set aside to be included in their respective 2022/23 annual accounts. Similar to last year the set aside figures will be based on actual expenditure. The set aside figure for 2022/23 has been confirmed as £240.703m.

3. Reserves Policy

3.1 At its meeting of 9 December 2016, the IJB approved the Reserves Policy, which recommended creation of reserves of up to 2% of net expenditure.

3.2 Reserves is a key component of the IJB's funding strategy. The IJB held reserves of £175.372m at 31st March 2022, of which £146.791m was earmarked to support the delivery of projects which span financial years and

is required to enable the IJB to deliver on national outcomes. The remaining balance of £28.581m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equated to 1.95% of the IJB's net expenditure in 2021/22.

3.3 Based on 2022/23 net expenditure (excluding COVID expenditure) the target of 2% would represent a target general reserve of £31.9m. This amount refers to general reserves only and excludes any earmarked reserves which are held for specific purposes.

3.4 It is important for the long-term financial stability and the sustainability of the IJB that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. Similarly, it is also important that in-year funding available for specific projects and government priorities are earmarked and carried forward into the following financial year, either in whole or in part, to allow for the spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes.

4. Outturn Position

4.1 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.

4.2 The IJB closed with an operational overspend of £5.1m and is shown in the table below.

	Note	£ millions
Operational Service Delivery - Pressures/Investments		
Shortfall in funding provided to meet the Council pay settlement for 2022-23	1	9.9
Increased demand for Homelessness Services	2	3.7
Personalisation and Direct Assistance in Children and Families	3	3.6
£400 Winter payments to families across the City	4	2.3
Increase in transport costs due to fuel prices and age of fleet	5	1.4
One-off Investment in Infrastructure Costs	6	1.5
Increase in demand and price of incontinence products	7	0.9
Non delivery of savings	8	0.5
Increase in prescribing costs and volumes	9	6.5
Total Pressures/Investments in Operational Service Delivery		**30.3**

Operational Service Delivery - Underspends		
Underspend as a result of vacancies and staff turnover	10	-16.0
Underspend as a result of additional income recoveries	11	-6.3
Underspend as a result of reduction to employer national insurance rates	12	-1.5
Underspend in implementation of the Carers Act investment	13	-1.2
Underspend in purchased care home places	14	-0.2
Total Underspends in Operational Service Delivery		**-25.2**
Net Overspend in Operational Service Delivery		**5.1**

Notes

Impact on Operational Service Delivery

1. The Local Government Pay Settlement agreed for Council employees was much higher than our planning assumptions and represents an additional cost to the IJB of £9.9m. The Scottish Government has provided £140m of additional funding to Local Government nationally to assist in the meeting these costs. This funded was intended to support all staff directly employed by local government, including those currently delegated to Integration Joint Boards (IJBs). Glasgow City Council received a share of this funding and did not pass any of this funding on to the IJB, which has resulted in a cost pressure of £9.9m.

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. The HSCP will continue to work with RSL's to secure the provision of accommodation, however at this stage demand is outstripping local supply requiring us to seek more expensive alternatives in the short term. Actions are being taken to reduce spend in this service area however the scale of the challenge means that this will take time to implement. This service has benefited from COVID funding in 2022-23. This is the last year that this funding will be available.

3. This overspend is reflective of an increase in the number of service users accessing self directed support. The increase in direct assistance is due to an increase in section 22 payments linked to the cost of living crisis and an increase in Section 29 payments linked to accommodation costs for care leavers including student accommodation.

4. The current cost of living crisis continues to have a detrimental impact on the City and especially the children and families who are supported by our services. In recognition of the current cost of living crisis the IJB agreed to replicate the winter payment of £400 to looked after children

and people in continuing care/aftercare and children on the child protection register and other vulnerable children. This benefited 6,500 children.

5. Increases in transport costs have been experienced linked to fuel increases and increases in vehicle hire and taxi charges and repairs due to ageing fleets.

6. One-off investment in infrastructure to support service delivery.

7. This overspend reflects both an increase in demand for these services as well as an increase in the price for these products. This service has been experiencing an increase in the cost of these products following the exit of the UK from the EU. The additional costs of supply as a result of BREXIT has been passed on from suppliers to ourselves as purchasers.

8. These are occurring mainly within the programmes for Transport Review and Linguistics. Plans are being progressed to implement.

9. Prescribing has experienced high levels of volatility in 2022-23. Volumes have increased by 2.3% on previous years. Pricing has also been significantly impacted by global prices in this sector which has seen a 10.2% increase in prices for the IJB in 2022-23. The IJB had an earmarked reserve which helped to manage these fluctuations however the level of volatility has exceeded this reserve.

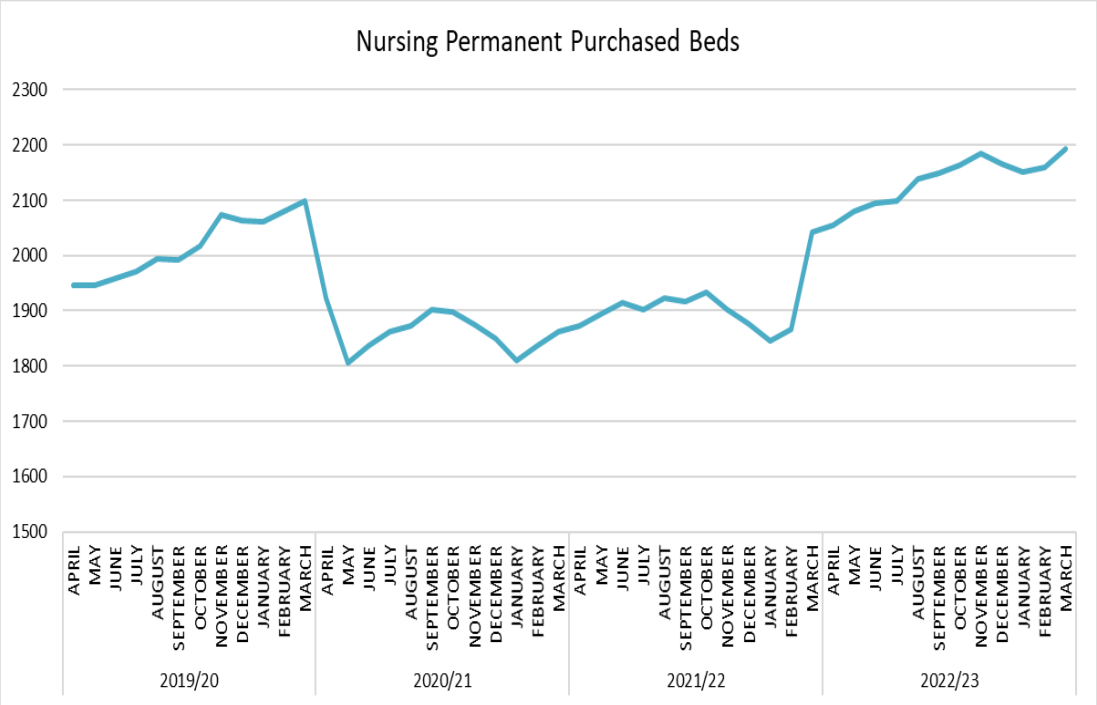
10. Staffing pressures continue to be experienced across all services due to high turnover levels, high sickness levels and challenges in recruitment. This is not unique to Glasgow and is being experienced UK wide. These challenges are not new to the IJB however the scale of them is increasing with the underspend 1.9 times higher than the level experienced in 2021/22. 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, align recruitment timescales with the availability of newly qualified professionals, undertake targeted recruitment and training strategies to develop existing and new staff to meet the skills requirements of our services.

11. Additional income has been recovered mainly from three sources, firstly through recovery of financially assessed client contributions which generated an additional £1.5m, secondly from £2m recoveries of Direct Payments and lastly £2.8m from additional income linked to Unaccompanied Asylum Seeking Children based on cases accepted to date by the Home Office.

12. The UK Government has reversed the 1.25% increase to National Insurance effective from the 6 November.

13. The ability to fully implement the additional work planned for 22/23 in support of the Carers Act has been impacted by the ability of providers to commence service delivery mainly as a result of challenges in terms of staff recruitment. There has also been delays in start dates for programmes which has resulted in part-year underspends.

14. Older People Purchased Care Homes is showing a small underspend. This is reflective of demand in respite and residential which is still recovering from the impact of COVID. It should be noted however that demand for nursing homes is on the increase and is at a level higher than those seen pre-covid. The majority of this increase has been seen in the last six months of the year and therefore this has only had a partial impact on spend in 2022-23. The full year impact of this increase will be seen in 2023-24.



4.3 In addition to this there are local and national priorities which will not complete until future years (£12.9m). These include funding for expenditure linked to local investment priorities which will not complete until 2022/23 and national priorities funded by Scottish Government such as Mental Health, Dementia and Gender Identity Services. This relates to ring-fenced funding which has been received or allocated to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding.

5. Reserves Position

5.1 Each year an element of expenditure is planned to be met from earmarked reserves and is funded from the balances we hold in reserves. In 2022/23 £100.8m of earmarked reserves have been drawn down to meet this

expenditure. This includes the return of £48.7m COVID funding which was not required to Scottish Government.

5.2 In closing the accounts, the IJB is required to decide how it wishes to treat the overspend within the accounts. It is recommended that this is funded from General Reserves and is consistent with the assumptions which were made when the 2023/24 IJB budget was approved in March.

5.3 This report also recommends the earmarking of £12.9m referred to in section 4.3 to enable these local and national priorities to be delivered in future financial years. The full detail is shown in the table below.

Local and National Priorities Which Will Not Be Completed Until Future Years	**£000's**
Scottish Government: National Trauma Training	50
Scottish Government: Winter Planning Funding	1,955
Scottish Government: Gender Funding	496
Scottish Government: Mental Health Support After COVID Hospitalisation	410
Scottish Government: Lilias Custody Unit	130
Scottish Government: STI Testing	35
Scottish Government: Human Trafficking	22
Scottish Government: Naloxone for Police Scotland	35
Scottish Government: Associate Cost of Teaching Session	23
Scottish Government: Learning Disability Annual Health Checks	240
Scottish Government: Long COVID	414
Scottish Government: Mental Health in Children and Families	405
Scottish Government: Family Nurse Partnership	410
Scottish Government: Shields Centre Cabin	60
Scottish Government: Dementia Post Diagnostic Support	314
Scottish Government: Child Healthy Weight	144
Other Funding: CORRA Funding Martha Mammies	57
Other Funding: Health and Social Care Scotland	83
Other Funding: Home Office Funding - Asylum Seekers	1,851
Other Funding: Board Partnership Projects – Health Improvement	64
Other Funding: NES Clinical Psychology Education Infrastructure	306
Other Funding: Inspiring Scotland Sexual Health Services My Body Back	13
Other Funding: Homeless Alliance	592
Investment in Infrastructure: Property and Infrastructure	2,435
Investment in Infrastructure: Primary Care	1,200
Investment in Service: Housing First for Youth	500
Investment in Service: Public Protection and Learning Disability Posts to Support Service Development	363
Investment in Service: AWI Legal Costs	100

Investment in Service: Care Services Uniforms	205
Total Earmarking for Specific Purposes	12,912

5.4 It was agreed, when the budget was approved in March, that a full review of reserves would be undertaken to determine if any can be re-allocated to General Reserves to increase the provision available to support the IJB over the medium term.

5.5 This review has concluded and it is proposed to re-classify £3.449m as there are no longer commitments or planned expenditure as due as liable. This will be used to increase the level of general reserves available to support the IJB over the medium term. These are detailed in the table below.

Earmarked Reserve	**£000's**
Maximising Independence	2,000
Wellbeing Funding	369
Assisted Living Waiting List	325
Mental Health Officer Capacity	313
Primary Medical Services Support	178
Hospice Transition Funding	137
CAMHS Waiting List	61
Support Practice Learning	36
Analogue to Digital Staffing Support	30
Total	**3,449**

5.6 If approved this will result in a general reserve of £26.930m, which is 1.69% of net expenditure and is below the target set of 2%, and earmarked reserves of £55.482m. In March the IJB committed to using £17.2m of general reserves if required as part of the budget strategy for 2023-24. If this is required this would result in an estimated closing balance of £9.7m in 2024 which would equate to 0.6%.

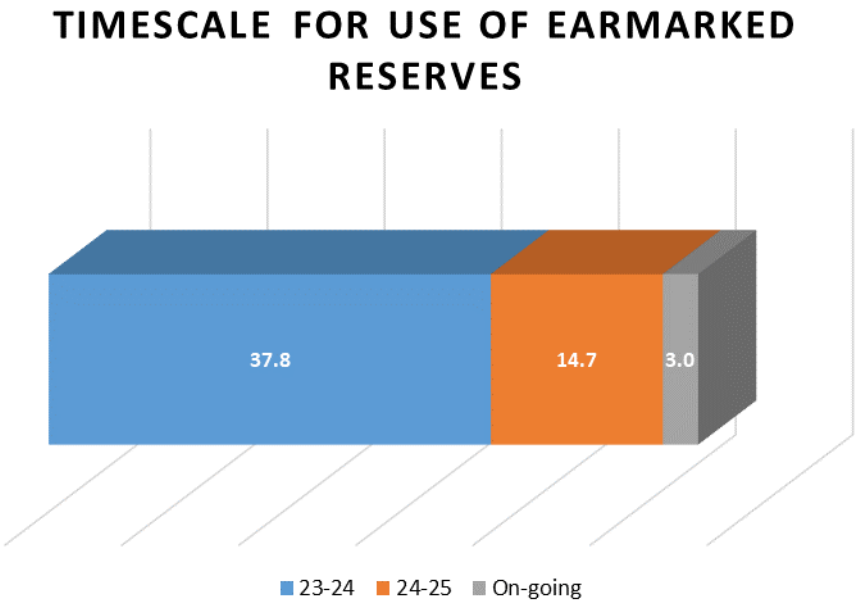
Balance at 31 March 2022 £000		Transfers Out £000	Transfers In £000	Redistribution of Reserves £000	Balance at 31 March 2023 £000
146,791	Earmarked	(100,772)	12,912	(3,449)	**55,482**
28,581	Contingency	(5,100)	-	3,449	**26,930**
175,372	**General Fund**	(105,872)	12,912	-	**82,412**

5.7 The IJB aims to hold uncommitted reserves equating to 2% of net expenditure, however it is recognised that this will not always be possible to secure and is subject to the financial position of the IJB each year. Holding

general reserves is recognised as best practice and provides the IJB with the financial capacity to manage financial risks from year to year.

5.8 The IJB needs to have a transparent and prudent reserves policy. This policy is required to ensure that reserves are identified for a purpose and held against planned expenditure or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Reserves of IJB's should not be built up unnecessarily. Glasgow City IJB's current reserve policy complies with all of these requirements.

5.9 The graph below illustrates the expected timescale for the use of earmarked reserves with £37.8m (68%) expected to be drawn down in 2023-24. £14.7m (26%) will be drawn down in 2024-25. The remaining £3m (6%) are for projects which will span more than one financial year and there is no definitive end date, however monies will begin to be drawn down in 2023-24.



6. Risks and Budget Pressures

6.1 As described at section 3, it is important that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. The Medium Term Financial Outlook considered a number of areas of risk and the potential financial implications for the IJB.

6.2 The 2023/24 budget strategy has identified risks of £17.2m which will require to be funded from general reserves, if assumptions hold. This would result in an estimated closing balance of £9.7m in 2024 which would equate to 0.6%. The 2023/24 budget makes a number of assumptions in relation to pressures and if these deviate from these assumptions then further use of general reserves may be required to mitigate the risks.

6.3 All of these risks require the IJB to hold a contingency which is sufficient to enable the IJB to respond and also continue to remain financially viable. As result, this report recommends the holding of 1.69% in general reserves, whilst we continue to work towards the target set of 2%.

7. Recommendations

7.1. The Integration Joint Board is asked to:

a) note the contents of this report;
b) approve the transfer of £5.100m from general reserves to meet the operational overspend for consideration by the IJB;
c) approve the transfer of £12.912m to earmarked reserves as outlined in paragraph 5.3 for consideration by the IJB; and
d) approve the redistribution of reserves as outlined in paragraph 5.5 for consideration by the IJB.

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	280623-7
2	**Report Title**	Outturn Report 2022-23
3	**Date direction issued by Integration Joint Board**	28 June 2023
4	**Date from which direction takes effect**	28 June 2023
5	**Direction to:**	Glasgow City Council only
6	**Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)**	No
7	**Functions covered by direction**	All functions delegated to the IJB from Glasgow City Council and NHS Greater Glasgow and Clyde.
8	**Full text of direction**	Glasgow City Council is directed to carry forward reserves totaling £12.912m on behalf of the IJB as outlines in section 5 of the report.
9	**Budget allocated by Integration Joint Board to carry out direction**	£12.912m in reserves carried forward
10	**Performance monitoring arrangements**	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	**Date direction will be reviewed**	June 2024

Item No: 8

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Sharon Wearing, Chief Officer, Finance and Resources**

Contact: **Sharon Wearing**

Phone: **0141 287 8838**

Unaudited Annual Accounts

Purpose of Report:	To present to the IJB the Unaudited Annual Accounts for the year ended 31 March 2023.

Background/Engagement:	The IJB prepares its Accounts on an annual basis to 31 March and is required, by the Local Authority Accounts (Scotland) Regulations 2014, to submit their Accounts to the appointed auditor by 30 June.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) note the IJB's Unaudited Annual Accounts; b) approve the submission of the Unaudited Annual Accounts to the external auditor; and c) note the timetable for the sign-off the Annual Accounts in Appendix 1.

Relevance to Integration Joint Board Strategic Plan:

The annual accounts identify the financial performance of the IJB. This includes the level of usable funds which are being held in reserve to manage unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver the Strategic Plan.

Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	None.
Personnel:	None.
Carers:	None.
Provider Organisations:	None.
Equalities:	None.
Fairer Scotland Compliance:	None.
Financial:	These are the Unaudited Annual Accounts of the IJB for 2022/23.
Legal:	None.
Economic Impact:	None.
Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	The Annual Accounts identify the usable funds held in reserve to manage unanticipated pressures from year to year.
Implications for Glasgow City Council:	None.
Implications for NHS Greater Glasgow & Clyde:	None.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. The IJB prepares its Accounts on an annual basis to 31 March and is required, by the Local Authority Accounts (Scotland) Regulations 2014, to submit these Accounts to the appointed auditor by 30 June of each year.

1.2. The 2022/23 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information.

1.3. The Annual Accounts provide an overview of financial performance in 2022/23 for the IJB. These accounts were considered by IJB Finance, Audit and Scrutiny Committee on 14 June 2023 and approved for remit to the IJB for approval prior to submission to the external auditor.

2. Financial Governance and Internal Control

2.1. The regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit includes audit and governance following an assessment of both the effectiveness of the internal audit function and the internal control procedures of the IJB.

2.2. The IJB Finance, Audit and Scrutiny Committee will consider the performance of internal audit and internal control procedures together with the Annual Governance Statement prior to inclusion in the unaudited annual accounts.

2.3. In order to comply with these regulations it is proposed that, in addition to consideration by the IJB Finance, Audit and Scrutiny Committee, the Annual Governance Statement and associated reports be referred to the IJB for approval prior to inclusion in the IJB's unaudited annual accounts.

3. Unaudited Accounts

3.1 The regulations require that the unaudited accounts are submitted to the auditor no later than the 30 June immediately following the financial year to which they relate.

3.2 The IJB or committee whose remit includes audit and governance must meet to consider the unaudited annual accounts as submitted to the external auditor no later than 31 August immediately following the financial year to which the annual accounts relate.

3.3 Scottish Government guidance states that best practice would reflect that the IJB or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.

3.4 In line with best practice it is proposed the unaudited accounts be considered by the IJB Finance, Audit and Scrutiny Committee prior to submission to the external auditor by 30 June each year.

4. Right to Inspect and Object to Accounts

4.1 Regulation 9 of the Local Authority Accounts (Scotland) Regulations 2014 provides the right to inspect and object to the accounts. The inspection period will commence no later than 1 July in the year the notice is published.

5. Approval of Audited Accounts

5.1 The regulations require that the audited annual accounts should be considered and approved by the IJB or a committee of the IJB whose remit includes audit and governance having regard to any report made on the audited annual accounts by the proper officer or external auditor by the 30 September immediately following the financial year to which the accounts relate. In addition, any further report by the external auditor on the audited annual accounts should also be considered by the IJB or committee of the IJB whose remit includes audit and governance.

5.2 The IJB Finance, Audit and Scrutiny Committee would normally consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the IJB for approval and referred to the IJB Finance, Audit and Scrutiny Committee for monitoring of the action plan.

5.3 In order to comply with the regulations, the ISA260 and Board Members Report, together with a copy of the audited annual accounts, would be considered by the IJB Finance, Audit and Scrutiny Committee and thereafter referred to the IJB for approval prior to the end of 30 September in the year immediately following the financial year to which they relate.

5.4 The sequence of events to approve the IJB's annual accounts is given in Appendix 1.

6. Publication of Audited Accounts

6.1 The regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years together with any further reports provided by the external auditor that relate to the audited accounts.

6.2 The annual accounts of the IJB must be published by 31 October.

7. Key Documents

7.1 The regulations require a number of key documents to be signed by the Chair of the IJB, the Chief Officer and the Proper Officer. These are detailed in Appendix 2.

8. Recommendations

8.1. The Integration Joint Board is asked to:

a) note the IJB's Unaudited Annual Accounts;
b) approve the submission of the Unaudited Annual Accounts to the external auditor; and
c) note the timetable for the sign-off the Annual Accounts in Appendix 1.

Appendix 1

Approval Process and Timetable

The proposed sequence of events for the sign-off of the IJB's Annual Accounts for the year ended 31 March 2023 is as follows:

IJB at its meeting on 28 June 2023

- Consider the performance of the Internal Audit function, internal control procedures and the Annual Governance statement for inclusion within the unaudited annual accounts
- Consider the unaudited annual accounts themselves
- Approve Annual Governance statement and associated reports for inclusion in the statutory accounts
- Approve the submission of the unaudited annual accounts to external auditors

IJB at its meeting on 27 September 2023

- Consider the Report of the External Auditors, the Board Members' Report and the audited annual accounts

- Approve the audited annual accounts

Appendix 2

Documents within Annual Accounts for Signing

Section	Signatory
Management Commentary	Chair of the IJB Chief Officer Chief Officer, Finance & Resources
Statement of Responsibilities	Chair of the IJB Chief Officer, Finance & Resources
Remuneration Report	Chair of the IJB Chief Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Balance Sheet	Chief Officer, Finance & Resources

ANNUAL ACCOUNTS

For the Year Ended 31 March 2023



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Introduction

This publication contains the financial statements of Glasgow City Integration Joint Board ('the IJB') for the year ended 31 March 2023. The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year and how this has supported delivery of the IJB's priorities. This commentary also looks forward, outlining the IJB's future financial plans and the challenges and risks which we will face as we strive to meet the needs of the people of Glasgow.



Management Commentary



The Role and Remit of the IJB

Glasgow City Integration Joint Board (IJB) is a joint venture between NHS Greater Glasgow and Clyde and Glasgow City Council. The purpose of the IJB is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The IJB is the decision-making body that regularly meets to discuss, plan and decide how health and social care services are delivered in the city of Glasgow in line with its Strategic Plan. It then directs Glasgow City Council and NHS Greater Glasgow and Clyde to work together in partnership to deliver services based on the decisions made by the IJB, and this is being done under the banner of the 'Glasgow Health and Social Care Partnership'.

The functions delegated to the IJB are detailed in the **Integration Scheme**, and in summary, include all community health and social care services provided to children, adults and older people, homelessness services, criminal justice and a number of housing functions.

The challenges faced in Glasgow City as a result of poverty, deprivation, ill health and inequality are well documented. The IJB understands that there are a whole range of factors that influence people's health and social care needs. Meeting those needs means considering all these factors and working with our partners to reduce their impact.

A full profile of the city is set out in the Strategic Plan. Population, health and deprivation impact on demand that is experienced in all of our services and can often result in higher support levels than experienced in other parts of Scotland. Some of the **key characteristics** are shown in the next page.

Glasgow City Population

635,640

(2020 National Records of Scotland which is 11.6%)

Comprises of:

111,512 (17.5%) children aged 0-17

438,505 (69.0%) adults aged 18-64

85,623 (13.5%) older people aged 65 and over

The overall population of Glasgow is expected to grow by 4.3% between 2022 and 2043. By age group, the 0-17 years population is forecast to decrease by 6.8%; the 18-64 years population is expected to increase by only 1.6% and the 65+ population is expected to increase by 31.8%, over this 21 year period.

Poverty and Deprivation:

19.3% Of Glasgow's population, more than 122,000 people, lives in an income deprived area compared to 12.1% for Scotland.

Life Expectancy:

73.1 years

Life Expectancy for a Glasgow male

Compared to 76.8 years for a Scottish male (a difference of 3.7 years)

Life Expectancy:

78.3 years

Life Expectancy for a Glasgow female

Compared to 81.0 years for a Scottish female (a difference of 2.7 years)

Healthy Life Expectancy:

56 years

Healthy Life Expectancy for a Glasgow male

Compared to 60.9 years for a Scottish male (a difference of 4.9 years)

Healthy Life Expectancy:

57.4 years

Healthy Life Expectancy for a Glasgow female

Compared to 61.8 years for a Scottish female (a difference of 4.4 years)

Demographic Profile:

10.5% of Glasgow adults rate their health as bad / very bad, compared to **8.1%** of Scottish adults.



28.6% of Glasgow adults have a limiting condition or illness.



23.0% of Glasgow adults have common mental health problems, scoring 4+ on GHQ12, compared to **17.0%** of Scottish adults.



8117 people or **2.2%** of the Glasgow adult population aged 30+ are estimated to have dementia.



30.0% of Glasgow adult males and **19.0%** of Glasgow adult females are current smokers.



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.



30.0% of Glasgow adult males and **14.0%** of Glasgow adult females have hazardous / harmful levels of alcohol consumption. For Scotland overall these figures are **33.0%** males and **16.0%** females.



There are an estimated **11,869** to **18,060** problem drug users in Glasgow.



The IJB's Strategy and Business Model

The IJB is responsible for operational oversight of integrated services, and through the Chief Officer, is responsible for the management of integrated services. Directions from the IJB to the Council and Health Board govern front-line service delivery in as much as they outline:-

- what the IJB requires both bodies to do;
- the budget allocated to this function(s);
- the mechanism(s) through which the Council or Health Board's performance in delivering those directions will be monitored.

Over the medium to long-term the IJB has a clear vision for the city.

The City'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. We believe that stronger communities make healthier lives.



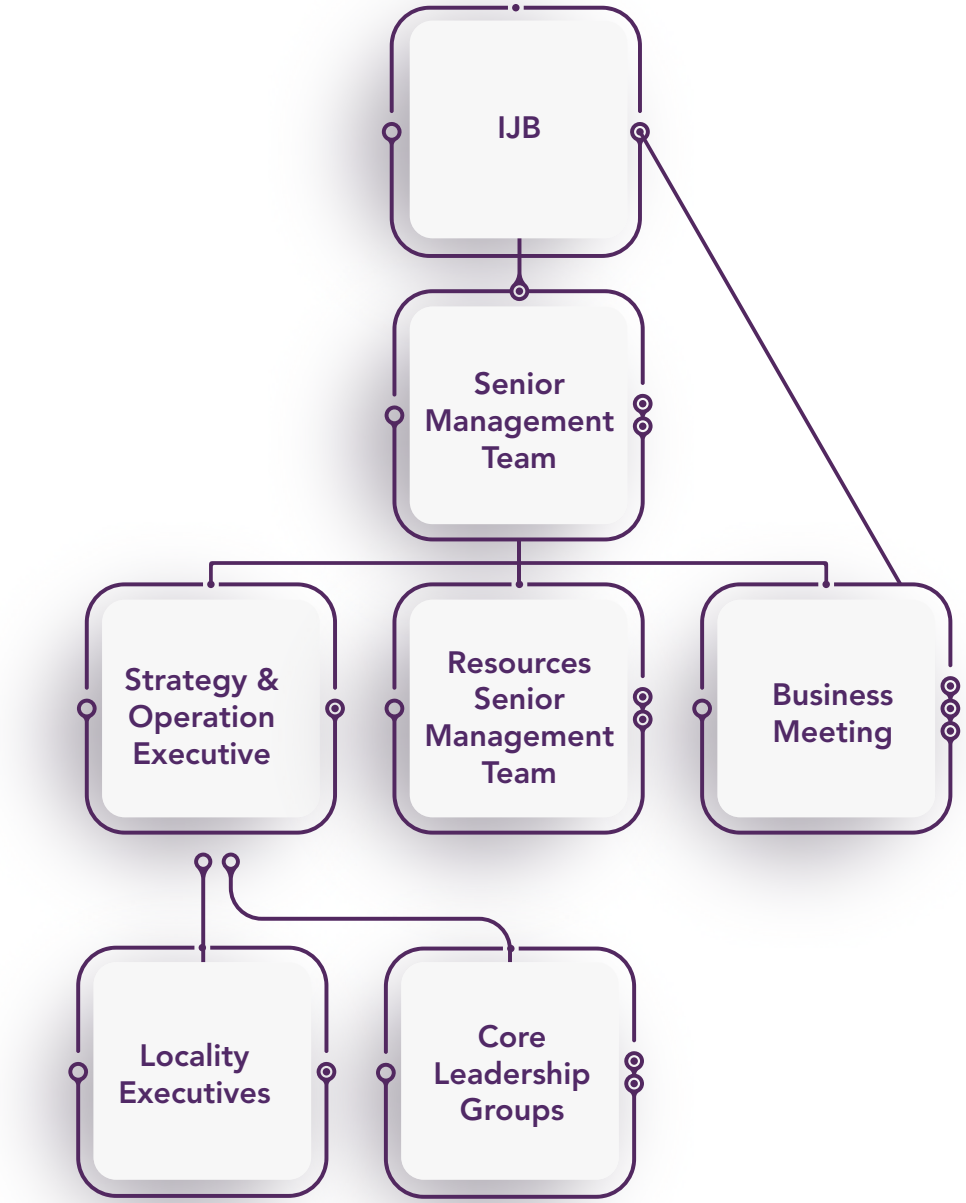
This vision will be progressed within a broader approach to changing the way the IJB works with people to identify and manage their health and social care needs. The IJB remains committed to moving to a model of support that replaces; crisis with prevention and well-being; burden with investment; competition with collaboration and variation with fairness and equality. In the next three years we will focus more on prevention, early intervention and empowering people and communities to live fulfilling lives. Our six Partnership priorities are shown below.

Our Strategic Priorities

Our six Partnership Priorities are the key strategic priorities for Glasgow City IJB / HSCP and its partners in delivering health and social care in Glasgow City.

1. **Prevention, early intervention and well-being**
2. **Supporting greater self-determination and informed choice**
3. **Supporting people in their communities**
4. **Strengthening communities to reduce harm**
5. **A healthy, valued and supported workforce**
6. **Building a sustainable future**

The business of the IJB is managed through a structure of strategic and financial management and core leadership groups that ensure cross-care and cross-locality working. A high level summary of this is illustrated below.



There are also well developed structures to ensure clinical and care governance issues are considered and influence strategic planning and transformational change, as well as providing reassurance on clinical and care standards and quality assurance.

A Strategic Planning Forum meets twice yearly to facilitate and co-ordinate activities between and across the strategic functions to ensure development activities do not happen in isolation; and to monitor delivery of actions related to the Strategic Plan.

Within the city of Glasgow, services are organised by care groups (children, adult, older people and primary care), with a strategic centre (including strategic planning and finance) and three locality areas. These localities are North West, North East and South and **Locality Plans** have been developed for each locality which supports delivery of the Strategic Plan.



A range of Care Group plans have also been developed to support the delivery of the IJB's Strategic Plan and delivery of the 9 National Outcomes (shown below). Development and delivery of these are supported by Strategic Planning Groups and appropriate planning structures within individual care groups.

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

The IJB's Operations for the Year

We have remained committed to ensuring that the people of Glasgow will get the health and social care services they need at the right time, in the right place and from the right person. During this year we have commenced the recovery from the pandemic with services returning to business as usual with delivery focused on achieving the best possible outcomes for our population, service users and carers.

The following represents some of our operational highlights for 2022/23 in our continued commitment to delivering on our strategic plan.

Prevention, Early Intervention and Harm Reduction (National Health and Wellbeing Outcomes 1,4,5,6 & 9)

In the last year, HSCP Health Improvement staff have supported the launch of the national **Breastfeeding Friendly Scotland Scheme** (BFS) which aims to help mothers feel confident when breastfeeding in public areas. Businesses and organisations are encouraged to sign up to the scheme and promote their involvement to let mums know they will be welcomed in a warm and supportive environment. In August, HSCP staff helped **Clyde College** to become Scotland's first Further Education institution to obtain BFS accreditation.

A short **video** was produced to promote the 'A&E (Accident and Emergency) Intoxicated Young Persons' Pilot' to hospital staff, along with a leaflet on alcohol harm targeted at young people, which was co-produced by their peers. The Pilot involves the establishment of a referral pathway to the Youth Health Service (YHS) for young people who present at A&E with alcohol or drug intoxication. Young people referred to the YHS through this route are offered health and wellbeing advice and are supported to make more positive lifestyle choices.

In the last year, the **Togetherall** service has been made freely available to anyone aged 16-24 with a Glasgow postcode. This offers a 24/7 online peer-to-peer mental health community, as well as access to related evidence-based resources. Members join the community anonymously and can be supported on a wide range of mental health and wellbeing issues, from anxiety, depression and isolation, to relationship issues and lifestyle challenges. 'Wall Guides' who are trained mental health professionals, moderate the service and ensure everyone accessing the community remain safe and supported.

In June 2022, the Sexual Health Improvement Team launched a sexual health campaign called 'Awkward Moments', which ran on various social media platforms. The campaign aimed to help



young people recognise what good consensual intimate experiences can look like and increase their confidence to start conversations around positive and mutual consent. The campaign was co-produced by young people and included five **short films** which were based around the barriers they face when communicating within sexual situations. These materials have now been included in national teaching resources on Relationships, Sexual Health and Parenthood (**rshp.scot**).

During the last year, care home staff have commissioned weekly **Virtual Gym Sessions** that are broadcast within all five of the HSCP's care homes. These classes are in line with the aims of the Care Inspectorate's 'Care about Physical Activity' (CAPA) programme and engage residents in interactive chair-based exercises, which are intended to improve their mobility, reduce their risk of falls, and improve their confidence and mental health and wellbeing.

Providing Greater Self Determination and Choice (National Health and Wellbeing Outcomes 1, 3, 4, 5 & 6)

Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013), aims to provide people with greater choice and control over the support they receive. A Self-directed Support (SDS) Policy and Practice review was initiated in the last year, which sought to better understand where we are in comparison with national standards. A range of engagement has taken place with stakeholders and areas of good practice identified, along with priorities for improvement, which will be progressed going forward with the aim of further improving SDS policies and procedures in the city.

Glasgow's multi-agency Care Experienced Board have produced their own **Promise Plan**, which set out commitments to improve the experiences of children involved in the care system, in response to the national **Plan** of the same name. In the last year 4 **Promise Participation Workers** have been recruited, who will support delivery of our Plan by ensuring that the voices of children, young people and families are at the heart of service design and by holding partners to account for delivery of their **Promise** commitments.



During the last year the HSCP also commenced a **Strategic Review** of 16+ accommodation and support services, within the context of national evidence that care experienced young people have a substantially higher risk of becoming homeless and experiencing poorer outcomes in adulthood. The outcomes of the review will influence the future commissioning and delivery of accommodation and support services, with the aim of ensuring that they support all of our young people to thrive and reach their full potential, living as independently as possible within their own homes and communities. Young people's participation has been central to this exercise and they have been engaged with in a number of ways and are represented on the Steering Group overseeing the Review.

Care Services have worked closely with the Scottish Social Services Council (SSSC) to co-design a suite of filmed learning tools on Dementia (**Lady In A Room**) which are part of the Changing Times, Changing Perspectives resource on the SSSC website. These are intended to raise awareness and understanding of people's experiences with dementia and the impact it has on those around them and to support staff in making good decisions about people's care through their dementia journey.

Work has also been undertaken to develop the Family Connections Assessment tool for practitioners working with children and young people with care experience. This tool enables workers to understand what the important relationships are for children and young people in order that they can seek to ensure they remain connected to those identified. This is being evaluated by CELCIS and will inform the work of the national 'Staying Together and Connected' Implementation Group. Glasgow has been a significant contributor to work of this group including the **National Staying Together and Connected Practice Guidance** which features good practice examples from the city.

Shifting the Balance of Care (National Health and Wellbeing Outcomes 1, 2, 3, 4 & 9)

A new **Hospital at Home** Service has been in operation over the last year in the South of Glasgow with a view to potentially expanding it city and Health Board wide. Eligible patients are identified either through their GP or from the acute receiving wards and the service aims to keep people out of hospital, by providing within their own homes, the same level of high-quality multi-disciplinary care they would receive as inpatients and in doing so, relieve pressure on acute hospital beds.

The Home First Service has also been introduced which involves the establishment of community led multi-disciplinary frailty teams, led by advanced frailty practitioners, at the front doors of the Queen Elizabeth University Hospital (QEUH) and Royal Alexandra Hospital in Paisley (RAH). A hub and spoke service model with each of the 6 HSCPs in Greater Glasgow and Clyde is operated by these teams, who ensure rapid and seamless access to community services for those frail patients that could be managed better in a homely setting rather than an acute bed.







Building work on the new **Parkhead Hub** started on site in March 2022. The Hub is due to open in 2024 and will bring together a number of community health and social care services which are currently located at different sites, including GP, pharmacy and dental services. The facility will also provide community spaces, the relocated Parkhead library and a community café. In addition, **£4.4 million has been invested** to improve six of Glasgow's community health and care centres, which will create additional consulting and treatment rooms and help to facilitate the expansion of multi-disciplinary working by enabling a wider range of professionals to operate within them.

Approval was granted this year to commence with phase 1 of the HSCP's **Mental Health and Wellbeing in Primary Care Hub** proposals in line with Scottish Government guidance on primary care mental health services. The Hubs aim to improve access to mental health and wellbeing support, enhance primary care and mental health system capacity, and deliver integrated responses to promote good mental health. These are being developed in three GP Cluster areas in the first phase, with each seeking to respond to the diverse community needs in their areas and testing out different service models and pathways.

A joint commissioning framework has been put in place to deliver Glasgow's **Family Support Strategy** and services established include Early Intervention and Prevention (0-12 years) and Intensive Family Support Services (12+). These adopt a strengths based approach and seek to ensure families take ownership of their own lives and journey, with a range of interventions offered to support them, including home based practical help, emotional and wellbeing support, parenting skills and support to improve family relationships and dynamics.

Enabling Independent Living for Longer (National Health and Wellbeing Outcomes 1,2,3,4,6 & 9)

Glasgow City HSCP is taking forward the **Maximising Independence** programme which aims to change the way health and social care services support people. Key principles of the Maximising Independence approach include putting people at the centre of care; using the existing assets of individuals and communities; embracing new technology; taking early action to prevent problems developing into crises; and working closely with the community and voluntary sectors. During the last year, the HSCP organised a **People's Panel** to hear from service users, staff and partners on how we can best communicate with them on the implementation of this programme.

Health and Social Care Connect (HSCC) was launched in November and aims to make it easier for people to get in touch with the HSCP when they need advice or want to request a service, by providing a single point of contact (telephone and online). HSCC is supporting the Maximising Independence approach with HSCC staff assessing callers' needs, in order to determine whether they require statutory services or could have their needs met better via community, 3rd sector or commissioned services, thus enabling people to be matched to the 'right service at the right time.'

During **Carers Week** in June, a range of activities were undertaken to celebrate the role of unpaid carers and promote the support available to them, including free training and peer support opportunities. The new **Glasgow Carers Strategy 2022-25** was also launched, alongside the **Carer Eligibility Criteria** and **Short Break Services Statement**. During the last year, work was also undertaken across the HSCP to raise awareness of unpaid carers with the aim of enabling them to be identified and signposted for support at an earlier stage. The **Carer Information Pages** on the Glasgow **Your Support Your Way** website were also updated, informed by feedback from the Carer Strategy Consultation.

A key area of service recovery from COVID-19 during 2022/2023, was the successful re-opening of day services for older people. Due to physical distancing measures, these services were initially limited in operation and could only operate to one third of their capacity. This ended with the removal of COVID-19 restrictions in September, which enabled day care services to also resume outings, social activities and engagement with their local communities. Occupancy rates have since increased and centres are continuing to promote their services to further increase uptake.

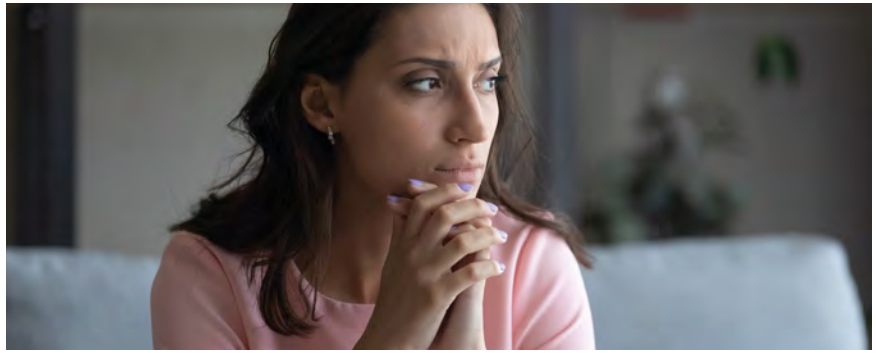
In June, the HSCP launched the **Socially Connected Glasgow Strategy** which focused on the importance of mental health and wellbeing within the context of our recovery from the pandemic and the Maximising Independence programme. It examines what is working well in the city and identifies ways in which partners can work better together, to help people become more socially connected to their local communities. Recommendations for improvement are made across a number of areas including health, support for carers, transport, volunteering, sustainable funding and communication.

Public Protection (National Health and Wellbeing Outcomes 3, 4, 5 & 7)

The HSCP and partners were subject to Care Inspectorate scrutiny of their ASP arrangements during the last year, which focused on ASP Processes and Strategic Leadership. The Joint Inspection Report was published in October 2022 and concluded that our ASP key processes are 'effective' (with clear strengths supporting positive experiences and outcomes); and our strategic leadership arrangements 'very effective'. Two areas for improvement were identified by the Care Inspectorate and an Improvement Plan has been developed in response to these.

The need for a more joined up and explicit response to domestic abuse and its impact was identified in early 2020 and during the COVID-19 pandemic. This led to joint planning arrangements being established and a clear strategic direction for domestic abuse being set out within the first **Domestic Abuse Strategy** for Glasgow. The Strategy outlines six Strategic Priorities and commits to a range of actions to improve services for people who experience, or who are affected by domestic abuse, as well as people who cause harm through domestic abuse.





A short film was launched in the last year to highlight and promote the work of the multi-agency **Early and Effective Intervention (EEI) Team** which takes referrals for children under the age of 12 (the age of criminal responsibility), who have come into contact with the police by displaying offending behaviour. Young people referred to the voluntary programme are given advice and support, with the team working with them to identify and address the underlying causes of their behaviour and provide them with better coping strategies going forward.

Glasgow HSCP justice social work services, in conjunction with the Sheriff Principal at Glasgow Sheriff Court, established a Women's Court in January 2023, which takes a problem-solving approach, similar to the already established Drug, Youth and Alcohol Courts. This Court aims to utilise community-based disposals such as Structured Deferred Sentences, with women supported by the multi-agency Tomorrow's Women Glasgow team, to address the factors contributing to their offending behaviour, whilst the court monitors their progress.

Martha's Mammies is a multi-disciplinary service which became operational in November 2022 and works with women who have lost care of their children. The aim is to help the women stabilise their personal and social circumstances by offering practical advice and assistance, peer support, advocacy, and signposting to partners as required. The service works towards emotional wellbeing, repair and recovery and supports women to find ways of making sense of their experiences and living with their loss of care for their children.



Performance Management

A comprehensive Performance Framework is in place within the HSCP and routine performance management arrangements are established which facilitate scrutiny of performance in relation to our Key Performance Indicators (KPIs), as well as delivery of our Strategic Plan.

Regular **Quarterly Performance Reports** are produced for internal scrutiny by citywide and locality management teams, which review performance in relation to a wide range of local and national Health and Social Work KPIs and provide information on how services are responding to areas of under-performance. These reports are also presented to the Integration Joint Board's **Finance, Audit and Scrutiny Committee** who focus upon specific service areas at each of their meetings, with relevant strategic leads invited to discuss performance and demonstrate how they are impacting upon the HSCP's Strategic Priorities. All KPIs within the Quarterly reports 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.

In addition to these Quarterly Reports, an **Annual Performance Report** (APR) is produced and published at the end of July each year, in line with statutory guidance. In these APRs, we review our performance against our key strategic performance indicators and highlight some of our key service developments and achievements over the last 12 months, including progress made against commitments set out within our **Strategic Plan**.

2022-23 Performance Achievements

Key areas where performance has shown the greatest improvement in our strategic performance indicators over the past 12 months include:

Indicator		2021/22	2022/23
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks		59.4%	74.5%
Mumps, Measles & Rubella (MMR) vaccinations: % uptake at 5 years		94.8%	96% (Q3)
Alcohol Brief Intervention Delivery		7,749	8,966
Women smoking in pregnancy	General population	9.5%	8.4%
	Most deprived quintile	16.7%	13.9%
Anticipatory Care Plans (ACPs)	Number of conversations	208	345
	Summaries completed and shared with GP	50	276
Number of children in receipt of a personalised service		382	402
% of service users receiving direct payments		19%	21%
Number of emergency admissions (18+)		4,933 per month (Annual Total - 59,194)	4,707 per month (Apr-Dec)* (Apr-Dec Total - 42,361)
Number of unscheduled hospital bed days (18+)	Acute	43,112 per month (Annual Total - 517,348)	40,962 per month (Apr-Dec)* (Apr-Dec Total 368,662)
	Mental health (18+)	14,183 per month (Annual Total - 170,193)	12,686 per month (Apr-Dec)* (Apr-Dec Total 114,177)

Indicator	2021/22	2022/23
Intermediate care: % users transferred home	15%	29%
% service users who receive a reablement service following referral for home care from the community	72.5%	79.6%
Number of new carers identified during the year that have gone on to receive a carers support plan or young carer statement	2,391	2,533
Telecare referrals: enhanced	672	1,034
Number of households reassessed as homeless / potentially homeless within 12 months	526	406
% of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	87%	89%
Percentage of Community Payback Order (CPO) with a case management plan within 20 days	93%	97%

*Figure is provisional



2022-23 Performance - Areas For Improvement

Ongoing improvement is sought across all services within the HSCP and the performance management arrangements in place are designed to facilitate this. Based on analysis of performance in our key strategic indicators over the last 12 months, specific areas we would like to improve going forward include the following:

Indicator	Performance Issues and Actions
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks **Target**: 100% **Actual**: 74.5%	**Performance Issues** • Teams continue to experience increasing demand on the duty system and an increase in the number of emergency presentations, which both reduce the ability of CAMHS teams to allocate children with the longest waits. **Actions to Improve Performance include:** • Work is continuing to orient the system towards assessing and supporting children who require an urgent response. • Providing increased flexibility in how children and their families access appointments to minimise the risk of missed appointments. • Additional appointments being made available through overtime and / or bank shifts. • Tier 1 and 2 community mental health services will continue to support families with children on the CAMHS waiting list. • Ongoing work analysing the needs of children accepted into the service will inform future service developments and improve service delivery.

Indicator	Performance Issues and Actions
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) **Target**: 95% **Actual**: 92.4% (Q3)	**Performance Issues** • Vaccine uptake varies across geographic areas and socio-economic groups. • 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:** • Continue to focus on areas where uptake is lowest. • Continue to recall and chase up families who have not attended for vaccines. • Videos have been produced for use with marginalised communities to help improve uptake. • Work is being carried out with public health colleagues to undertake 'tests of change' to improve uptake. • Use of the mobile vaccine bus to help increase the accessibility of vaccines.
Psychological Therapies: % of people who started treatment within 18 weeks of referral **Target**: 90% **Actual**: North East Locality 58.0% South Locality 79.2% (N.B. This indicator is reported at locality level, rather than city-wide)	**Performance Issues** • The initial service reaction to the COVID-19 outbreak created a large cohort of people waiting to start a Psychological Therapy (PT) and the longer-term effects of the pandemic continue to have an impact. • The capacity to deliver PTs has been affected by staff turnover and resulting vacancies, as well as episodes of sick leave and extended leave. • Recruitment to some posts resulted in no applicants, highlighting the national shortage of clinically trained professionals. **Actions to Improve Performance include:** • Waiting list initiatives continue to target patients with the longest waits. • Digital alternatives to face-to-face approaches continue to be used to reduce waiting times. • Continued delivery of cCBT (Computerised Cognitive Behavioural Therapy) for people with long term conditions. • Ongoing focus on staff recruitment. • Routine monitoring of team performance.

Indicator	Performance Issues and Actions
Total number of Acute Delays and Bed Days Lost to Delays (All delays, all reasons 18+) **<u>Delays</u>** **Target**: 120 **Actual**: 142 **<u>Bed Days Lost</u>** **Target**: <3,327 per month **Actual**: 6,317 per month (Apr – Dec 2022)	**Performance Issues** • Closure of hospital wards and care homes due to COVID-19 and other public health outbreaks. • Care Homes staggering admissions due to staffing pressures. • Wards not arranging timely and appropriate discharge arrangements ie. transport, medication, paperwork • Staffing pressures within the Hospital Social Work Team. • Guardianship issues around patients who lack capacity (AWI). **Actions to Improve Performance include:** • Continued work to identify opportunities to prevent or reduce delays and mitigate their impact. • Continued use of the Discharge to Assess pathway to improve outcomes for patients and prevent delays. • Initiatives such as the introduction of 'Planned Date of Discharge' and 'Discharge by Lunchtime' which aim to enable patients to get them home at the earliest opportunity and without delay. • Development of an AWI Action Plan including the provision of a ward at Gartnavel Hospital to target resources on the management of AWI patients. • Recruitment of two additional solicitors enabling the council legal team to offer greater support around AWIs / Delays. • Regular meetings with commissioning colleagues to progress complex cases and improve the interface with care homes. • Further Power of Attorney promotional campaigns to encourage their uptake.

Indicator	Performance Issues and Actions
No. Unscheduled Hospital Bed Days – Acute (18+) **Target**: 37,822 per month **Actual**: 40,962* per month *provisional figure (Apr – Dec 2022)	**Performance Issues** • The increase in delayed discharges has contributed to the rise in the level of unscheduled bed days. • Adults with Incapacity (AWI) remain a challenging issue and also has impacted unscheduled bed days. **Actions to Improve Performance include:** • Work has been undertaken to prevent unnecessary hospital admissions, including delivery of the Home First and **Hospital at Home** programmes. • See actions above relating to Delayed Discharges / Bed Days Lost.
Total number of Adult Mental Health delays **Target**: 0 **Actual**: 24	**Performance Issues** • Staff vacancies and absence continue to affect the day-to-day running and planning of Adult Mental Health wards. • Wards continue to face significant pressures with increased admission rates and some ward closures. • The complexity of presenting patients' needs is placing further significant pressures on the system. **Actions to Improve Performance include:** • A group has been set up to review and improve discharge systems and processes. • All potential discharge placement opportunities are being explored. • Regular meetings are held with commissioning colleagues to discuss discharge destinations for the most complex patients.

Indicator	Performance Issues and Actions
Sickness Absence **NHS Sickness absence rate (%)** **Target**: <4% **Actual**: 7.03% **Social Work Sickness Absence Rate** **Target**: <10.2 ADL Average Days Lost (ADL) per employee per annum **Actual**: 20.3 ADL	**Performance Issues** • The impact of the pandemic on the health and social Work workforce has been significant, in particular on staff mental health and wellbeing which has had a knock-on effect on absence levels. • Absences recorded as 'Psychological' (which includes all stress related absence) remains the most common absence reason. **Actions to Improve Performance include:** • Updating of the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to attendance management and support the health and mental wellbeing of staff. • HR support and advice has been made more accessible and promoted to all HSCP staff and managers. • HR advice and guidance is automatically sent out to managers when staff are off sick. • HR Training for Managers being provided. • Ongoing analysis of absence trends to identify areas for improvement. • Managers to continue to promote uptake of COVID-19 booster vaccinations for staff.

More detailed performance information can be accessed in our **Annual** and **Quarterly** Performance Reports.

The IJB's Financial Position at 31 March 2023

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 Comprehensive Income and Expenditure Statement (see page 48) describes expenditure and income by care group across the IJB and shows that an overspend of £92,960,000 was generated in 2022/23. This is shown in the table below with notes provided below to explain each heading.

	Note	£ millions
Operational Service Delivery - Pressures / Investments		
Shortfall in funding provided to meet the Council pay settlement for 2022-23	1	9.9
Increased demand for Homelessness Services	2	3.7
Personalisation and Direct Assistance in Children and Families	3	3.6
£400 Winter payments to families across the City	4	2.3
Increase in transport costs due to fuel prices and age of fleet	5	1.4
One-off Investment in Infrastructure Costs	6	1.5
Increase in demand and price of incontinence products	7	0.9
Non delivery of savings	8	0.5
Increase in prescribing costs and volumes	9	6.5
Total Pressures / Investments in Operational Service Delivery		**30.3**

	Note	£ millions
Operational Service Delivery - Underspends		
Underspend as a result of vacancies and staff turnover	10	-16.0
Underspend as a result of additional income recoveries	11	-6.3
Underspend as a result of reduction to employer national insurance rates	12	-1.5
Underspend in implementation of the Carers Act investment	13	-1.2
Underspend in purchased care home places	14	-0.2
Total Underspends in Operational Service Delivery		**-25.2**
Net Overspend in Operational Service Delivery		**5.1**
Local and national priorities which will not be completed until future financial years	15	-12.9
Expenditure from prior years to be funded from earmarked reserves	16	100.8
Net Overspend per Income and Expenditure Statement		**93.0**

Notes

Impact of Pandemic on Service Delivery

1. The Local Government Pay Settlement agreed for Council employees was much higher than our planning assumptions and represents an additional cost to the IJB of £9.9m. The Scottish Government has provided £140m of additional funding to Local Government nationally to assist in the meeting these costs. This funded was intended to support all staff directly employed by local government, including those currently delegated to Integrated Joint Boards (IJBs). Glasgow City Council received a share of this funding and did not pass any of this funding on to the IJB, which has resulted in a cost pressure of £9.9m.
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. The HSCP will continue to work with RSL's to secure the provision of accommodation, however at this stage demand is outstripping local supply requiring us to seek more expensive alternatives in the short term. Actions are being taken to reduce spend in this service area however the scale of the challenge means that this will take time to implement. This service has benefited from COVID-19 funding in 2022-23. This is the last year that this funding will be available.
3. This overspend is reflective of an increase in the number of service users accessing self directed support. The increase in direct assistance is due to an increase in section 22 payments linked to the cost of living crisis and an increase in Section 29 payments linked to accommodation costs for care leavers including student accommodation.
4. The current cost of living crisis continues to have a detrimental impact on the City and especially the children and families who are supported by our services. In recognition of the current cost of living crisis the IJB agreed to replicate the winter payment of £400 to looked after children and people in continuing care / aftercare and children on the child protection register and other vulnerable children. This benefited 6,500 children.
5. Increases in transport costs have been experienced linked to fuel increases and increases in vehicle hire and taxi charges and repairs due to ageing fleets.
6. One-off investment in infrastructure to support both service delivery.
7. This overspend reflects both an increase in demand for these services as well as an increase in the price for these products. This service has been experiencing an increase in the cost of these products following the exit of the UK from the EU. The additional costs of supply as a result of BREXIT has been passed on from suppliers to ourselves as purchasers.
8. These are occurring mainly within the programmes for Transport Review and Linguistics. Plans are being progressed to implement.
9. Prescribing has experienced high levels of volatility in 2022-23. Volumes have increased by 2.3% on previous years. Pricing has also been significantly impacted by global prices in this sector which has seen a 10.2% increase in prices for the IJB in 2022-23. The IJB had an earmarked reserve which helped to manage these fluctuations however the level of volatility has exceeded this reserve.

10. 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 with the underspend 1.9 times higher than the level experienced in 2021/22. 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, align recruitment timescales with the availability of newly qualified professionals, undertake targeted recruitment and training strategies to develop existing and new staff to meet the skills requirements of our services.

11. Additional income has been recovered mainly from three sources, firstly through recovery of financially assessed client contributions which generated an additional £1.5m, secondly from £2m recoveries of Direct Payments and lastly £2.8m from additional income linked to Unaccompanied Asylum Seeking Children based on cases accepted to date by the Home Office.

12. The UK Government has reversed the 1.25% increase to National Insurance effective from the 6 November.

13. The ability to fully implement the additional work planned for 22/23 in support of the Carers Act has been impacted by the ability of providers to commence service delivery mainly as a result of challenges in terms of staff recruitment. There has also been delays in start dates for programmes which has resulted in part-year underspends.

14. Older People Purchased Care Homes is showing a small underspend. This is reflective of demand in respite and residential which is still recovering from the impact of COVID-19. It should be noted however that demand for nursing homes is on the increase and is at a level higher than those seen pre-COVID-19. The majority of this increase has been seen in the last six months of the year and therefore this has only had a partial impact on spend in 2022-23. The full year impact of this increase be seen in 2023-24.

15. A number of commitments made in 2022/23 in relation to local and national priorities will not complete until future years (£12.9m). These include funding for expenditure linked to local investment priorities which will not complete until 2022/23 and national priorities funded by Scottish Government such as Mental Health, Dementia and Gender Identity Services. This relates to ring-fenced funding which has been received or allocated to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding.

16. Each year an element of expenditure is planned to be met from earmarked reserves and is funded from the balances we hold in reserves. In 2022/23 £100.8m of earmarked reserves have been drawn down to meet this expenditure. This includes the return of £48.7m COVID-19 funding which was not required to Scottish Government.

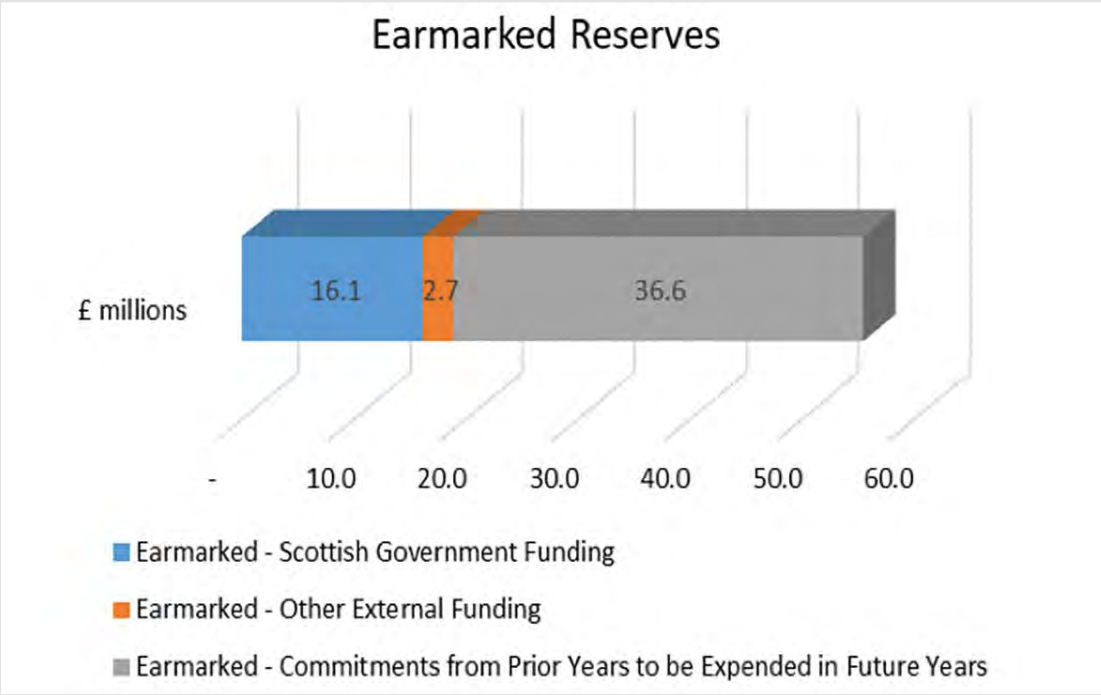


The 2022/23 accounts include £16.9m of additional costs as a result of COVID-19. This has been fully funded by the Scottish Government.

The IJB elected to transfer £12.9m for specific earmarked commitments in 2023/24. They also approved the re-alignment of earmarked reserves to general reserves totalling £3.4m.

It is important for the long term financial stability and the sustainability of the IJB that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.

The IJB has a cumulative general reserve of £26.9m at 31 March 2023, which is 1.69% of net expenditure and is below the target set of 2%. The IJB aims to hold uncommitted reserves equating to 2% of net expenditure, however it is recognised that this will not always be possible to secure and is subject to the financial position of the IJB each year. Holding general reserves is recognised as best practice and provides the IJB with the financial capacity to manage financial risks from year to year. The 2023/24 budget strategy has identified risks of £17.2m which will require to be funded from general reserves, if assumptions hold. This would result in an estimated closing balance of £9.7m in 2024 which would equate to 0.6%. The IJB also has a cumulative earmarked reserve of £55.4m. This is earmarked to deliver specific projects and government priorities which are supported by additional funding which has been provided to the IJB and is required to fund these commitments. It also supports delivery of commitments which span financial years in a way that represents best value for the IJB.



Key Risks, Uncertainties and Financial Outlook

The IJB approved its Risk Management Policy and Strategy in February 2016, and the most recent update of this was carried out in February 2020. The next full review of the Policy and Strategy will take place later in 2023, following publication of the IJB's updated Strategic Plan (2023-26).

The IJB's Risk Register, and the registers which currently remain in place for social care and NHS services, are reviewed quarterly by the Senior Management Team and by the IJB Finance, Audit and Scrutiny Committee. The full IJB also reviews its own risk register on an annual basis, with the latest review completed in June 2023.

The key risks identified within the IJB Risk Register are shown in the table opposite along with the actions in place to mitigate against some of these risks.

Key Strategic Risks	Key Mitigating Actions
Unable to budget within allocated resources and impact on service delivery due to required level of savings.	• Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets • Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB • The impact of responding to COVID-19 on delivery of the Strategic Plan, savings and transformation programmes will continue to be assessed. • Medium Term financial forecasting also undertaken to enable requirements for savings to be assessed over the medium term and to inform planning assumptions • HSCP will actively engage with Partner Bodies in budget planning process identifying dependencies and risks associated with any proposals. • Continued engagement with Scottish Government and Partner Bodies on financial planning assumptions and potential impact of funding availability arising from the Scottish Government's Budget & Spending Review (23/24 to 26/27)
Inability to budget within allocated resources and failing to deliver part or all of the Strategic Plan	• The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding • Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB • Delivery of savings will continue to be tracked and monitored by the Transformation Programme Board • A Medium Term Financial Outlook is also completed which assesses the financial resources required to deliver the strategic plan whilst delivering financial balance for the IJB • The impact of responding to COVID-19 on delivery of the Strategic Plan continues to be assessed • Ongoing monitoring of financial impact of inflation on service costs

Key Strategic Risks	Key Mitigating Actions
Uncertainty around future service delivery models arising from Scottish Government's proposals for a National Care Service and impact of COVID-19 potentially causing resistance, delay or compromise resulting in necessary developments or potential improvement opportunities not being fulfilled	• High-level strategic vision articulated through the 2023-26 Strategic Plan • IJB are notified of proposed transformation projects and updates on approved transformation projects as a matter of routine. • Acceptance that ongoing challenges of both organisations mean standstill is not a viable option • Programme management and governance arrangements put in place across HSCP to assess impact of National Care Service proposals, and to ensure ongoing engagement with Scottish Government on the National Care Service Bill and co-design arrangements
Failure to deliver transformation of Primary Care services as specified in the Primary Care Improvement Plan (PCIP) due to lack of affordability / shortage of resources (qualified staff, suitable accommodation), lack of appropriate digital solution to support plan, inability to maintain sustainability, inability to quantify evidence of impact	A number of measures being taken to mitigate the lack of qualified staff include: • Continued work across wider system to identify how the HSCP can support sustainability of general practice • Phasing recruitment • Making local vacancy approval processes more efficient • Developing alternative skill mix models • Recruiting into trainee posts and supporting less experienced staff to obtain necessary experience.

The financial position for public services is extremely challenging and the IJB must operate within significant budget restraints and pressures. In March 2023, the IJB conditionally approved its budget for 2023/24, subject to receipt of a final funding offer from NHS Greater Glasgow and Clyde in the new financial year. The IJB will be required to further consider its budget later in the financial year once a final funding offer is known.

This draft budget identified a potential funding gap of £42m which will be addressed through a wide range of service reforms and efficiencies, service reductions and use of reserves to address budget pressures in 2023/24. 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 2023/24 Annual Performance Report.

A Medium Term Financial Outlook was also reported to the IJB on the 22 March 2023. 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:

- National commitments such as uplifts for social care providers and policy commitments in relation to Primary Care, Mental Health, Carers, Alcohol and Drug Partnership
- Cost of living crisis resulting in more families in the City living in poverty resulting in increased demand for front line services
- Inflationary pressures linked to pay and contractual commitments and global markets for prescribing
- Continuing legacy of the impact of COVID-19 on people's health, 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 2024-25 and identifies the need for a further £45m of savings to deliver a balanced budget in 2024/25 and 2025/26. 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. The next three years will be the greatest financial challenge that the IJB has been asked to manage since it's inception. Glasgow City IJB is clear about the challenges which are ahead and its aspirations for it's services, however we will also need to be realistic about what can be delivered within the funding envelope available. This will require the IJB to prioritise decisions for investment and disinvestment in order to support delivery of the Strategic Plan.

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 2023/24.

Susanne Millar
Chief Officer

Simon Carr
Chair

Sharon Wearing
Chief Officer,
Finance & Resources

Statement of Responsibilities



Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973, Coronavirus (Scotland) Act 2020). In this Integration Joint Board, that officer is the Chief Officer, Finance & Resources;
- manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- approve the Annual Accounts for signature.

I can confirm that these Annual Accounts were approved for signature at a meeting of the Glasgow City Integration Joint Board on 27 September 2023.

Simon Carr
Chair



Responsibilities of the Chief Officer, Finance & Resources

The Chief Officer, Finance & Resources, is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA / LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Officer, Finance & Resources has:

- selected suitable accounting policies and applied them consistently;
- made judgements and estimates that are reasonable;
- complied with legislation;
- complied with the Accounting Code (in so far as it is compatible with legislation)

The Chief Officer, Finance & Resources has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

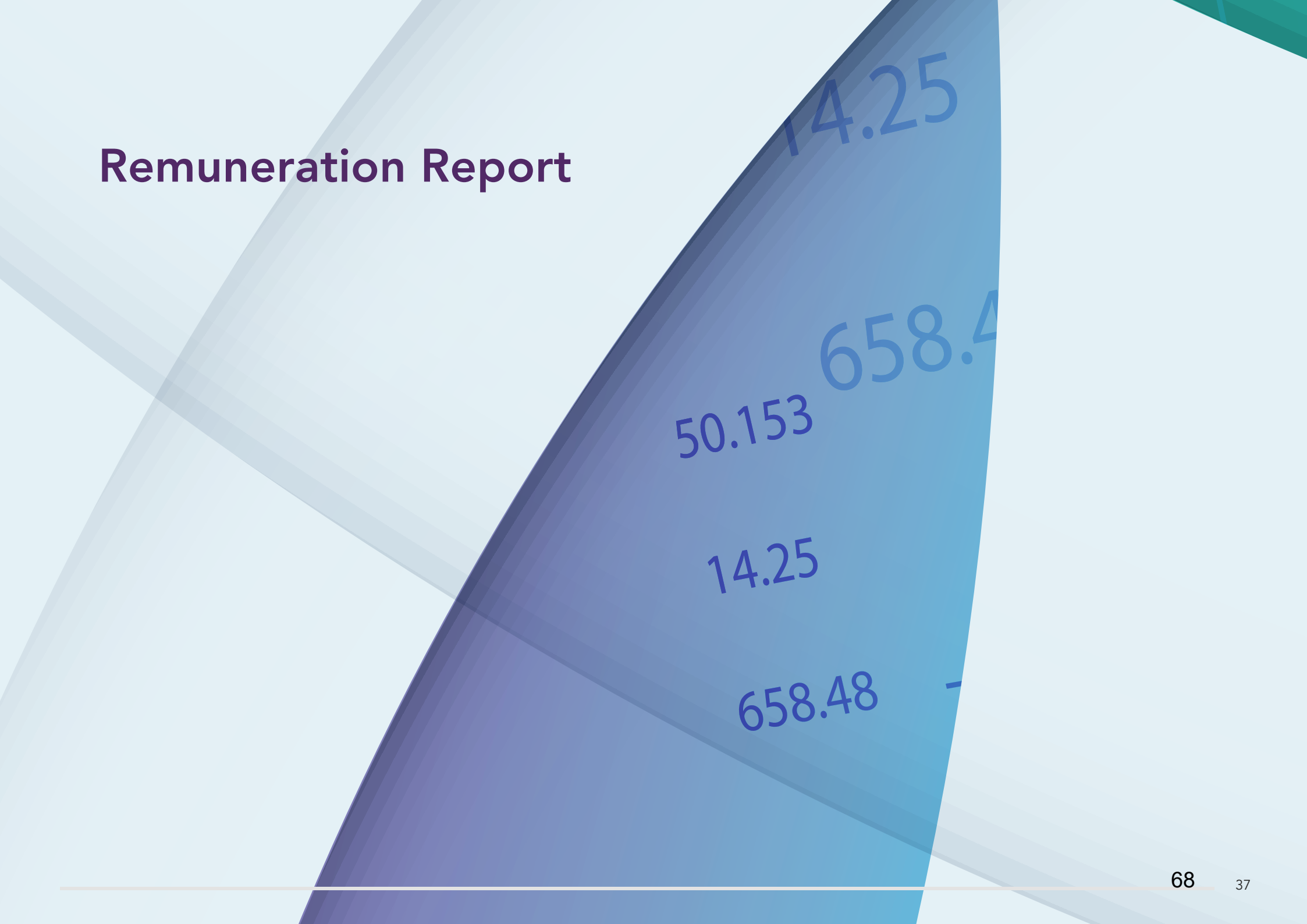
I certify that the financial statements give a true and fair view of the financial position of the Glasgow City Integration Joint Board as at 31 March 2023 and the transactions for the year then ended.

Sharon Wearing
Chief Officer, Finance & Resources

28 June 2023



Remuneration Report



Introduction

1. This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

   The information in the tables is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

2. **Remuneration: IJB Chair and Vice Chair**

   The voting members of the IJB are appointed through nomination by Glasgow City Council and NHS Greater Glasgow & Clyde. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

   The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the IJB are shown below.

Name	Post(s) Held	Nominated by	Taxable Expenses 2021/22 £	Taxable Expenses 2022/23 £
C. Cunningham	Chair From May 2022 to February 2023	Glasgow City Council	-	-
	Vice Chair From February 2023			
S. Carr	Vice Chair From February 2022 to February 2023	NHS Greater Glasgow & Clyde	-	-
	Chair From February 2023			
Total			-	-

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

3. Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right. However, specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. In the case of Glasgow City IJB, this is Glasgow City Council. The remuneration terms of the Chief Officer's employment are approved by the IJB. This post is funded 50% each by Glasgow City Council and NHS Greater Glasgow & Clyde Health Board. This funding is included in the partner contributions.

Other Officer

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2021/22 £	Senior Employees	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total 2022/23 £
145,860	**S. Millar** Chief Officer	157,565	-	157,565
110,627	**S. Wearing** Chief Officer, Finance & Resources	116,159	-	116,159
256,487		**273,723**	-	**273,723**

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers. Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31 March 2022 £	For Year to 31 March 2023 £		As at 31 March 2023 £000	Difference from 31 March 2022 £000
S. Millar Chief Officer	28,151	29,530	Pension	61	6
			Lump Sum	74	4
S. Wearing Chief Officer, Finance & Resources	21,351	21,899	Pension	61	3
			Lump Sum	96	2
Total	**49,502**	**51,429**	**Pension**	**123**	**11**
			Lump Sum	**171**	**7**

4. **Remuneration Policy**

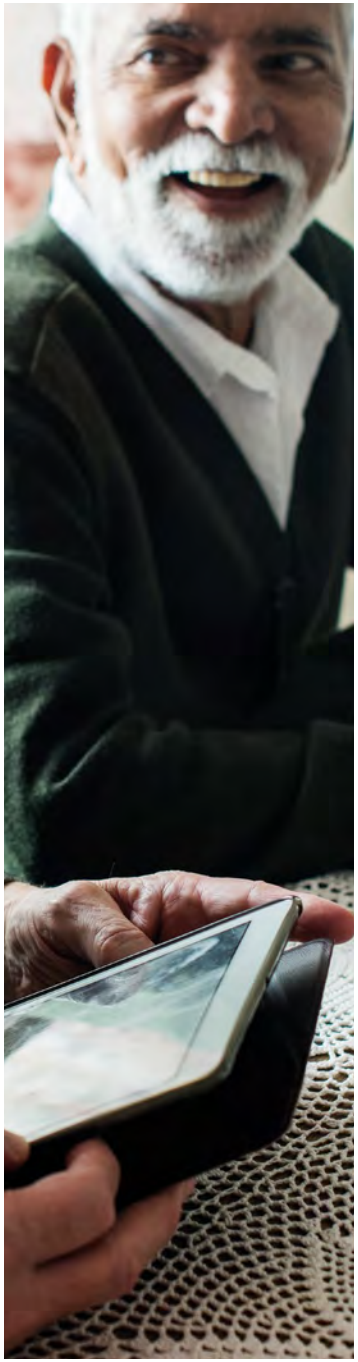
The board members are entitled to payment of travel, subsistence and other expenses relating to approved duties. Payment of voting board members' allowances will be the responsibility of the members' individual Council or Health Board and will be made in accordance with their own Schemes. Non-voting members of the IJB will be entitled to payment of travel and other expenses, such as the cost of replacement care where they have caring responsibilities. During the year to 31 March 2023, no voting or non-voting board member has claimed any expenses.

The remuneration of the senior officers is set by the contractual arrangements of the appropriate employing organisation.

Susanne Millar
Chief Officer

Simon Carr
Chair

Annual Governance Statement



1. Scope of responsibility

1.1 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

1.2 In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

1.3 The IJB has adopted governance arrangements consistent where appropriate with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

2. Purpose of the governance framework

2.1 The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Plan. The governance framework is continually updated to reflect best practice, new legislative requirements and the expectations of stakeholders.

2.2 The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

3. Governance Framework

3.1 The Board of the IJB comprises the Chair and 15 other voting members; eight are Council Members nominated by Glasgow City Council and eight are Board members of NHS Greater Glasgow and Clyde. There are also a number of non- voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies and service users. Professional members include the Chief Officer and Chief Officer, Finance and Resources. The IJB, via a process of delegation from NHS Greater Glasgow and Clyde and Glasgow City Council, and its Chief Officer have responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area.

3.2 The main features of the IJB's system of internal control are summarised below.

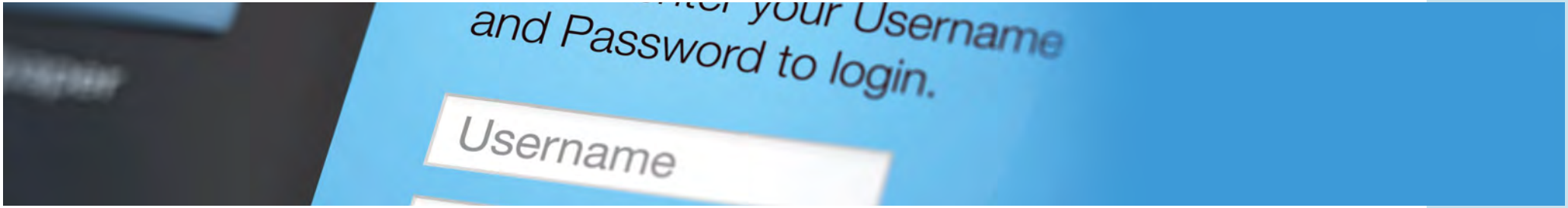
- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Corporate Statement which sets out the key outcomes the IJB is committed to delivering with its partners, as set out in its Strategic Plan and Annual Financial Statement.
- Services are able to demonstrate how their own activities link to the IJB's vision and priorities through their Corporate Improvement Plans.
- Performance management, monitoring of service delivery and financial governance is provided by the Finance, Audit and Scrutiny Committee which reviews and reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget and scrutinises progress with key pieces of work.
- The IJB has a comprehensive performance management framework in place which ensures there is regular scrutiny at senior management, committee and Board levels. Performance is linked to delivery of objectives and is reported quarterly to the IJB. Information on performance can be found in the Annual Performance Report published on the IJB website.
- The IJB has a Records Management Plan that sets out the arrangements for the management of the IJB's obligations in relation to public records, as set out in the Public Records (Scotland) Act 2011. Based on the Model Records Management Plan developed by the Keeper of the Records of Scotland, Glasgow City IJB's Records Management Plan was submitted to the Keeper in 2021 and is subject to annual review. Where subsequently required as a result of any updates or material changes to the Records Management Plan a report is presented to the IJB for consideration and approval as part of the annual assurance process. The review of the Records Management Plan in March 2023 identified no updates or material changes to be brought to the attention of the IJB.
- The Participation and Engagement Strategy sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its health service and local authority partners and through existing community planning networks. The IJB publishes information about its performance regularly as part of its public performance reporting. The Public Engagement Committee approves and keeps under review the Participation and Engagement Strategy.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders, Scheme of Delegation, Financial Regulations and Standing Financial Instructions; these are scheduled for regular review.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Finance, Audit and Scrutiny Committee.
- The IJB follows the principles set out in COSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its local authority and health service partners.

- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Officer, Finance and Resources. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB.
- The IJB's approach to risk management is set out in the risk management strategy, the risk management policy and the Corporate Risk Register. Regular reporting on risk management is undertaken and reported annually to the Senior Management Team and Finance, Audit and Scrutiny Committee.
- Committee members observe and comply with the Nolan Seven Principles of Public Life. Arrangements are in place to ensure Board members and officers are supported by appropriate training and development.
- Staff are made aware of their obligations to protect client, patient and staff data. The NHS Scotland Code of Practice on Protecting Patient Confidentiality has been issued to all staff.
- Staff are also required to undertake annual mandatory training on information security.

4. Compliance with best practice

4.1 The IJB complies with the CIPFA Statement on "The Role of the Chief Financial Officer in Local Government 2016" and the CIPFA Financial Management Code. The IJB's Chief Officer, Finance & Resources has overall responsibility for the IJB's financial arrangement and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

4.2 The IJB complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service has been subject to external verification of its compliance with the CIPFA "Public Sector Internal Audit Standards 2017" during 2020/21. It was confirmed that the Internal Audit service conforms with the requirements of the Public Sector Internal Audit Standards.



4.3 The IJB's Finance, Audit and Scrutiny Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

5. Review of Adequacy and Effectiveness

5.1 The IJB has responsibility for conducting, at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the Internal Auditors and the Chief Internal Auditor's annual report, and reports from External Auditors and other review agencies and inspectorates.

5.2 The review of the IJB's governance framework is supported by processes within Glasgow City Council and NHS Greater Glasgow and Clyde. Within Glasgow City Council a self-assessment governance questionnaire and certificate of assurance is completed by all Service Directors on an annual basis. The responses to these are considered as part of the review of Glasgow City Council's governance framework. A similar process is in operation within NHS Greater Glasgow and Clyde where Service Managers are provided with a "Self Assessment Checklist" to complete and return as evidence of review of key areas of the internal control framework. The Senior Management Team then consider the completed evaluations and provide a Certificate of Assurance for their services.

5.3 Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Member's responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon in line with the IJB's Code of Conduct, which is adheres to the updated Model Code of Conduct prepared by the Scottish Government and published on the Standards Commission website.

5.4 The arrangements continue to be regarded as fit for purpose in accordance with the governance framework.







6. Significant governance issues

6.1 The IJB has confirmed that there are no new significant governance issues that require to be reported specific to the IJB for 2022/23 taking into consideration the views of the Chief Internal Auditor and other assurance checks which are completed.

7. Update on previously reported governance issues

7.1 There has only been one significant governance issue previously reported specific to the IJB, in relation to financial planning. The IJB continues to note concerns in relation to the ongoing funding allocation process to the IJB. At its meeting in March 2023, the Board noted the funding allocation from Glasgow City Council. The indicative funding allocation from NHS Greater Glasgow and Clyde was noted subject to confirmation when outturn figures are known.

8. Future Activity

8.1 The IJB / HSCP are actively engaged with partners at a regional and national level to understand, shape and plan for the implementation of the National Care Service and the potential impact on the governance framework within which the IJB operates in the planning and delivery of health and social care.

8.2 Officers within the HSCP are working with colleagues from the partner organisations as part of a governance framework put in place to drive activity in relation to the NCS. This includes a Governance and Services workstream to identify and address governance issues and requirements as a result of the implementation of the NCS.

9. Internal audit opinion

9.1 Internal Audit has completed the fieldwork set out in the 2022/23 annual audit plan. There were no unsatisfactory or limited assurance opinions issued for the HSCP by Internal Audit during 2022/23. The 2021/22 Annual Governance Statement included the unsatisfactory audit opinion relating to ICT security and service delivered via the Council's provider. The Head of Audit and Inspection issued a limited overall assurance opinion in the 2021/22 Council's Internal Audit Annual Report as a result. The improvements required were outwith the control of the HSCP and were being progressed by the Council. The latest information shows slippage in the remediation plan and so the Council Group, including Social Work Services, remained exposed to significant risk in this area during 2022/23. In January 2023, a failed update to the Council's SAP ERP system resulted in a significant period of downtime for this key system, impacting Accounts Payable / Receivable, Payroll, Treasury and Banking, and Financial Ledger reporting. Business Continuity plans were successfully invoked but the extended period of downtime resulted in significant disruption and risk to operational activity. The incident is reflective of the ICT risks originally reported in 2021/22.

A full lessons learned analysis is currently being undertaken by the Council's ICT provider. Internal Audit plans to undertake additional assurance work on the transactions during and following the period of disruption, and on the lessons learned analysis.

Based on the audit work undertaken, the assurances provided by the Chief Officers of the IJB, Executive Directors of Glasgow City Council Services, and the Senior Management Teams of services within NHS Greater Glasgow and Clyde, it is the Chief Internal Auditor's opinion that reasonable assurance can be placed upon the control environment which operated during 2022/23 within the IJB, with the exception of the significant issues noted above.

10. Certification

10.1 Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement.

Susanne Millar
Chief Officer

Simon Carr
Chair



Comprehensive Income and Expenditure Statement

Comprehensive Income and Expenditure Statement for the year ended 31 March 2023

This statement shows the cost of providing services for the year according to accepted accounting practices. It includes, on an accruals basis, all expenses and related income.

2021/22					2022/23		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Notes	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
179,380	(12,605)	166,775	Children and Families		194,384	(15,946)	178,438
393,719	(64,589)	329,130	Adult Services		440,945	(80,414)	360,531
351,713	(27,449)	324,264	Older People Services		387,545	(37,368)	350,177
178,413	(126,937)	51,476	Resources		88,241	(25,170)	63,071
20,614	(21,563)	(949)	Criminal Justice		22,041	(23,145)	(1,104)
380,651	(4,190)	376,461	Primary Care		405,783	(8,709)	397,074
33,874	-	33,847	COVID-19		16,926	0	16,926
1,538,337	(257,333)	1,281,004	**Cost of services directly managed by Glasgow City IJB**		1,555,865	(190,753)	1,365,112
235,618	-	235,618	Set-aside for delegated services provided in large hospitals		240,703	-	240,703
2,000	-	2,000	Aids and Adaptations		2,000	-	2,000
1,775,955	(257,333)	1,518,622	**Total cost of services to Glasgow City IJB**		1,802,370	(190,753)	1,611,617
		(1,577,122)	Taxation and Non-Specific Grant Income	5			(1,514,855)
		(58,500)	**(Surplus) or deficit on provision of services and total comprehensive (income) and expenditure**				92,960

There are no statutory or presentation adjustment which result in the IJB's application of the funding received from partners, and therefore the movement in the General Fund balance, being different from the costs and income shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts as it is not required to provide a true and fair view of the IJB's finance.

Movement in Reserves Statement

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves	General Fund Balance £000
Balance at 31 March 2021	**116,872**
Total Comprehensive Income and Expenditure 2021/22	58,500
Increase in 2021/22	58,500
Balance at 31 March 2022	**175,372**
Total Comprehensive Income and Expenditure in 2022/23	(92,960)
Decrease in 2022/23	(92,960)
Closing Balance at 31 March 2023	**82,412**

Balance Sheet



Balance Sheet as at 31 March 2023

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2023. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2022 £000		Notes	31 March 2023 £000
175,372	Short Term Debtors	6	82,412
175,372	**Current Assets**		**82,412**
175,372	**Net Assets**		**82,412**
175,372	Usable Reserve: General Fund	7	82,412
175,372	**Total Reserves**		**82,412**

The Annual Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2023 and its income and expenditure for the year then ended.

The unaudited accounts were authorised for issue on 28 June 2023.

Sharon Wearing
Chief Officer, Finance & Resources

28 June 2023

Notes to the Annual Accounts

1. Accounting Policies

(A) General Principles

The Financial Statements summarise the transactions of Glasgow City Integration Joint Board ('IJB') for the 2022/23 financial year and its position at 31 March 2023.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. It is a joint venture between NHS Greater Glasgow and Clyde and Glasgow City Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

(B) Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

(C) Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, Glasgow City Council and NHS Greater Glasgow & Clyde.

Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the city of Glasgow and service recipients in Greater Glasgow & Clyde, for services which are delivered under Hosted arrangements.



(D) Cash and Cash Equivalents

Although the IJB has formally opened a bank account, it neither holds any funds nor incurs any expenditure. All transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. This has resulted in there being no requirement for the IJB to produce a cash flow statement. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

(E) Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken. Charges from funding partners for other staff are treated as administration costs.

(F) Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.



(G) Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. Within usable reserves the IJB holds earmarked funds to meet specific service commitments and a contingency reserve which is held to assist the IJB to deal with unforeseen events or emergencies. The IJB's Reserve Policy recommends the holding of contingency reserves at 2% of net expenditure.

(H) VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

(I) Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS Greater Glasgow & Clyde and Glasgow City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore, analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material presented as either a debtor or disclosed as a contingent asset.

(J) Events after the balance sheet date

Events after the balance sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the statement of accounts is authorised for issue.

Two types of events may be identified:

- those that provide evidence of conditions that existed at the end of the reporting period – the Financial Statements are adjusted to reflect such events; and
- those that are indicative of conditions that arose after the reporting period - the Financial Statements are not adjusted to reflect such events, but where this would have a material effect, the nature and estimated financial impact of such events is disclosed in the notes.

2. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. There were no judgements required which involved uncertainty about future events. The critical judgements made in the Annual Accounts are:

- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Glasgow City IJB accounts have been prepared and is based on the Code of Practice;

3. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Officer, Finance & Resources on 27 September 2023. Events taking place after this date are not reflected in the financial statements or notes.

Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.



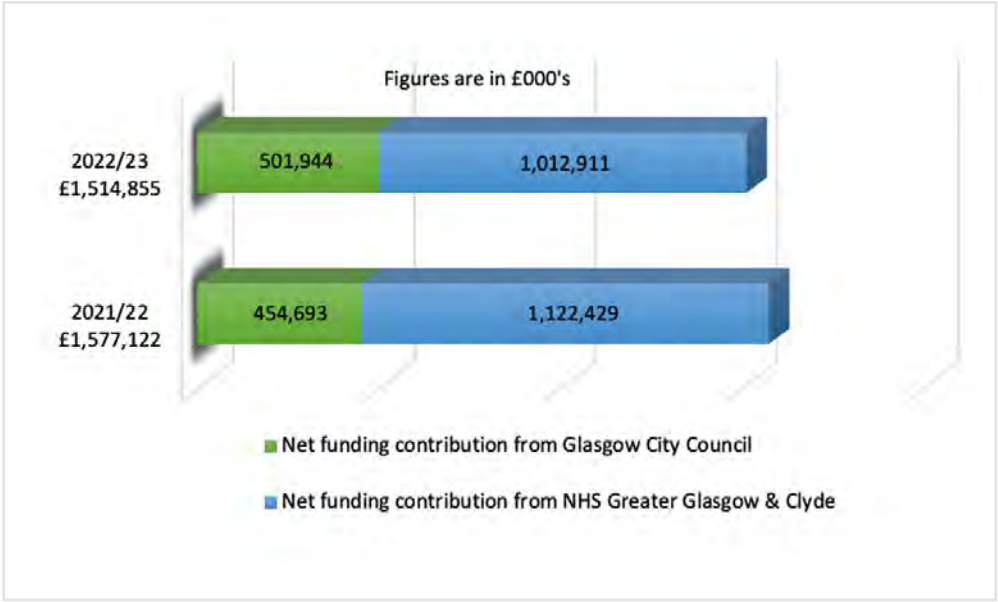
4. Expenditure and income analysis by nature

2021/22 £000		2022/23 £000
(1,577,122)	Partners' funding contributions and non-specific grant income	(1,514,855)
(257,333)	Fees, charges and other service income	(190,752)
568,983	Employee costs	586,434
34,623	Premises costs	33,751
6,289	Transport costs	7,590
163,360	Supplies and services	100,291
368,227	Third party costs	394,961
48,781	Transfer payments	60,811
765	Capital financing costs	744
128,571	Prescribing	138,214
220,710	Family health services	235,036
235,618	Set-aside for delegated services provided in large hospitals	240,703
28	Fees payable to Audit Scotland in respect of external audit services	31
(58,500)	**(Surplus) or deficit on provision of services**	**92,960**

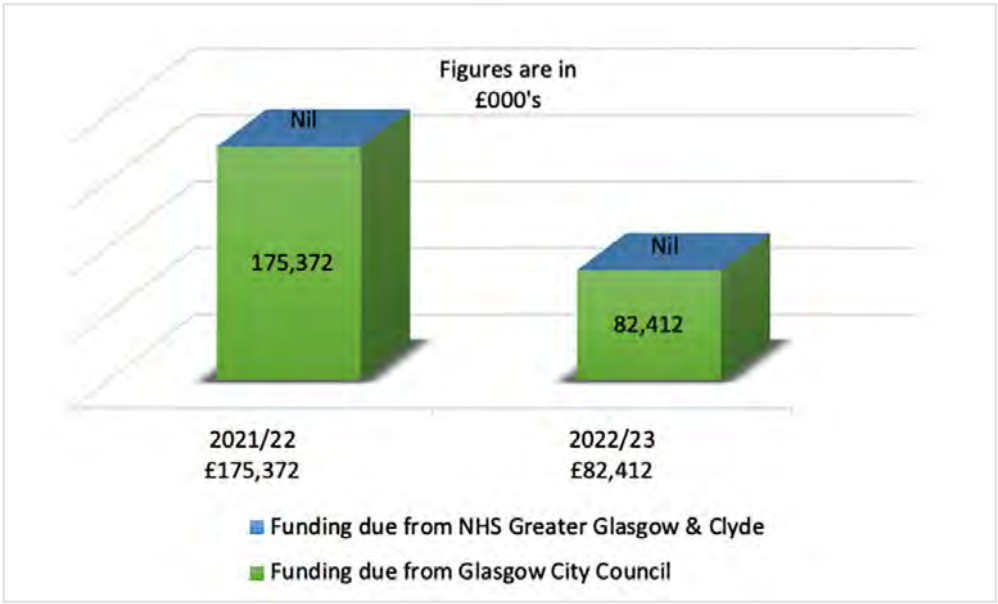
No other services have been provided by the appointed auditor.

5. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Board shown below includes £240,702,709 in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.



6. Debtors



7. Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

2021/22						2022/23			
Balance at 1 April 2021 £000	Transfers Out £000	Transfers In £000	Redistribution of Reserves £000	Balance at 31 March 2022 £000		Transfers Out £000	Transfers In £000	Redistribution of Reserves £000	Balance at 31 March 2023 £000
89,053	(53,894)	111,632	0	146,791	Earmarked	(100,772)	12,912	(3,449)	**55,482**
27,819	0	762	0	28,581	Contingency	(5,100)	-	3,449	**26,930**
116,872	(53,894)	112,394	-	**175,372**	**General Fund**	(105,872)	12,912	-	**82,412**

The table below provides details of the earmarked funds held.

Earmarked Reserves	Balance at 1 April 2022 £000	Movement in Year	Balance at 31 March 2023 £000
Scottish Government Funding: COVID-19	65,602	- 65,589	13
Scottish Government Funding: Adult Services	26,611	- 13,067	13,544
Scottish Government Funding: Primary Care	10,007	- 9,863	144
Scottish Government Funding: Children and Families	2,527	- 1,159	1,368
Scottish Government Funding: Older People	1,319	- 255	1,064
Other External Funding: All Client Groups	2,256	472	2,728
Investment in Infrastructure	21,637	4,359	25,996
Maximising Independence	6,623	- 3,744	2,879
Prescribing Contingency	2,962	- 2,962	-
Investment in Service Provision	7,248	498	7,746
Total	**146,791**	**-91,309**	**55,482**

8. Related party transactions

Glasgow City Integration Joint Board (IJB) is a joint venture between NHS Greater Glasgow and Clyde and Glasgow City Council. The nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships. The table below shows the funding which has been received from either the NHS Board or Glasgow City Council, and the value of services which were provided by the NHS Board and Glasgow City Council. This includes resource transfer funding.

2021/22	Transactions with NHS Greater Glasgow & Clyde	2022/23 £000
1,122,429	Funding Contributions received from the NHS Board	1,012,911
(966,819)	Expenditure on Services Provided by the NHS Board	(917,887)
(607)	Key management personnel: non-voting board members	(637)
155,004	**Net Transactions with the NHS Board**	**94,387**

Key Management Personnel: the non-voting Board members employed by the NHS Board and recharged to the IJB include representatives of primary care, nursing and non-primary services; and a staff representative. NHS Greater Glasgow & Clyde did not charge for any support services provided in the year ended 31 March 2023 (2022: nil).

2021/22 £000	Balance with NHS Greater Glasgow & Clyde	2022/23 £000
-	Debtor balances: amounts due from the NHS Board	-
-	**Net balance with the NHS Board**	**0**

2021/22 £000	Transactions with Glasgow City Council	2022/23 £000
454,693	Funding Contributions received from Glasgow City Council	501,944
(550,687)	Expenditure on Services Provided by Glasgow City Council	(688,745)
(509)	Key management personnel: non-voting board members	(546)
(96,503)	**Net Transactions with Glasgow City Council**	**(187,347)**

Key Management Personnel: the non-voting Board members employed by the Glasgow City Council and recharged to the IJB include the Chief Officer, the Chief Financial Officer, the Chief Social Work Officer and a staff representative. Details of the remuneration for some specific post-holders are provided in the Remuneration Report. Glasgow City Council did not charge for any support services provided in the year ended 31 March 2023 (2022: nil).

2021/22 £000	Balance with Glasgow City Council	2022/23 £000
175,372	Debtor balances: amounts due from the Glasgow City Council	82,412
175,372	**Net balance with Glasgow City Council**	**82,412**

9. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

10. Hosted Services

The services which are hosted by Glasgow City IJB are identified in the table below. This also shows expenditure in 2022/23 and the value consumed by other IJBs within Greater Glasgow and Clyde.

2021/22				2022/23	
Actual Net Expenditure £000's	Consumed by other IJBs £000's	Host	Service	Actual Net Expenditure £000's	Consumed by other IJB's £000's
4,261	2,004	Glasgow	Continence	5,031	2,411
10,842	3,652	Glasgow	Sexual Health	11,442	3,799
9,730	4,162	Glasgow	Mental Health Central Services	9,650	4,145
13,264	5,118	Glasgow	Mental Health Specialist Services	14,973	5,319
16,043	4,361	Glasgow	Alcohol and Drugs Hosted	15,730	4,579
7,875	2,930	Glasgow	Prison Healthcare	8,729	3,248
2,384	1,103	Glasgow	Healthcare In Police Custody	2,193	1,008
15,344	2,168	Glasgow	Old Age Psychiatry	16,903	3,458
46,571	8,693	Glasgow	General Psychiatry	53,744	10,129
126,314	**34,191**		**Total**	**138,394**	**38,096**

The services which are hosted by other IJBs on behalf of the other IJBs including Glasgow City are identified in the table below. This also shows expenditure in 2021/22 and 2022/23 and the value consumed by Glasgow City IJB.

2021/22				2022/23	
Actual Net Expenditure £000's	Consumed by Glasgow City IJB £000's	Host	Service	Actual Net Expenditure £000's	Consumed by Glasgow City IJB £000's
10,382	5,814	East Dunbartonshire	Oral Health	13,457	7,491
10,382	**5,814**		**Total**	**13,457**	**7,491**
8,822	5,654	East Renfrewshire	Learning Disability	9,591	6,872
211	98	East Renfrewshire	Augmentative and Alternative Communication	265	124
9,033	**5,752**		**Total**	**9,856**	**6,996**
6,955	328	Inverclyde	General Psychiatry	7,503	706
3,734	13	Inverclyde	Old Age Psychiatry	4,340	26
10,689	**341**		**Total**	**11,843**	**732**
6,775	3,889	Renfrewshire	Podiatry	7,312	2,895
3,925	2,249	Renfrewshire	Primary Care Support	4,138	2,382
9,756	210	Renfrewshire	General Psychiatry	10,342	241
8,154	167	Renfrewshire	Old Age Psychiatry	8,220	293
28,610	**6,515**		**Total**	**30,013**	**5,810**
6,527	3,664	West Dunbartonshire	Musculoskeletal Physio	7,374	4,200
720	404	West Dunbartonshire	Retinal Screening	846	475
1,102	-	West Dunbartonshire	Old Age Psychiatry	1,916	-
8,349	**4,068**		**Total**	**10,136**	**4,675**
67,063	**22,490**	**Total**		**75,305**	**25,704**

Independent Auditor's Report

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Item No: 9

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Pat Togher, Assistant Chief Officer, Public Protection Complex Needs**

Contact: **Jim McBride, Head of Homelessness and Complex Needs**

Phone: **0141 420 5756**

Glasgow City HSCP Homelessness Services Recovery Panning Arrangements

Purpose of Report:	This paper is a follow up report since our homelessness recovery planning arrangements were considered at the IJB January 2023. The report summarises financial and resource pressures on Glasgow Homelessness Services and sets out a number of savings proposals which seek to mitigate against financial challenges for the remainder of 2023/24 and beyond.

Background/Engagement:	Glasgow City HSCP Homelessness Services are facing major financial challenges as a consequence of continued high demand for services and resultant high use of bed and breakfast accommodation, inflationary pressures across the service for the supply of goods and services and the impact of the local government pay settlement on employee costs. Whilst Homelessness Services responded quickly to the Covid public health pandemic it is apparent that the provision of Registered Social Landlord accommodation has not kept pace with continual demand resulting in an increased reliance on B and B accommodation. Glasgow City HSCP Homelessness Services have engaged with multiple partner agencies in defining the current pressures. These partners have included homelessness Third sector organisations, the Scottish Government, Registered Social Landlords, Scottish Housing Regulator, Police Scotland and HSCP staff.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☒ Other ☒ Workforce engagement with Grade 9 staff and above representative of all care groups Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Note the progress made since approving changes at IJB in January 2023; b) Note that financial savings since January 2023 have been superseded by the relaxation of Local Connections legislation (November 2022), positive decision making by Home Office and a short fall of 1600 lets; c) Note the additional recovery measures outlined at section 4.2; and d) Note that even with these actions a revised overspend of £11.7m is forecast and will be the subject of future reports.

Relevance to Integration Joint Board Strategic Plan:

The delivery of an effective homeless household is critical to the delivery of the Integration Joint Board Strategic Plan 2019-2022 and the proposed Strategic Plan for 2023-26.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The delivery of an effective and efficient Homelessness Services contributes to a range of National Health & Wellbeing Outcome, including: 1, 2, 3, 5, 7 and 9.

Personnel:	None

Carers:	None

Provider Organisations:	The efficiency savings set out within this paper will have an impact of the level of bed and breakfast accommodation procured from third party providers.

Equalities:	Households affected by homelessness can often face multiple disadvantages and complex needs however this

	policy will impact upon all homeless households and an EQIA will be undertaken post IJB discussion to ensure mitigation wherever possible.

Fairer Scotland Compliance:	None

Financial:	This service is currently forecasting an overspend of £16.596m. Proposals within this report will generate a reduction in expenditure of £4.9m. This will result in a revised forecast of £11.7m which will be the subject of future reports.

Legal:	Proposals in addressing Homelessness pressures are likely to increase risk of non-compliance with statutory duties. This paper sets out proposals which will ensure the HSCP statutory responsibilities remain protected wherever possible whilst delivering the necessary financial savings.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	Risks associated with proposed cost efficiencies are detailed within this report.

Implications for Glasgow City Council:	Homelessness Services Officers will implement revised operating procedures set out within the report.

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☒
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. This paper is a follow up report since our homelessness recovery planning arrangements were considered at the IJB in January 2023. The report summarises financial and resource pressures on Glasgow Homelessness Services and sets out a number of savings proposals which seek to mitigate against financial challenges for the remainder of 2023/24 and beyond.

2. Background

2.1. Glasgow City HSCP Homelessness Services has significant statutory duties in regard to the prevention and alleviation of homelessness. These duties are discharged through the IJB.

2.2. Glasgow Homelessness Services remain committed to the IJB approved Rapid Rehousing Transition Plan (2019/20 – 2023/24) and all of the associated targets relevant to this paper which includes;

- Reducing time spent in temporary accommodation
- Eradicating the use of bed and breakfast accommodation for homeless people

2.3. Prior to the commencement of the Covid public health emergency (PHE) the HSCP faced challenges in routinely discharging its duty to provide emergency accommodation to people seeking assistance under homelessness legislation which led to the intervention of the Scottish Housing Regulator.

2.4. The commencement of Covid saw a rapid expansion of temporary accommodation provision within the City. This expansion was largely met through increased use of bed and breakfast type accommodation and the leasing of approximately 500 additional properties for use as temporary furnished accommodation. The rapid expansion has enabled the Council to routinely discharge its statutory duty and extend public health protections to households with No Recourse to Public Funds (NRPF) during the period of the PHE. In keeping with Covid recovery planning arrangements Glasgow City HSCP Homelessness Services no longer has responsibility for the provision of emergency accommodation since September 2022 for those with NRPF.

2.5. There is also increasing evidence that the extension of temporary accommodation provision, during Covid, and the subsequent development of care, treatment and resettlement pathways through in-reach work by health and social care services has improved outcomes for our vulnerable homeless population. It is also important to note that the city has made significant progress in addressing rough sleeping, with our commissioned outreach street service routinely reporting the number of people sleeping rough in the City Centre as being in single figures.

2.6. The rapid expansion of temporary accommodation through the increased use of bed and breakfast type accommodation during Covid was funded through the Scottish Government’s Covid-19 monies. This funding is no longer available in 2023/24.

2.7. The arrival of Ukrainian Displaced Persons (UDP) and their families impacted upon homelessness Covid recovery planning arrangements during 2022/23 with a requirement to quickly re-prioritise resources. Glasgow has welcomed over 2500 Ukrainians with a requirement to ensure an infrastructure of support is available to those who require it. The HSCP has worked well with the Scottish Government and Local Authority partners to secure resettlement accommodation for more than 1200 households accommodated on the MS

Ambition ship which departed Glasgow at the end of March. 350 UDP households remain in hotel accommodation commissioned by the Scottish Government while 600 are residing in temporary host family arrangements.

2.8. It remains unclear what impact this will have on Homelessness Services in the longer term, including availability of settled accommodation. However, there is an acknowledgement that UDPs may wish to settle in Glasgow following a period in emergency accommodation or residing with host families. We will continue to work with RSL partners to secure settled lets for UDP households, however it remains the HSCP's position that accommodation for UDP households will be in addition to the current responsibilities in relation to homeless households which includes a population of almost 800 households residing in B&B accommodation.

2.9. Progress - In our previous update to the IJB in January 2023 we obtained approval for the following changes which has since resulted in **savings circa £620k in 2022-23, projected to £2.091m for 2023-24;**

- Ceasing food provision with B&B accommodation. These arrangements have now been actioned following an incremental reduction between January and March 2023.
- Ceasing the payment of personal storage for homelessness households has also been actioned.
- Ceasing the costs of painting and decorating for refurbished properties (with exception of health and safety related priorities) has also been actioned.

Cost Mitigation Options	**Savings achieved - 22/23 (£)**	**Projected Savings - 23/24 (£)**
Revision of Storage of Personal Belongings in Storage Policy & Furniture in Storage	£141,188	£227,250
Revision of Décor maintenance	£483,225	£944,925
Provision of Meals		£918,635
TOTAL	£624,413	£2,090,810

Note: 22/23 Savings based on projected spend based on Weeks 1-28 average against actual spend for 22/23 following implementation of cost mitigation proposals during second half of year.

Challenges

Since our previous update in January 2023 Glasgow Homelessness Services has maintained an upward trajectory for emergency accommodation. **The forecasted Homelessness position for 23/24 is an overspend of £16.6m.**

2023/24 Revised Position and Update on Savings Targets

Subjective Heading	Proposed Actions (Jan 2023)	23/24 Gross Projection	Forecasted FY Impact of Proposed Actions to date	Revised Projection 23/24
Employee Costs	0	-69,651	0	-69,651
Premises Costs	-2,234,000	3,060,180	-1,172,176	1,888,004
Transport Costs	0	-55,890	0	-55,890
Supplies and Services	-787,000	1,366,107	-918,635	447,472
Third Party Payments	-2,466,000	7,598,335	2,141,017	9,739,352
Transfer Payments	0	-1,252,537	0	-1,252,537
Gross Expenditure	**-5,487,000**	**10,646,545**	**50,206**	**10,696,750**
Income	0	5,949,319	0	5,949,319
Net Expenditure	**-5,487,000**	**16,595,863**	**50,206**	**16,646,069**

The January IJB report on Homelessness savings proposals intended to deliver savings of approximately £5.487m in value and consisted of:

- Reduction in Void Property timescales and Bed & Breakfast - £2.466m
- Revision of storage of Personal Belongings/Furniture policy - £0.834m
- Revision of Décor Maintenance - £1.400m
- Ending of provision of meals to Bed & Breakfast - £0.787m
- Total Savings Proposed - £5.487m

Based on actions implemented on the above during the latter half of the 22/23 financial year there has been a forecasted reduction in decoration (£0.945m) and Furniture/Personal Belongings in Storage (£0.227m) for 23/24 based on latest figures. While this has not met the savings targets established in January 2023 initial figures are showing a downward trend which will hopefully continue through the financial year. Regarding the food provision the final cost for 22/23 was £0.919m and this has been discontinued for the 23/24 financial year, leading to an over-recovery on the savings target of £0.787m by £0.132m.

Unfortunately, due to increased levels of Bed & Breakfast use we are failing to meet the established target of £2.466m, and forecasted figures suggest an additional pressure of £2.141m.

Overall, the net impact of the savings targets is an additional overspend of £0.050m to the current 23/24 Homelessness position. This is largely as a result of the increased usage in Bed & Breakfast accommodation which is negating efforts made in reducing decoration & storage costs and discontinuing food provision.

2.10 In our previous update to the IJB in January 2023, we envisaged the modification of the Local Connection Power within the Housing (Scotland) Act 1987, which came into force on 29th November 2022, would likely place increased pressures on the HSCP. In essence, the removal of the local connection power 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. The HSCP had previously highlighted our concern to the Scottish Government that the modification of the local connection would place additional pressure on the service in relation to the provision of emergency and settled accommodation and threaten our ability to discharge our statutory duties.

2.11 We continue to monitor the impact of the revised duties on the HSCP. Recent analysis indicates that between 29th November 2022 and 15th May 2023, 98 Scottish households were assessed as having no local connection to Glasgow. 75 of these households have accessed interim accommodation, spending a total of 3,557 days in interim accommodation. Analysis of the financial impact on the HSCP indicates that over this 24-week period the total cost of providing interim accommodation to 'no local connection' households was £284,560. Based on the current level of demand from households with no local connection to Glasgow, emergency accommodation costs over the course of 2023/24 are projected to be around £1.6m, taking into account a projected increase in cases throughout the year as households become more aware of their rights. In recognition of the level of complexity experienced by homelessness service users there remains a requirement to re-calculate these costs when considering the greater impact on additional support needs including addiction, mental health services etc. It is also important to note that no new funding was provided to the HSCP to reflect the additional statutory duty and that the increased pressures on the supply of settled lets is likely to result in longer stays in B&B accommodation. The HSCP continues to engage with the Scottish Government to highlight and seek additional support to reflect the impact of the policy change.

2.12 Glasgow Homelessness Services' financial challenges will be exacerbated by the removal of COVID-19 monies (£11.689m claimed 22/23). B&B/Hotel accommodation accounts for approximately 750 placements across the city which compares with pre-Covid figures of approximately 240. The increase of 500 temporary furnished flats being utilised by the HSCP for homeless accommodation is also creating increased budgetary pressures. A key route for the HSCP to reduce temporary accommodation use is to increase the speed that it resettles homeless households. As a stock transfer authority, the HSCP works with the city's Registered Social Landlords (RSLs) to secure settled housing for homeless households.

2.13 A core element of the cost pressures facing the HSCP is the over reliance on B&B to provide emergency accommodation for homeless households. A key element to reducing B&B use is working with the city's RSLs to increase the number of settled lets secured for homeless households. The Local Letting Plan for 2023/24 was completed in March 2023 at which point we confirmed that Glasgow had experienced a shortfall in securing lets totaling irca 1600. These figures are based on a requirement to secure 4500 lets annually, however during 2022/23 Homelessness Services were provided with 2900. Based on our locality planning analysis the Assistant Chief Officer Public Protection and Head of Housing (NRS) wrote to all RSLs requesting 60% of all social housing lets for the resettlement of homeless households. This reflects the need to rapidly reduce the HSCP's reliance on bed and breakfast accommodation.

2.14 The HSCP continues to work constructively with RSLs to increase the speed at which homeless households are resettled. Building on the Local Letting Community structures a series of engagement sessions have taken place with senior managers from RSLs and the Assistant Chief Officer, Public Protection and Complex Needs, the HSCP's Head of Homelessness and NRS Head of Housing seeking assurances and feedback on the ask. Further sessions have taken place during May 2023. Whilst feedback has been relatively positive it remains apparent that RSLs are experiencing significant challenges which may prevent them securing the necessary quota, thus placing additional pressures on homelessness and projected longer periods of time spent within hotel and B&B accommodation.

2.15 Homelessness Services have also worked with RSL and NRS colleagues to improve understanding of the availability of RSL properties to let. This improved information flow allows for better targeting of referrals for the rehousing of homeless households through the Section 5 process.

2.16 Since the last report to the IJB in January 2023, the HSCP has seen an increase in the level of demand for B&B accommodation. The main drivers of this appears to be an increase in requests for assistance from people affected by homelessness. In addition, the decision of Mears and the Home Office to accelerate the numbers of people being moved out of accommodation following successful asylum claims has resulted in additional pressure of circa 600 households. During the first weeks of May this demand has translated into 50 presentations per week seeking homelessness emergency accommodation and resulted in hotel and B&B accommodation numbers increasing to almost 800 with spot purchasing of higher cost hotels now becoming the norm in order to sustain statutory duties.

3. Summary

3.1 It has been acknowledged that Glasgow Homelessness Services has achieved considerable progress in recent years particularly with regard to our response to the Covid-19 Public Health Emergency resulting in rapid accessible accommodation for those who require it while ensuring sustained reduction in rough sleeping figures. However, operating such a highly accessible service with limited governance/risk oversight at the point of entry

presents significant risk especially when services are offering emergency accommodation during out of hours periods. This is particularly apparent given the complexity of need spread across the volume of almost 750 households and the lack of information available to case managers when dealing with service users who would otherwise have accessed services within their own local authority prior to the relaxation of Local Connection in November 2022.

3.2 Examples of broad complexity of need includes prison release, addiction, mental health, and offending. It also remains apparent that many service users are residing within City Centre hotels for extended periods of time including a small proportion of those who have declined offers of settled accommodation. Many are also experiencing re-occurring homelessness often as a result of their dissatisfaction with existing Temporary Furnished Flat accommodation. Additionally, a continuing small number are offered emergency accommodation but fail to turn up as expected.

3.3 In response to extensive audit and review work it has been established that a more rigorous approach must be applied in order to slow down the existing trajectory of demand and recurring homelessness while also providing a robust, proactive care management model within the context of the IJB/HSCP's key strategic priorities including maximising independence wherever possible. This will require a shift in practice from the existing porous model seen as a necessity during Covid to a system that operates within a model of risk enablement underpinned by a strength-based approach recognising that offers of emergency accommodation will be constrained by financial pressures. The revised approach will see investment in staff training and development to support the enhancement of safeguarding approaches to service delivery.

3.4 Homelessness Services will also examine admission criteria and governance arrangements in relation to supported accommodation resources in order to ensure appropriate placement management and that the service maximises independence with improved efficiencies and more rapid exit planning. Work is also underway to enhance joint working across key partner agencies and improve risk management for service users with complex case histories.

3.5 It should also be noted that whilst Glasgow Homelessness Services have fully complied with our statutory duty to provide emergency accommodation we equally recognise that by doing so we are in breach on the Unsuitable Accommodation Order by more than 600 households.

4. Recommendations for recovery planning arrangement

4.1 If no further action is taken this service will overspend by £16.646m. The status quo option would recognise the continual trajectory of demand with particular reference to the impact Local Connections legislation, and the projected increase in domestic homelessness demand based on retrospective forecasting**.**

Status Quo Position

Pros	Cons	Mitigation
Retain compliance with local connection requirements and requirement to provide emergency accommodation	Increasing numbers of people with complex needs residing in hotels and B&B accommodation	Service user engagement
	Additional services required to sustain and support those in hotel and B&B accommodation.	
	Significant financial pressures on HSCP and non compliance with agreed targets	
	Extended stays in hotels within city centre and increasing safeguarding challenges	
	Targets to cease the usage of B&B and hotel accommodation within lifetime of RRTP unachievable	

4.2 Glasgow Homelessness Services recognises that the status quo is not a viable position given the existing pressures and the momentum behind the current trajectory. Decisive action will be required in order to address the current pressures. However, we equally acknowledge that any decision will potentially impact upon our statutory duties. These measures will be required with immediate effect and are considered accordingly.

(i) **Unless the ongoing discussion with Scottish government are able to implement a financial framework to support local connections we would need to revise existing responses to local connection changes and adopt risk management process.** This would recognise that we require a detailed oversight of the admission process to emergency accommodation and reflects a requirement to prioritise under exceptional circumstances. This has the potential to save the service £1.3m over the next 9 months.

Pros	Cons	Mitigation
Ensure greater risk oversight and protection of vulnerable population residing in emergency accommodation. Slow down admission to emergency accommodation	Risk of non-compliance with legal duties	Proactive engagement with neighbouring local authorities seeking alternative options
Increased likelihood of achieving savings targets as set out Jan 2023. Opportunity to shift investment towards Glasgow needs and re-occurring complex needs	Reputational risk to HSCP	Scottish Housing Regulator engagement
Reduce risk of uncertainty	Risk of judicial review	Local authority engagement
Reduce waiting lists for settled accommodation	Risk of non-compliance with local connection requirements	
Increased likelihood of achieving RRTP targets including the eradication of B&B accommodation for those experiencing homelessness.		

(ii) **Ceasing spot purchase arrangements of high cost hotel accommodation and incrementally reducing the supply of bed and breakfast placements commensurate with proposed reduction as agreed at the IJB in Jan 2023**. This has the potential to save the service £3.6m over the next 9 months.

Pros	Cons	Mitigation
Targets in keeping with proposed plans agreed via IJB in January 2023. Increased likelihood of achieving RRTP targets including the eradication of B&B accommodation for those experiencing homelessness.	Increase risk of rough sleeping	Emphasis on prevention, engagement with commissioned services, prioritise risk and vulnerability
Mitigate financial pressures	Risk of breaching statutory duties	Emphasis on prevention, engagement with commissioned services, prioritise risk and vulnerability
Fewer households in hotel accommodation	Reputational risk	Priority of need/risk assessment
Opportunity to invest in care planning arrangements		Communication re' waiting times

This option would also include the establishment of a multi-disciplinary task force to decommission an identified hotel in order to expedite recovery planning arrangements towards the January agreed financial target**.** The

taskforce will work with service users to secure rapid move on to settled accommodation and supported accommodation services with agreed target date of approximately 3 months. We propose to test this approach and in recognition that that the Charles Rennie Mackintosh may provide a significant contribution towards the scale of savings necessary and would provide the template for replicating the model elsewhere. This proposal will require an agreed reduction in emergency hotel and B&B accommodation operating in tandem.

The HSCP has experience of successfully decommissioning accommodation services and securing positive outcomes for residents, most recently the Bellgrove Hotel. Safeguarding and detailed risk management arrangements will be applied in order to minimise the risk to service users.

Risks

Given the level of demand for emergency accommodation there is significant risk to the HSCP in reducing in the use of B&B places to the levels envisaged. Despite all attempts to mitigate risk as detailed there remains a risk that Glasgow Homelessness Services will breach statutory duties to provide emergency accommodation. There is also an increased likelihood of rough sleeping and hardship for service users, reputational damage and potential judicial sanctions and additional costs. Whilst acknowledging the risk involved it is worth noting that these proposals are considered to be the least impactful when compared with the status quo, financial pressures and the increasing trajectory of demand.

Risk mitigation, in reducing bed and breakfast use, is highly reliant on Homelessness Services securing a continued increase in the numbers of settled lets for homeless households, improved outcomes in relation to prevention activities, and improvements in void property management processes for temporary furnished flats.

4.3 Introduction of both recovery plans will reduce expenditure by £4.9m in 2023-24 and result in a revised forecast of £11.7m.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) Note the progress made since approving changes at IJB in January 2023;
b) Note that financial savings since January 2023 have been superseded by the relaxation of Local Connections legislation (November 2022), positive decision making by Home Office and a short fall of 1600 lets;
c) Note the additional recovery measures outlined at section 4.2; and
d) Note that even with these actions a revised overspend of £11.7m is forecast and will be the subject of future reports.

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	280623-9
2	**Report Title**	Glasgow City HSCP Homelessness Services Recovery Planning Arrangements
3	**Date direction issued by Integration Joint Board**	28 June 2023
4	**Date from which direction takes effect**	28 June 2023
5	**Direction to:**	Glasgow City Council only
6	**Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)**	No
7	**Functions covered by direction**	Homelessness Services
8	**Full text of direction**	Glasgow City Council is directed to implement the recovery planning arrangements proposed as section 4 of this report.
9	**Budget allocated by Integration Joint Board to carry out direction**	Completion of this Direction will result in reduction in the cost of delivering the services and is required to be undertaken to address the overspend within this budget area.
10	**Performance monitoring arrangements**	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	**Date direction will be reviewed**	28 June 2024

Item No: 10

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Glasgow City HSCP**

Contact: **Kelda Gaffney, Head of Service, Alcohol and Drug Recovery Services and Mental Health Specialist Services**

Phone: **0141 211 6626**

Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards and Alcohol and Drug Recovery Service (ADRS) Review

Purpose of Report:	The purpose of this paper is to update the IJB on progress of implementation of the Medication Assisted Treatment (MAT) Standards and recommendations from the commissioned independent Review of Glasgow Alcohol and Drug Recovery (ADRS) community services and seek approval to progress recruitment for the Test of Change STARS model.

Background/Engagement:	This update follows an IJB paper in September 2022, on Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City. On 22nd August 2022, Public Health Scotland published the Supplementary Information for the National Benchmarking Report on implementation of the Medication Assisted Treatment (MAT) standards In January 2021, Glasgow Alcohol and Drug Recovery Services commissioned an external review of service, which reported with 10 Recommendations in September 2021.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐

	Council Committee ☐ Update requested by IJB ☐ Other ☒ Alcohol and Drug Partnership Adult Core Leadership

Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report; b) support the program of work currently being progressed for the Alcohol and Drug Service Review and MAT Standards Implementation; c) approve investment in the Long-Acting Buprenorphine Community Pharmacy Clinic; d) approve the progression to recruitment for the ADRS STARS Model; and e) request an updated report on Implementation of the MAT Standards in 12 months.

Relevance to Integration Joint Board Strategic Plan:

Implementation of the MAT Standards is the responsibility of Glasgow City IJB and plays a significant role in relation to the health and wellbeing of the Glasgow population. Implementation of the MAT standards is a rights-based approach and follows the principles of the Scottish Government Health & Social Care Standards: my support, my life, dignity and respect, compassion, inclusion and support to wellbeing.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	Outcomes 1, 3, 4, 5, 7, 8, 9

Personnel:	Implementation of the MAT Standards and ADRS Review Recommendations will require workforce investment and development, and investment in third sector providers. Staffside and Council trade unions are involved in all discussions and are key members of the ADRS Review and MAT Standards Implementation Steering Group**.**

Carers:	Families, carers and people with living and lived experience are fully engaged in the planning for implementation of the MAT Standards.

Provider Organisations:	Third sector partners are represented on the ADRS Review and MAT Standards Implementation Steering Group and Alcohol and Drug Partnership. Provider organisations will be involved in Test of Change models to inform future procurement activity. Several third sector partners have been awarded Scottish Government National Mission funding through Corra to

	deliver activity that will support the implementation of the MAT Standards

Equalities:	Implementing the MAT Standards will reinforce a rights-based approach by ensuring people have choice and are empowered to access the right support for where they are in their recovery journey. Implementation of the Standards has a significant part to play in helping vulnerable people affected by substance use. EQIAs may be required with aspects of implementation and will be published as per guidance.

Fairer Scotland Compliance:	None

Financial:	Full implementation of the MAT Standards can only be achieved with investment and additional staffing. This paper includes proposals which total £645,089, which will be met within existing Alcohol and Drug Recovery service budget, supplemented by National Mission allocation where required.

Legal:	The requirements to implement MAT standards comes via a Ministerial letter of direction using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014. Failure to comply with the request would risk being non-compliance with the Act. GCC Legal and Audit provide the support required to ensure that procurement activity is compliant with procurement legislation and the Council Standing Orders.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	Detailed risk implications are included in the Implementation Plan developed by the Planning and Implementation Group.

Implications for Glasgow City Council:	GCC will wish to be assured that the implementation of the MAT standards is progressing at a pace to meet the requirements of the Scottish Government.

Implications for NHS Greater Glasgow & Clyde:	NHSGG&C will wish to be assured that the implementation of the MAT standards is progressing at a pace to meet the requirements of the Scottish Government.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☒

1. Purpose

1.1. The purpose of this paper is to update the IJB on progress towards implementation of the Medication Assisted Treatment (MAT) Standards and recommendations from the commissioned independent Review of Glasgow Alcohol and Drug Recovery community services, seek approval to implement the Long Acting Buprenorphine Community Pharmacy Clinic, and seek approval to progress recruitment for the Test of Change STARS model.

2. Background

2.1. This update follows IJB papers in September 2021 (MAT Implementation in Glasgow City 2021) and in September 2022 (Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City).

2.2. On 22nd August 2022, Public Health Scotland published the Supplementary Information for the National Benchmarking Report on implementation of the Medication Assisted Treatment (MAT) standards.

2.3 Glasgow Alcohol and Drug Recovery Services (GADRS) commissioned an external review in January 2021, to consider the efficacy of the community care and treatment teams and the model of service delivery.

2.4 The Review undertook an analysis of service data and consultation with key stakeholders and concluded in September 2021. The report highlighted areas of good practice and key issues that present challenges to the delivery of effective and responsive care and treatment in line with the service specification and the MAT Standards. The final report made 10 Key Recommendations. A summary of the findings can be found in Appendix 1.

2.5 An ADRS Review and MAT Standards Implementation Board was developed in November 2022 to direct and monitor implementation. Membership includes Glasgow City HSCP, lived experience representation, Staffside and Local Authority Unison, staff representation and third sector partners.

3. Implementation – MAT Standards

3.1 Scottish Government set an expectation that Alcohol and Drug Partnership areas fully implement MAT Standards 1-5 by April 2023. This was benchmarked by Public Health Scotland (PHS) following Glasgow's submission of process, numerical and experiential evidence.

A summary of confirmed Red/Amber/Green benchmarking (RAGB) for Glasgow City, confirmed by PHS is detailed below:

MAT STANDARD		PREDICTED RAGB	FINAL RAGB (May 2023)
1	**Same Day**	Provisional Green	**Green**
2	**Choice**	Provisional Green	**Green**
3	**Assertive Outreach**	Provisional Green	Provisional Green
4	**Harm Reduction**	Provisional Green	Provisional Green
5	**Retention**	Provisional Green	Provisional Green
6	**Psychological Support**	Amber	Amber
7	**Primary Care**	**Amber**	**Amber**
8	**Advocacy**	Amber	Amber
9	**Mental Health**	**Provisional Amber**	**Provisional Amber**
10	**Trauma Informed Care**	Amber	Amber

Amber (A) – there is evidence of partial implementation of the standard in MAT services
Green (G) – there is evidence of full implementation of the standard across all MAT services

3.3 Experiential data was limited following a delay in the Data Protection Impact Assessment approval and subsequent impact on interview sessions that could be completed, which has influenced the RAGB status. In total, 11 service users with lived experience of alcohol and/or drug use were interviewed by staff, and 7 staff members were interviewed by ADP staff. Learning for future submissions is being implemented, with regular interviews to be undertaken throughout the year and a wider range of service usage covered. No family members/carers participated as consent was not provided by any of the service users interviewed. There will be pro-active attempts to engage family members/carers for future submissions.

3.4 **MAT Standard 1 – All people accessing services have the option to start MAT from the same day of presentation**

Analysis of referrals over the month of February 2023 indicated that 75% of people who wished an immediate MAT treatment initiation, received assessment and treatment start within 1 day.

Experiential data was particularly strong in relation to MAT Standard 1 with the majority of service users highlighting that they were offered treatment on the same day as presentation to the service, using positive language to describe treatment that is barrier-free and responsive to need. Staff indicated that treatment can always be initiated on the same day, but this is guided by service user choice.

3.5 **MAT Standard 2 – All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose**

Of the 33 patients who started Medicated Assisted Treatment in February 2023, 24% were initiated on Methadone, 36% on Oral Buprenorphine, and 40% on Long-acting Injectable Buprenorphine (LaB), highlighting an upward trend in relation to LaB, particularly with treatment initiation. In addition, 16% of all Medicated Assisted Treatment is LaB, exceeding the Scottish Government

target of 8%. A Test of Change has been agreed to support the increase in delivery of LaB in partnership with a community pharmacy setting in South Glasgow.

Experiential data highlighted that each of the treatment options was explained in detail and service users indicated that they held the decision-making in relation to treatment choice and that there were no barriers to accessing treatment. Staff felt confident in their knowledge of, and ability to explain, MAT options. Service users further indicated that they felt able to request a review of their treatment at any time.

3.6 **Test of Change – Long Acting Buprenorphine Community Pharmacy Clinic**

A test of change was proposed as a consequence of the considerable increase in LaB prescribing, and the subsequent impact on ADRS resource and lack of LaB as a treatment choice in Primary Care. Patients who are prescribed LaB currently attend their ADRS team on a weekly or monthly basis for injection.

NHS Grampian and NHS Lothian introduced Tests of Change in 2022 where selected community pharmacies provide LaB administration clinics, and therefore the proposed model is based on shared learning from these Board experiences. Pharmacists working in Community Pharmacies are practitioners experienced in dispensing, assessing, supervising and supporting patients throughout Opiate Substitute Treatment (OST), and many have experience of administering injections within their own setting and are qualified independent prescribers.

The introduction of LaB administration services within a community pharmacy would increase patient choice in terms of where they can receive treatment, delivers the service in the patient's local community and provides greater flexibility due to increased opening hours.

The Test of Change involves one community pharmacy in South Glasgow, that would deliver one LaB clinic per week, with a maximum of 15 appointments per day and therefore capacity for 60 patients in total within the initial test of change period. A new LaB administration page is being developed.

Total costs for the 6 month test of change will be £14,900, which includes a £500 establishment fee and £40 per patient administration fee. This will be funded from existing Alcohol and Drug Recovery Service budget.

3.7 **MAT Standard 3 – All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT**

The Crisis Outreach Service (COS) received 94 referrals between February 2022 and March 2023, with the majority of referrals received from Emergency Departments, Scottish Ambulance Service or ADRS. 79% of people received an assertive outreach response, with a median of 0 days between notification and screening, a median of 1 day between screening and first attempted contact, and a median of 2 days between notification and initial outreach risk assessment.

COS operates 7 days a week, 8am to 8.30pm, to support people who are identified as being at high risk of overdose and harm. Staff work with the individual until they are engaged with the appropriate community service, providing immediate harm reduction interventions, and a pathway into Medication Assisted Treatment. The wraparound service includes assessment of substance use, as well as mental and physical health assessment to identify requirements for treatment and onward referral. No experiential data was available for MAT Standard 3 as service users interviewed had not experienced the Crisis Outreach Service. This has impacted on the PHS RAG scoring and COS service users will be approached for future interviews.

3.8 **MAT Standard 4 – All people are offered evidence-based harm reduction at the point of MAT delivery**

Numerical returns for MAT Standard 4 highlighted that all Core Harm Reduction interventions are available at the same time as MAT delivery within all ADRS treatment centres. These include Blood Borne Virus testing, Injecting Equipment Provision, Naloxone and Overdose Awareness Advice, Wound Care, and Sexual Health advice and signposting. Experiential data from both staff and service users however indicated a gap in Sexual Health provision in terms of initiating discussions with patients and understanding pathways for further Sexual Health support. This will be included in workforce development plans, with a lead identified in each ADRS team to ensure that sexual health harm reduction is available in all sites, and pathways onto specialist service is clear for staff and service users.

3.9 **MAT Standard 5 – All people will receive support to remain in treatment for as long as requested**

An audit of ADRS caseloads from March 2023 highlighted that 87% of patients have been in treatment for one year or over. 13 patients were discharged in March as part of their care plan, 62% of whom had been engaging with the service for over 365 days and 23% had been open for between 91 and 180 days. 34 people decided to self-discharge in March, with 70% being open to ADRS for between 6 months and over one year. Further analysis is required on the unsupported discharges to understand whether a trauma informed approach may have impacted on engagement.

Service users reported positive experiences of services, describing staff as non-judgemental and noting a positive difference from previous contact episodes with ADRS.

3.10 **MAT Standards 6-10**

Scottish Government expect MAT Standards 6-10 to be implemented by April 2024.

A fuller update will be provided to the Integration Joint Board at a future date. However, Glasgow City are progressing well and the workstreams aligned to the ADRS Review recommendations support the full range of MAT Standards.

- ***MAT Standard 6 – The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks***
  GG&C ADRS Psychological Therapies Strategy Group has developed a workplan to coordinate service approaches. ADRS has increased its psychological therapies workforce and skill mix to increase capacity to deliver Tier 2 Interventions.

- ***MAT Standard 7 – All people have the option of MAT shared with Primary Care***
  Scottish Government Primary Care Directorate wrote to Board Chief Executives on 25th April 2023 to outline the need to implement MAT Standard 7, utilising ringfenced monies within the wider Enhanced Services allocation.

  The letter sets out indicative ringfencing of £2.217million.

  A Review of Shared Care has recommended a model that would support the upscaling of Shared Care delivery and development of all MAT Standards within Primary Care settings.

- ***MAT Standard 8 – All people have access to independent advocacy and support for housing, welfare and income needs***
  Glasgow City commissions an Alcohol and Drugs Advocacy Service, delivered by The Advocacy Project, however service users interviewed were not aware of the service. Work is being undertaken to ensure information is available in all treatment and care sites, as well as at partnership venues.

  Work is progressing to ensure ADRS staff are able to offer initial advice and support to prevent homelessness and understand pathways into housing and welfare support.

- ***MAT Standard 9 – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery***
  Healthcare Improvement Scotland are working with Glasgow ADRS to review and improve ADRS assessment and internal pathways for people who have co-existing mental health difficulties. A review of the NHSGGC Interface between ADRS and Community Mental Health Services is underway, to support joint assessment and clear pathways for people with co-occurring alcohol and/or drug use and mental health difficulties.

- ***MAT Standard 10 – All people receive trauma informed care***
  Trauma training at Informed, Skilled and Enhanced practice has begun across Glasgow Alcohol and Drug Recovery Services, alongside support to embed and sustain these approaches such as Reflective Practice and Coaching.

3.11 **Prison Health Care and Police Custody Health Care**

Full implementation of MAT Standards within Justice settings is extended to April 2026, in recognition of some of the additional complexities.

Glasgow City HSCP is working with MIST to map current progress and implementation status against each of the 10 MAT Standards within Prison Health Care and Police Custody. Additional funding allocation was expected in relation to justice settings however this has not yet been confirmed.

4. Alcohol and Drug Recovery Service Review

4.1 An independent review of community services reported in September 2021, with ten recommendations discussed and agreed through HSCP and ADP structures. A number of workstreams were developed to develop plans to address the recommendations, as well as MAT Standards. These include Resource and Capacity, Workforce Development, Performance and Governance, Shared Care, and Residential Services.

4.2 **ADRS Review Recommendation 1:** ***There is clear evidence that the current level of activity is unsustainable within the current resources of the service. There needs to be a significant investment in the recruitment and retention of staff to safely and effectively manage current and future demand.***

ADRS Review Recommendation 2: ***In light of the evidence presented, it is recommended that the service specification be reviewed to address specific issues including continuity of contact and the development of a step up- step down system.***

ADRS and the ADP recognised the challenges associated with recruitment and retention of staff, alongside high volume caseload activity and reduced time to work with people in a psychologically and trauma informed manner to inform holistic care plans.

As detailed in the paper presented to IJB in September 2022, Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City, the Access model from first point of contact has been implemented, with additional capacity across staffing groups funded by Scottish Government allocation and realignment of existing resource. The model has been developed further with recommendations on caseloads, assessment tools, harm reduction and treatment interventions, and staff training. An assertive outreach approach is embedded within the model, and staff have the capacity to undertake meaningful engagement with service users at the beginning of their treatment and care before discharge or move into the wider service.

As noted in the Review, the vast majority of service users receiving treatment and care are allocated within the wider Core aspects of ADRS. 87% of all service users have been open to the service for over 1 year.
The workstream has focused on creating capacity for staff to undertake regular assessments and reviews, respond to need, deliver trauma informed

interventions, and support recovery from alcohol and drugs. One proposal to support an increase in capacity is to introduce a new model to work with service users who are low risk and may not require specialist care and treatment.

A test of change model has been developed to ensure that specialist treatment and care staff can focus on service users who are at high risk of harm from alcohol and/or drug use or have additional support needs or risk in terms of parenting, offending, and gender-based violence. The model addresses the need to consider a step-down system of care, recognising the current challenges with Shared Care.

4.3 Test of Change – Supported Treatment and Recovery Service (STARS)

Covid-19 contingency planning introduced RAG ratings for ADRS service users, based on risk, need and treatment compliance. An analysis of RAG categorisation highlighted that approximately 1200 service users (17% of total caseloads) within ADRS are assessed as low risk and would therefore meet Tier 2 criteria. These service users would benefit from focused recovery and social wellbeing supports rather than intensive assessment and review from a specialist treatment service. As a consequence of resource and capacity issues, these service users receive minimal level of support from ADRS due to the need to focus on service users with higher risk and crisis interventions.

Service users receiving Medication Assisted Treatment and assessed as low risk should move to Primary Care. However, there are challenges associated with this due to the numbers of GPs involved in the Shared Care contract reducing, the need to support Primary Care to introduce long-acting buprenorphine as a treatment choice, and the number of patients on alcohol treatments that are not included as part of the Enhanced Service contract.

The model involves an experienced third sector organisation providing recovery and social wellbeing support to these individuals, whilst treatment is maintained by ADRS.

Care management capacity will be released within ADRS, and service users will receive care appropriate to their needs within a community setting, in line with the IJB’s maximising independence agenda and the National Mission Outcomes Framework.

Patients will continue to receive their treatment via ADRS medical and prescribing staff, and communication methods have been developed between ADRS and the third sector to ensure that prescribing remains safe and governed appropriately. A small group of staff within ADRS will be responsible for prescription management, liaison with third sector and prescribing staff, transfers between the services and crisis/ad hoc treatment responses.

Learning from the test of change will inform future service developments and procurement activity. An EQIA and evaluation will be incorporated into the test of change programme, focusing on recovery outcomes for individuals and service user feedback.

New costings associated with the model are detailed in Table 1 below, funded by existing Alcohol and Drug Recovery Services budget, and supplemented by the National Mission allocation if required. Table 1 outlines the additional staff required for the model to ensure smooth pathways and transitions, consistent and safe prescription management, regular treatment reviews and crisis responses. There will be additional staffing contribution from current ADRS resource of Recovery Senior Practitioners, Medical and Prescribing staff.

Table 1 STARS model – additional resource requirements

Post	Grade	Cost	WTE	WTE Cost
Senior Addiction Practioner	Grade 7	£60,399	3	£181,197
Social Care Worker	Grade 6	£49,832	6	£298,992
WAWY direct award				£150,000
Total				**£630,189**

4.4 **ADRS Review Recommendation 3:** ***The role of primary care practitioners, and the contractual arrangements by which they deliver services should be reviewed. An effective shared care system should provide synergy between primary and secondary care, based on the changing needs of the individual. Training and resources should be aimed at supporting GPs to be autonomous in their clinical practice for people who use drugs.***

A Review of Shared Care arrangements has been undertaken in relation in response to this recommendation, whilst considering the expectation of MAT delivery in Primary Care. The model involves GPs prescribing and reviewing treatment with service users, with ADRS providing care management through a social care worker. This was delivered in a clinic setting prior to the pandemic, although is variable across the city in terms of delivery and service user contact.

Glasgow City coverage of Shared Care is currently 61% of practices involved with the enhanced service, and therefore 39% of practices do not offer any MAT option to their patients.

It is recognised that the current model of Shared Care is unsustainable due to the decreasing number of GPs participating in the scheme, the resource requirements and implications for ADRS, and the need to invest in an alternative service to meet the needs of patients who meet Tier 2 criteria. Similarly, feedback from GPs involved in the Shared Care scheme highlight frustration regarding a lack of support from ADRS, lack of pathways back to primary care for service users and inconsistent care management input due to sickness absences or vacancies.

Scottish Government reference the model of Shared Care in Lothian health board as an effective model, whereby the service supports GPs through a facilitation team. Lothian do not offer any additional care management support to patients from their treatment and care service.

The Review has considered a range of options and has recommended a blended model that includes a Primary Care Facilitation Team and a

commissioned third sector recovery and wellbeing support for service users receiving treatment via Shared Care.

The facilitation team would offer guidance and advice to GPs in terms of prescribing practices, assume responsibility for a training and development agenda, progress the roll out of long-acting buprenorphine, proactively identify patients suitable for Shared Care in the teams, and support implementation of MAT Standards within Primary Care.

The third sector provision would offer additional input to service users as described in the STARS model above. Social care staff who are currently allocated to Shared Care would return to ADRS and increase capacity to work with patients who require specialist alcohol and/or drug treatment and care.

Discussions are required with Scottish Government and Primary Care in terms of resourcing a new model as well as the implementation of MAT Standards.

4.5 **ADRS Review Recommendation 5*: The SMT should consider conducting a Training Needs Analysis to identify requirements across the service. This would include identifying the training and support needs of first line managers and consideration of initiatives such as mentoring with senior staff.***

A training need analysis was undertaken by the Workforce Development workstream, identifying critical gaps for the service in terms of training and development. The group has developed an integrated health and social care web-based induction tool, which will also hold service information and further development opportunities. The workstream have considered the transforming roles agenda, with the introduction of new roles to the existing skill mix. A range of new training and tools for staff have been, or are in the process of being, rolled out including Suicide Prevention, Cocaine Toolkit, Benzodiazepine and Stimulants, Sexual Health, Trauma Informed skilled and enhanced training, Reflective Practice, Coaching and a Nursing core competency framework.

4.6 **ADRS Review Recommendation 7*: The Senior Management Team need to ensure that there are effective measures in place to communicate the vision and strategy for future service provision throughout the service.***

Staff engagement and communication are integral to taking forward any changes to service. In order to achieve effective communication, a range of consultation and engagement methods have been implemented:

- Staff engagement sessions have taken place and will continue on a regular basis
- A staff newsletter is circulated quarterly, highlighting specific areas of work from the MAT Implementation and ADRS Review Implementation Board
- Glasgow ADP facilitate a staff reference group.

5. Funding

5.1 Ongoing work is required to identify funding for the redesign of Shared Care and the implementation of a Primary Care Facilitation Team and Third Sector

support service. Further direction will be sought from the Integration Joint Board when this is concluded.

5.2 The Long Acting Buprenorphine Community Clinic Test of Change will be funded by Alcohol and Drug Recovery Service core budget.

5.3 The STARS Test of Change model will be funded by existing Alcohol and Drug Recovery Service core budget.

6. Recommendations

6.1 The Integration Joint Board is asked to:

a) Note the contents of this report;
b) Support the program of work currently being progressed for the Alcohol and Drug Service Review and MAT Standards Implementation;
c) Approve investment in the Long-Acting Buprenorphine Community Pharmacy Clinic;
d) Approve the progression to recruitment for the ADRS STARS Model; and
e) Request an updated report on Implementation of the MAT Standards in 12 months.

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	280623-10
2	**Report Title**	Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards and Alcohol and Drug Service (ADRS) Review
3	**Date direction issued by Integration Joint Board**	28 June 2023
4	**Date from which direction takes effect**	28 June 2023
5	**Direction to:**	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
6	**Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)**	No
7	**Functions covered by direction**	Alcohol and Drug Recovery Services
8	**Full text of direction**	Glasgow City Council and Greater Glasgow and Clyde Health Board are directed to implement the LaB Community Phramcy Clinic Test of Change and progress the recruitment of posts for the Test of Change STARS model as outlined in Section 4.
9	**Budget allocated by Integration Joint Board to carry out direction**	The total amount required to implement the proposed service model is £645,089. This will met by existing Alcohol and Drugs Recovery Service core budget funding, and National Mission allocation if required.
10	**Performance monitoring arrangements**	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	**Date direction will be reviewed**	June 2024

Item No: 11

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Allison Eccles, Head of Business Development**

Contact: **Craig Cowan: Business Development Manager**

Phone: **07876 815864**

Glasgow City IJB Strategic Plan 2023-2026

Purpose of Report:	To present the IJB Strategic Plan 2023-26 for approval and provide a summary of the process of engagement and consultation that informed the development of the Plan.

Background/Engagement:	The IJB is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan. Legislation prescribes that the plan be reviewed every 3 three years. The cover report and appendices contains information on the process of engagement that informed the development of the Plan.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☒ Council Committee ☐ Update requested by IJB ☐ Other ☒ IJB Development Session

Recommendations:	The Integration Joint Board is asked to:

	a) Note the report in relation to the process of developing the Strategic Plan and; b) Approve the Strategic Plan for implementation.

Relevance to Integration Joint Board Strategic Plan:

This paper is entirely about the IJB Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The plan is required by statute to cover all national outcomes

Personnel:	The Strategic Plan makes reference to worforce planning and provides a link to the IJBs Workforce Plan. The Plan also contains a new proposed Partnership Priority that reinforces the need for a healthy, valued and supported workforce.

Carers:	The services and functions covered by the IJB's Strategic Plan includes services to and which affect carers. The engagement approach included involvement from a range of stakeholders, including carers.

Provider Organisations:	The services and functions covered by the IJB's Strategic Plan include services that are provided by external organisations. The Plan contains a section on commissioning. The engagement approach included involvement from a range of stakeholders, including service providers.

Equalities:	The engagement approach in relation to the review of the strategic plan was subject to an Equality Impact Assessment screening. A further EQIA has been completed following completion of the final draft of the Strategic Plan. Easy Read and Accessible versions of the Plan are available on the HSCP website.

Fairer Scotland Compliance:	The Strategic Plan makes reference to the obligations of the IJB in relation to the fairer Scotland duties. The Vision and priorities outlined in the Plan are designed to contribute to the reduction of the impact of socio-economic disadvantage experienced within the city.

Financial:	The Strategic Plan references the financial challenges and subsequent risks facing the IJB and contains a section outlining the financial framework under which the IJB/HSCP operates and the resources available to meet the strategic priorities outlined in the Plan. One of the

	proposed new Partnership Priorities refers to the requirement to build a sustainable future. Both areas of the Plan highlight the increasingly challenging financial environment within which the IJB and HSCP will operate for the duration of the Plan and potential impact on health and social care services.

Legal:	The IJB is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan. Legislation prescribes that the plan be reviewed every 3 three years. Completion of the review and publication of a revised Plan enables the IJB to meet its legal obligations.

Economic Impact:	The activity outlined within the Plan, and carried out in pursuance of the priorities outlined within the Plan, and the commissioning objectives that support delivery of the Plan will have an economic impact on purchased service providers, employment and therefore the economy of the city.

Sustainability:	The introduction of a new priority specifically designed to ensure a focus on the sustainability of the health and social care system will ensure decisions can be made and justified in pursuance of sustainability.

Sustainable Procurement and Article 19:	None

Risk Implications:	Without an approved Strategic Plan the IJB will be in breach of its statutory duties. There are further risks associated with failure to approve a Strategic Plan that states the IJBs priorities, the activity that be undertaken and the financial resources available to the IJB/HSCP to meet the vision and priorities of the IJB during the lifetime of the Plan.

Implications for Glasgow City Council:	The Council's Strategic Plan and other relevant policies and plans were taken into consideration in development of the IJB Strategic Plan and may require to be updated following its approval.

Implications for NHS Greater Glasgow & Clyde:	The Health Board's plans and programmes were taken into consideration in development of the IJB Strategic Plan**.**

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. The purpose of this report is to present the IJB Strategic Plan 2023-26 for approval and provide a summary of the process of engagement and consultation that informed the development of the Plan.

2. Background

2.1. Glasgow City Integration Joint Board ('the IJB') is required by statute to produce a Strategic Plan for health and social care within Glasgow City and to review the Strategic Plan every three-years. The current Plan ran from 2019-2022 and was therefore subject to review in order to have a revised Plan in place by April 2022.

2.2. At the IJB in May 2021 Members agreed to extend the current Plan until March 2023 and for a comprehensive review to inform the development of a revised Strategic Plan to be placed before the IJB for approval in March 2023. This was to acknowledge the impact on the HSCP at the time as a result of managing the response to the pandemic, and to allow some time for consideration of the outcomes of the Independent Review of Adult Social Care (and subsequently the National Care Service consultation)

2.3. A draft Strategic Plan was presented to the IJB in June 2022 to seek approval to consult.

2.4. Presentation of the revised draft Strategic Plan 2023-26 to the IJB was delayed until June 2023 to allow the focus for the March IJB to be on the IJB's budget approval process and to establish whether the draft Plan required revision as a result of the decision to approve the budget in March. It was felt that the budget that was approved constituted justification for revisiting the draft Plan and as a result changes have been made to the draft which would have been presented in March.

3. Consultation and engagement

3.1. A Consultation and Engagement Summary report detailing the engagement and consultation process, activity and findings is available on the HSCP website. This, alongside the 2022 June IJB report offers a detailed account of the approach to reviewing the previous Plan and developing the new Plan.

3.2. In summary the approach aimed to reach out to stakeholders to be part of the conversation on delivering health and social care services and to influence the Plan to go out to consultation and the revised draft following the formal consultation stage. The intention was to develop a draft Plan for consultation that better reflected the views of those with an interest in our services, either as a carer, service user or patient, member of staff, or provider of services.

3.3. To do this we attempted to engage with stakeholders to an extent not normally open to the HSCP due to time and resource restrictions. Officers wanted to involve a wider cross-section of stakeholders at an earlier stage and in ways that suited them and enabled them to feel meaningfully engaged in influencing the Plan. The key elements of the approach to developing the Plan as outlined in the June report include the following:

- Engagement activity was designed by reference groups
- Membership of the reference groups included officers of the HSCP, external providers of services (third and independent sector), members of the community and representatives of relevant groups and organisations
- Reference groups provided advice on which groups should be targeted by engagement and which methods of engagement were most suitable
- Engagement plans were developed for each reference group considering methods, barriers and solutions, consideration of protected characteristics, relevant data from other engagement and overlap with existing strategies and plans
- Engagement activity was carried out wherever appropriate and preferred by representatives of the reference groups or by external partners identified by the reference group members as having particular knowledge, expertise and contacts.

3.4 By attempting to engage with a broader range of stakeholders as advised by the reference groups and attempting to reach those traditionally overlooked using less targeted approaches, it was acknowledged that the engagement approach would be more complex and time-consuming than usual. It was also acknowledged that by employing methods designed to suit individual groups of stakeholders it may not be possible to reach large numbers and therefore statistically representative views.

3.5 The focus of the approach was therefore not necessarily about reaching high volumes of people, but to offer better and more genuine opportunities for interested individuals and groups to have a voice through whichever means made that more feasible.

4. Engagement and consultation activity

4.1 With the support and guidance of the reference groups, a variety of methods were used to engage with stakeholders to obtain views and opinions in relation to the Strategic Plan 2023-26, including:

- pre-consultation engagement survey (to inform a first draft Plan)
- consultation survey (to gather views of the draft Plan)

- partner-led engagement and consultation
- bespoke events and engagement opportunities (e.g. in collaboration with Glasgow Council for the Voluntary Sector)
- discussion at pre-planned HSCP events/meetings (e.g. Local Engagement fora)
- tailored and focussed discussions (e.g. IJB and SMT sessions)
- information and opportunities to provide feedback through the HSCP and partners' websites
- social media messaging
- articles in the GCHSCP public newsletter
- easy read/summary versions of the public surveys and draft Plan.

4.2 Due to the ongoing demands placed on health and social care services and providers across the city as a result of the pandemic the decision was taken not to hold large public face to face events to engage on a draft Plan or consult on the first draft.

4.3 By using the range of methods referred to above the consultation and engagement effort reached a range of stakeholders, including:

- Strategic Planning Groups
- Locality Engagement Forums
- Members of the public
- Patients, service users and carers
- IJB Members
- Third and independent sector organisations and providers and independent contractors
- Equalities groups
- Housing associations / RSLs
- Staff working within Glasgow City HSCP including GPs.

4.4 Around 70 different engagement opportunities were identified to be carried out by the HSCP, by partners, or jointly. Organisers of any engagement activity were asked to capture basic information regarding the nature of the discussion, audience and the number engaging. This information was not always returned to the HSCP but using what was returned we know that, discounting the two surveys, there was a minimum of 732 people who engaged with events, sessions or contacts from the HSCP and/or its partners to provide views that directly contributed to the Plan. In addition to those we know took part in the planned activity, 253 and 176 people respectively provided complete responses to the pre-consultation and consultation surveys.

4.5 Table 1 below shows the interest in health and social care services of respondents to the two public surveys. Note that respondents could select more than one area of interest, so the totals are greater than the number of completed responses received. The table indicates an interest in some areas higher than others but that all of the areas of interest are represented.

Table 1: Engagement by interest in health and social care

Which areas of health and social care service delivery are you interested in?	Pre-consultation N	Pre-consultation %	Consultation N	Consultation %
Adults services	146	60.60%	101	60.8%
Services for Older People	116	48.10%	73	44.0%
Children's Services	49	20.30%	43	25.9%
Public Protection	54	22.40%	55	33.1%
Housing	47	19.50%	53	31.9%
Homelessness	54	22.40%	56	33.7%
Primary Care services	72	29.90%	44	26.5%
Carers	71	29.50%	42	25.3%
Services to promote health improvement and reduce health inequality	66	27.40%	49	29.5%

4.6 An element of the consultation surveys was voluntary completion of Equalities Monitoring Forms to assist the HSCP to understand the reach of engagement during the consultation process. Forms were completed by **193** individuals, which is less than half of those who responded to the two surveys (44.9%).

Some of the points of note from the equalities monitoring forms completed are as follows:

- More than two thirds of respondents identified as female and just under a quarter male
- Just under one in ten said they would describe their gender as different to when they were born
- Just over one in ten people described themselves as having a disability
- The largest group of respondents identified themselves as White of which White Scottish was predominant (85.59%), with low numbers identifying themselves as being White Other British (21) Other White Ethnic Group (4), and White Irish (2)
- The largest proportion of respondents were within the 45 to 64 age group (just over 70%)
- People aged 16-34 and those over 65 were poorly represented in the survey responses.

The above points indicate that more can be done to encourage engagement from the diverse communities across the city. It is possible that the findings above reflect the fact that surveys are not the preferred engagement method of those less well represented and the tailored approach to engagement was designed to address and mitigate this issue.

A key omission in relation to capturing data on equalities groups or groups with protected characteristics is the fact that equalities monitoring information was only captured as part of the two online surveys. Whilst we are able to see the representation of specific groups by virtue of their involvement in the more tailored engagement we did not seek to capture equalities information from those stakeholders. This was in part not to over-burden or influence that activity with the need to capture data for the HSCP. With hindsight it leaves us with a gap in our understanding of the reach of the engagement in relation to equalities monitoring and will therefore be considered for future exercises.

4.7 Despite the focus on identifying and tailoring messaging about the Strategic Plan to audiences on the advice of the reference groups, social media was also used to promote engagement in the review of the Plan. Table 2 below provides an overview of the main activity from the social media channels managed by the HSCP. Unfortunately, due to the issues with the main analytical tool (Google Analytics) it has not been possible to identify how many times relevant documents were downloaded or how many times people clicked on links to the survey. It should also be noted that during the period of national mourning following the death of Queen Elizabeth there was a moratorium on all social media activity that affected promotion of the review.

Table 2: Social media engagement

Channel	No of Tweets / Posts	Number of Retweets / Shares	Number of Likes	Reach	No. of Comments	No. of URL clicks
GCHSCP Twitter	48	170	103	36,000	5	231
GCHSCP's Chief Officer Twitter	10	56	45	n/a	2	n/a
GCHSCP Facebook	50	26	31	10,758	1	n/a
Totals	**108**	**252**	**179**	**47,758**	**8**	**231**

5. Key features of the Strategic Plan

5.1 The Strategic Plan presented for approval today reflects much of the feedback received through the engagement and consultation efforts. Some of the changes and inclusions made as a direct result of feedback includes:

- Reduction in background/contextual information and a greater focus on the importance on profiling demographics and levels of need
- Frequent references to “What you said” as a pretext to the revised content
- Revised strategic priorities to reflect stakeholder suggestions
- Hyperlinks to, rather than duplication of, information contained in other, linked strategies, plans and reports
- Greater reflection of the importance of housing and the Housing Contribution Statement to successful health and social care outcomes
- More information on the approach to equalities mainstreaming
- Reference to the IJB/HSCP approach to Covid recovery
- Acknowledgement of the need to involve people with lived experience and other stakeholders more in service planning and design.

5.2 The HSCP has in the past received feedback following consultation and engagement that those who have engaged would like to better understand the impact of their involvement. In addition to using the feedback to shape the look, structure and content of the Plan, comments and suggestions received through the engagement and consultation activity were logged in a **feedback**

log, available on the HSCP website. The feedback log was used to record the comments received, consider what might be done to act on them and track any actions ultimately taken.

5.3 Not all of the suggestions received could be actioned immediately or included in the final version of the Plan. Any feedback or suggestions received that were not of a strategic nature (e.g. due to being too specific to an individual person or service, or too operational) were collated and passed on to the relevant lead officer or group for consideration and action, and shared with Senior Management Team.

5.4 The Strategic Plan 2023-26 is drafted within a very specific context, which may impact on the work that the IJB and HSCP will undertake during the lifetime of the Plan. The Plan is drafted to try to capture the ambition of the HSCP in meeting the IJBs strategic priorities and in continuing the focus on supporting people to live well and independently in their communities. However, the Plan also necessarily tries to ensure the reader is aware of the financial challenges facing the IJB in Glasgow City and the risks these challenges bring, including on the ability of the IJB to achieve the vision and priorities presented.

5.5 The draft Plan was updated to reflect the very difficult decisions taken by the IJB in March 2023 to approve a budget and savings plan that includes the requirement reduce certain elements of service provision in order to achieve a balanced budget, as required by law. During the lifetime of the Plan it may be further necessary to pause, cancel or revise some of the projects and programmes currently planned or in the planning stage to reflect the continuing changes in the financial context the IJB is operating within. The Plan, and the actions within it, will be kept under review to ensure wherever possible that the Plan maintains the balance between being ambitious and realistic.

5.6 One of the key areas where stakeholder feedback heavily influenced the Plan was in relation to the IJB's Vision (page 29). The feedback from engagement activity combined with the responses to the questions asked in the public survey were discussed at sessions with the IJB and the Senior Management Team. From this the Vison below was developed, which captures several of the priorities highlighted. Our revised Vision is that:

Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time.

5.7 The IJBs strategic priorities were a key focus during the engagement and consultation activity. Stakeholders were asked for their views on the priorities' ongoing relevance, what should be done to achieve them and whether there were new priorities to be reflected in the Plan. This led to several changes to the priorities, including some being re-worked or removed, and two being added. The proposed Vision and Partnership Priorities were also the subject of an IJB Development session in September 2022. Details of the feedback in

relation to the priorities can be found within the summary analysis report on the HSCP website. The revised Partnership Priorities (from page 30) are as follows:

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

5.8 Respondents were asked what types of activity would support meeting the priorities and what success would look like. Some of the feedback received has directly influenced the activity presented in the activity tables in the Plan, and the informal measures of success that sit alongside each of the Partnership Priorities.

5.9 Another significant contextual factor that continues to impact on the work of the IJB/HSCP is the ongoing recovery from Covid-19. Stakeholders were asked which of the measures introduced during the pandemic had worked well and could/should be retained, and which should be revised or discontinued. The feedback received informed a specific new section of the Plan (pages 20-24) which seeks to illustrate the impact of the pandemic across the city, the measures to respond to its challenges, and the approach of the HSCP to recovery.

5.10 Partnership working was a key feature and strength of the response to the pandemic. Much of the feedback received during the review of the Plan referred to the need for the HSCP to better define its approach to partnership working and its commitment to involving people with experience of receiving or delivering services meaningfully in service planning, design and delivery.

5.11 In response to this the section of the Plan on Partnership Working and Involving Others (page 72) has been strengthened to better illustrate who our stakeholders are, some of the vehicles available to enable involvement, how we define meaningful involvement and how we will know that we are achieving this. The draft principles of involvement were part of the consultation survey questions and were refined based on the feedback.

5.12 The partnership working section also refers to the work of the HSCP in mainstreaming equalities (another area stakeholders asked the Plan to elaborate on) and involving people with protected characteristics in decisions about the services that they are affected by (page 77).

5.13 Members will note that the Strategic Plan does not make detailed reference to the planned implementation of the National Care Service (NCS). Whilst the NCS will have a significant impact on the IJB and the delivery of integrated health and social care services across the country, the progression of the NCS Bill through the Parliamentary process is currently delayed until the Autumn of 2023 and therefore there is not enough known about the nature of the impact

or the timescales for implementation to make informed reference within the Plan.

6. Monitoring progress on the Plan

6.1 As above, the Plan contains a number of references to what success would look like, in terms of delivering the vision, Partnership Priorities and in relation to meaningful involvement. These informal measures of success are not part of the established performance management framework of the IJB/HSCP (referred to in section 7 of the Plan) and are not all areas that could be reported on. However, they reflect the comments and expectations of those who engaged in the review and as such it is important they are represented.

6.2 A short life working group acting on instruction of the IJB's Finance, Audit and Scrutiny Committee reviewed the performance framework in 2021 and opted not to make any changes, but rather to make use of datasets held elsewhere where required to monitor areas of health and social care provision not covered by the performance framework. It is not proposed that the performance framework is altered to enable formal and routine reporting of the measures of success referred to in the Plan.

6.3 IJB Members will seek assurance that the commitments laid out in the Plan, and those which are developed and captured elsewhere to meet the priorities of the Plan, are being progressed and are having the desired impact in terms of meeting need and managing demand. There are options in relation to monitoring and/or reporting of progress in relation to meeting our strategic priorities, including progress with maximising independence and delivery of transformation and savings initiatives. Glasgow City HSCP currently has Strategic Planning Groups (SPGs) with responsibility for supporting development of the Strategic Plan. The Annual Performance Report (APR) is another possible route for incorporating an annual check on progress and would support the intention to better align the APR and Strategic Plan. A further option could be to consider the role of the annual review of the Locality Plans as a mechanism to present information that demonstrates progress in relation to the Strategic Plan.

6.4 It is proposed that, subject to approval of the Strategic Plan, officers take time to consider the options for monitoring and reporting progress in relation to progressing the IJB's key strategic priorities, considering the measures of success outlined under the Partnership Priorities, commitments outlined within the activity tables relevant to each priority, the maximising independence workplan and savings and transformation programmes. Initial proposals will be prepared to inform an IJB Development Session with a view to approving an approach that ensures the Plan is kept under review throughout its life to monitor progress and relevance and to provide IJB Members with assurance regarding the impact of the work undertaken under the auspices of the Plan and related programmes.

7. Observations on the engagement approach

7.1 As mentioned above the additional time available for the review and revision of the Strategic Plan offered an opportunity to develop a more inclusive and robust approach to engagement in order to capture feedback from a wider range of stakeholders, in ways that suited them. It is important to reflect whether the additional time and effort was considered worthwhile and whether it should be used as a model for future engagement activity.

7.2 Reference Group members were asked to reflect on their view of the engagement approach through a short survey. Feedback was received from a small number of participants across six of the reference groups, with most responses reflecting the Older People's Services and Mental Health Services reference groups. Responses came from those who had been able to become and stay involved, with all of the respondents saying that they could always or usually attend meetings, with all agreeing that their role was clear and the membership was appropriate. Some of the feedback indicated that we could have had better engagement with younger people, BME groups and LGBTQ+. This has also been captured in the EQIA and mitigations for future work recommended.

7.3 Group members felt that the approach gave the opportunity to influence the plan and was in general a more effective approach to strategic planning. 83% had an overall positive experience with just under one in ten stating that it was a negative experience overall: *'It seemed to be an exercise to say, we have spoken to the community, I do not consider I was listened too.'*

Eight out of ten felt this approach should be used again in future strategic planning exercises. An example of what worked well was: *'Openness and ability to listen well on the part of key HSCP staff balanced by well informed and assertive participation from users and providers.'* One example given where things had not worked well was: *'Some participants contributed more than others in group discussions'*.

7.4 One of the key factors during the process was that officers and external participants, whether they were part of the design and delivery of engagement or stakeholders providing their views, were still actively involved in managing the operational pressures and impacts of the pandemic. As such, and often despite best intentions, not everyone was able to engage as fully as they would have liked. This led to disruption to attendance at the reference group meetings and an occasional inability to follow through with planning or actioning engagement activity.

7.5 The reference groups themselves met approximately once a month, with some meeting less frequently and some cancelled due to apologies submitted. The approach was to meet when required and to check in but not to meet if it was not necessary. This approach worked reasonably well as much of the work was progressed in meetings outwith the groups with contacts provided to us.

7.6 Some of the groups were therefore more effective than others, although all groups were engaged and genuinely wanted to be involved. All groups appreciated the nature of the approach and the desire to co-design the engagement work and share control in relation to carrying out activity. From the officer perspective, the opportunity to have a defined group of subject matter experts who could signpost the HSCP to other groups and stakeholders to contact was extremely worthwhile and enabled them to reach groups that may not have engaged otherwise.

7.7 Enabling stakeholders on the groups or who we contacted outwith to carry out the engagement work on our behalf or with our support was particularly well-received by some. However, it was expected that more organisations and groups would seek to manage the collection and interpretation of stakeholder feedback on behalf of and with support (including financial) from the HSCP. Feedback from previous exercises indicates frustration with the HSCP in terms of involvement of stakeholders timeously and meaningfully and this approach was designed to provide that opportunity to shape involvement from the start. That the opportunity was not taken by more may well have been due to overwhelming operational pressures at the time.

7.8 One of the areas where the approach was most successful was in reaching out to groups that we would not have been able to reach if employing a more generic and high-level approach, such as reliance on surveys or large-scale public events. By tailoring the engagement approach we were able to get the views of groups such as families of people affected by multiple and profound learning disabilities, parents of children affected by disabilities, people with lived experience of homelessness and some carer groups. It is possible that some of these stakeholders would have responded to a survey or sought to attend a large scale event but the tailored approach enabled them to engage in ways familiar and comfortable to them.

7.9 Another area where a pragmatic and expert-led approach worked well was in relation to reaching conclusions about whether engagement with specific groups was necessary. An example was in relation to engaging with children and young people. The relevant reference group worked to establish the type of feedback that would be sought and concluded that it would not add anything to the recent engagement as part of the independent review that led to the Promise. It was considered counter-productive to seek the views of this group when work was still ongoing to action the feedback they had already provided and which is being progressed through Glasgow's Promise Action Plan. As such it was agreed not to seek further feedback and risk duplication.

7.10 One area of concern is that the response rates for the surveys were lower than would usually be expected. This may be because of other engagement and consultation work being undertaken across the city prior to the review of the Plan, causing a degree of engagement fatigue, or possibly because more in-depth engagement through the tailored approach was seen to be more desirable than completing an electronic survey. This is an area we will consider in developing engagement plans for future exercises.

7.11 Section 4 above gives an indication of the reach of the engagement activity in terms of different equalities groups and specific service user groups. Whilst the engagement reached a wider audience in terms of specific stakeholder groups it is acknowledged that more can always be done to provide opportunities for individuals and groups from specific communities or interest, place and identity to get involved. Officers are carrying out an evaluation of the engagement activity in line with the IJB's Participation and Engagement guidelines to identify where improvements could be made. That learning will be used to advise colleagues carrying out similar exercises and to inform future engagement activity.

7.12 The reflections of the Strategic Plan Working Group, which drove the review and engagement work, are that it was the right approach, but possibly at the wrong time due to the significant other external factors affecting stakeholders. While it is unlikely that such a long lead in time will be available for the next review of the Strategic Plan it is considered that the approach taken this time constitutes the foundation of a model for this type of activity. The focus on trying to identify specific stakeholder groups, planning with partners that encourages and enables meaningful engagement at the correct point in the process, co-designing and delivering engagement and trying to demonstrate to people that their views have been listened to is seen to be the correct approach to aspire to.

8. Recommendations

8.1. The Integration Joint Board is asked to:

a) Note the report in relation to the process of developing the Strategic Plan and;
b) Approve the Strategic Plan for implementation.

Glasgow City IJB
Integration Joint Board

GLASGOW CITY INTEGRATION JOINT BOARD

STRATEGIC PLAN FOR HEALTH AND SOCIAL CARE 2023 – 26



NHS Greater Glasgow and Clyde

Glasgow City Council

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1. INTRODUCTION



Introduction from the Chair and Chief Officer

Welcome to the Integration Joint Board's Strategic Plan for Glasgow City Health and Social Care Partnership for 2023 to 2026. This new Strategic Plan comes a little later than originally expected, with the Plan for 2019 to 2022 being extended by a year due to the pandemic. The IJB took the decision to extend the previous Plan to reflect the very challenging circumstances we were all facing in 2021 as a result of the COVID-19 pandemic, when work on the Plan was due to commence. It gave our staff, our partners and all stakeholders across the city the time to focus on the ongoing response to the pandemic and to give us time to understand how the pandemic would shape future service provision.

Much has happened since the publication of the previous Plan. Our city, indeed villages, towns and cities across the world, have had to manage unprecedented challenges in facing a pandemic that has impacted profoundly on the health and social care services we all rely on within our communities. The effects of meeting the challenges posed by COVID-19 have been felt by all citizens. However, as Chair and Chief Officer we would like to formally acknowledge in particular the impact on those who deliver these services, whether they work within the HSCP, voluntary or independent sector, or those who volunteer to provide care and support for loved ones and neighbours in our city.

Without them, and the way they came together to support and protect our communities under unimaginable strain, the effects of the pandemic (which are referred to later in this Plan) would have been significantly greater. For that reason you will see a focus throughout this Plan on the need to strengthen, empower and invest in the ability of those communities of interest, place and identity to provide people with the supports they need at the right time and in the right place.

That is also why you will see that one of our new Partnership Priorities is a healthy, supported and valued workforce, to acknowledge the value of our greatest asset, our people, and to ensure they have the support and resilience they need to continue to support our most vulnerable citizens.

COVID-19 exacerbated existing inequalities and further marginalised the most vulnerable in our communities. Addressing these inequalities will remain a challenge and a focus for all of us during the life of this Plan and we are committed to working across communities in Glasgow to meet those challenges. Those challenges are not restricted to recovering from the pandemic. Staying focused on delivering the priorities set out in this Plan will also require acknowledgement of a wider external environment, characterised by factors that are outwith our direct control but which nevertheless impact on our city and the people who live within it.



The backdrop of external factors that we can't insulate ourselves from, such as the cost of living crisis, budgetary pressures, the war in Ukraine and the climate emergency, presents daily challenges for our staff and partners. Whilst we cannot ignore these challenges we must stay focused and resolute. The budget challenges are described later in this Plan and will undoubtedly test our collective resolve, but difficult financial challenges do not mean we mustn't strive to be aspirational. Glasgow City HSCP is determined to show ambition, whilst acknowledging that there will be times during the next three years when our ability to deliver on the Plan may be challenging.

The message that we would like to get across to the people of the city and that we hope is evident within this Plan, is that whilst we, as an IJB and HSCP, may not be able to deliver the services that we would ideally like to due to the challenges we face, there is an absolute commitment to delivering the best services possible for people in the city, in the right place and at the right time for them.

For that reason, we will keep the Plan under review and make changes where necessary to ensure it is relevant to and reflective of the environment in which we operate. By nurturing and supporting our staff, empowering communities and working in partnership to develop innovative solutions to the challenges we all face, we will seek to ensure we continue to have a sustainable health and social care system in this city in the future.

On a more positive note, the delay in preparing this Strategic Plan has given us a chance to consider the challenges we've referred to above, but it has also enabled us to radically alter our approach to developing a Strategic Plan. We've been more ambitious than ever before in trying to engage groups and partners across the city to work with us to plan and carry out the engagement and consultation activity that has informed the Plan. More so than ever before, your feedback and suggestions have influenced the Plan and we hope that you can see yourselves in the pages that follow.



2. ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN GLASGOW CITY



What you said:

"There is too much background information and not enough concrete plans to meet the key objectives". "Most reports and plans have too many words that no one reads. Put all that online".

Strategic Plans can often be long documents with lots of information in them that is of interest to some people and not to others. To help develop this Plan we asked people what they thought should be in it and what should not. Based on your feedback some of the information in the last Plan has been removed because you didn't think it was needed or because you felt it made the document too long and difficult to read. In this section we've summarised some key areas and provided links to more information in case you want to learn more.

01

What is health and social care integration?

There is a piece of legislation called the **Public Bodies (Joint Working) (Scotland) Act 2014** (the Act). The Act requires Local Authorities (Councils) and Health Boards to integrate the planning of services and functions delivered to adults and older people as a minimum. In Glasgow City we go much further by including all community health and social care services provided to children, adults and older people, homelessness services, criminal justice and a number of housing functions. The Council and Health Board working together to do this is known as 'health and social care integration.'



What is the difference between the Health and Social Care Partnership and the Integration Joint Board?

02

Here in Glasgow City, Glasgow City Council and NHS Greater Glasgow and Clyde deliver integrated services as Glasgow City Health and Social Care Partnership (often shortened to the HSCP). The HSCP is essentially the staff from both organisations working in partnership to plan and deliver the services under the direction of the Integration Joint Board (IJB).

The IJB is the formal legal body that makes the decisions about how health and social care services are delivered in the city based on the Strategic Plan. The IJB then directs Glasgow City Council and NHS Greater Glasgow and Clyde to work together in partnership to deliver services. The membership of the IJB is partly defined in the legislation. Details of the current Glasgow City IJB membership is available on our **website**



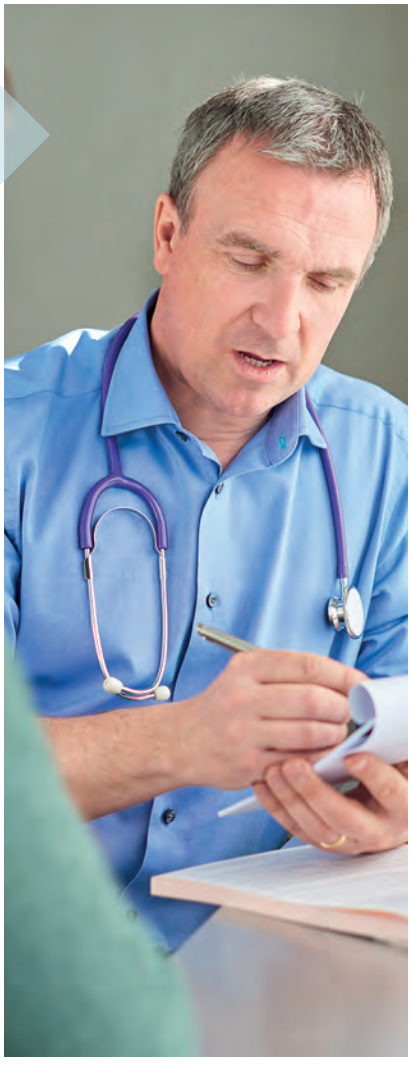
What services and functions are integrated in Glasgow?

03

The services and functions covered by this Strategic Plan that are planned and delivered by Glasgow City HSCP and a range of partners and providers include:

- Alcohol and drug services
- Mental health services
- Carers support services
- Optometry
- Criminal justice services
- Palliative care services
- Dental services
- Pharmaceutical services
- District nursing, school nursing and health visiting services
- Prison healthcare services
- GP services
- Sexual health services
- Health improvement services
- Social care services provided to children and families, adults and older people
- Homelessness services
- Welfare rights services

If you would like information on services available to you in Glasgow City please visit our HSCP **website** or **www.yoursupportglasgow.org.**



Why do we have a Strategic Plan?

04

The Act says that each Integration Joint Board in Scotland has to have a Strategic Plan that is reviewed every three years to make sure it is relevant to the needs of the area and the people who live there.

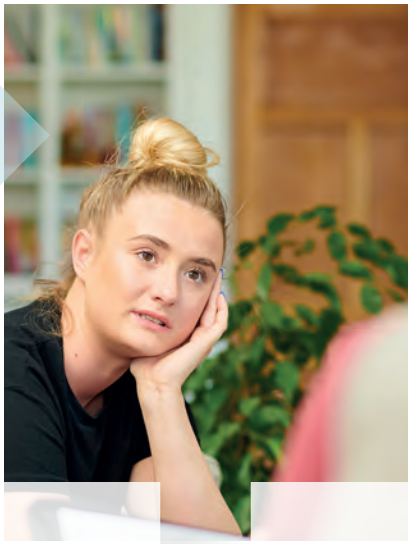
The Plan covers health and social care services across the entire city. Here in Glasgow the city is divided for planning purposes into three areas (North East, North West and South). These are often referred to as "localities" and we also have plans for each of these localities. These "Locality Plans" are updated every year to explain how the Strategic Plan is being implemented locally. These plans are better able to reflect local priorities, needs and community issues. The most up to date locality plans are available on the HSCP's **website**



How was the Strategic Plan developed?

05

To ensure that people who live in the city and who receive or deliver health and social care services had an opportunity to influence the Plan, the HSCP worked with a range of service users, patients, carers, staff and service providers to find out what is important to them and what the HSCP should be doing during the period of the Plan. This is our engagement approach. You can read more about our engagement approach on our **website**



Background and Context

The funding for delivery of health and social care services in Glasgow City is made up of allocations from our two partner organisations, Glasgow City Council and NHS Greater Glasgow and Clyde (the partners). Every year the partners provide funding allocations to the HSCP and the IJB is required to approve a plan that details how those financial allocations will be used to deliver health and social care services to the people of the city. The plan, also known as the budget, requires to be balanced. This means officers within the HSCP have to demonstrate to the IJB that there are sufficient resources within the budget to deliver services and achieve the strategic priorities of the IJB, which are outlined later in this Strategic Plan.



Achieving a balanced budget can involve making some very difficult decisions about how to prioritise the funding available. Sometimes this means things the IJB would like to do cannot be done, have to be delayed or have to be reduced in their scale. Sometimes, and particularly where there are significant financial challenges and pressures, achieving a balanced budget to preserve or invest in service delivery requires the funding allocations to be supplemented by using "reserves". Reserves are essentially funding the IJB has put aside in order to meet any future shortfalls or pressures, similar to citizens trying to save money for unexpected household expenditure or bills. The IJB has a policy of trying to ensure sufficient reserves to offset unexpected financial pressures that may threaten its ability to provide services to those who need them.

The IJB's budget for 2023/24 was approved in March 2023 and you can see the budget report on the **HSCP website**. The budget report outlined the scale of the financial challenges facing the IJB for the first year of the Strategic Plan (2023-24), and which are expected to continue for the duration of the Plan. The funding allocations from the partners and anticipated funds from the Scottish Government combined resulted in a funding gap of just over £41m. What this means is that in order to deliver a balanced budget for the IJB options were required to be presented to fill that gap. Unfortunately this meant reducing certain types of services to identify savings that would enable the IJB to deliver health and social care within the funding available. Reducing services is not something that officers of the HSCP or the IJB ever take lightly because of the impact this has on people using these services. However due to financial challenges and pressures this is sometime unavoidable.

The budget report identified a package of service reductions that totaled around £21.5m, a recommendation to use around £17m from the IJB's reserves and the requirement to meet an additional £3m from existing budgets. This financial package was considered and debated extremely carefully and comprehensively by the IJB before finally being approved. Approving a budget that includes reductions in certain services and the use of reserves carries with it a degree of risk. The IJB and HSCP are clear that some risk is inevitable, and in some cases to be encouraged and enabled to meet the needs and preferences of individuals. The task for the IJB and HSCP is to identify, minimise and mitigate risk wherever possible. We think it is important to be honest and transparent about the risks the financial challenges, and the savings plan in place to address

those challenges, will bring to the IJB and the impact that might have on the delivery of the Strategic Plan and our Partnership Priorities. Below are some of the risks that are being monitored and will be kept under constant review during the life of the Plan:

- Budget pressures may disproportionately affect preventative approaches and early intervention, leading to a self-reinforcing cycle of escalating demand for crisis services
- Unmet need due to increasing demand and financial challenges
- Increasing need and increasing complexity of need
- Inability to meet all statutory obligations
- Displacement of cost into acute health settings (i.e. failure to deliver services in one setting generates additional pressures elsewhere)
- Inability to recruit, retain and develop an appropriately skilled and motivated workforce
- Depletion of the IJB reserves and increased vulnerability to unexpected external pressures
- Survivability over sustainability.

Approving the budget is not the end of the process though. The hard work now begins to implement the savings approved and working to put in place the structures and cultures that are required to deliver health and social care in ways that focus much more on prevention and early intervention. To this the IJB are working on our approach, which requires significant transformational and cultural change, in collaboration with colleagues and partners right across the health and social care system in the city. The next section explains that approach, and the rest of this Plan outlines the principles of how we aim to achieve it.





Our Approach to Support

The challenges described above will not be overcome by continuing to do things the same way they have always been done. The financial challenges faced are significant, but the IJB still has a budget of circa £1.5b available to it and we need to consider how that budget can be better used to deliver our priorities in the face of the challenges. Later in this Plan you can read about our Vision as an IJB and our priorities to be pursued during the life of the Plan. However, everything we do as an IJB and a partnership must be viewed within the context of changing the way the HSCP works with people to identify and manage their health and social care needs.

The HSCP will pursue a transformational change in how it supports individuals, families and communities to live independently from statutory services for as long as they can safely do so. This means increasingly focusing our resources and our energies on prevention and early intervention approaches in partnership with the people we support, local communities, third sector, independent sector, housing sector and community planning partners

We will focus on developing a relationship with citizens based on helping them to help themselves where they can. We will listen to what matters to individuals, and work with them to make decisions about their needs and look at where family and community resouces have a part to play in meeting them. We will make the once in a generation change to a model of support that replaces; crisis with prevention and well-being; burden with investment; competition with collaboration and; variation with fairness and equality. This requires a culture shift that promotes human rights, lived experience, co-production, mutuality and the common good.

Maximising people's independence is the foundation of this Strategic Plan, our new Vision and in the Partnership Priorities outlined within the Plan. This will ensure that services are co-designed and delivered in partnership with the people who use them wherever possible, with the aim that the HSCP is involved at appropriate levels in people's lives, especially for those with the most complex needs. It's absolutely vital that services are available in the right place and at the right time, but that need not necessarily mean from the Health and Social Care Partnership if community or third sector options are better for individuals.

At the core of this approach is a desire to support people, who can and want, to remain living at home safely for as long as possible with the right support in place for them, and for their carers if they have them. What this doesn't mean is asking people to live without any support at all, or expecting all support to be delivered by members of families or the wider community. It's about living as independent a life as you can, having and making choices about the things that matter to you to live as full a life as possible, with support when you need it. And it's about investing our resources now in prevention and early intervention because if we don't act now, we can't ensure that we have strong and reliable health and social care services not just now but for future generations too.

It is about survival of the wider health and social care system but it's about much more than simply surviving. It involves talking, listening and collaborating to build a sustainable way of supporting people, so that everyone can achieve their full potential for health, well-being and independence. We need to see people as equal partners and experts in their own lives.

Achieving this approach won't be straightforward though. We understand that changing how we deliver services and support people will require building capacity and shared responsibility with the population and within the structures and systems that deliver services. This means establishing a trauma-informed workforce, systems, services and practices. It requires taking a strengths-based approach to assessment and service planning to focus on people's abilities and potential, not simply on their deficits.

For this change to be realised we need to achieve cultural change within the organisation and across the sector to embrace the new approach and create the environment that enables new ways of working to be implemented. This will require change at all levels, from the most senior levels of leadership to our frontline and back-office staff. We need to understand how we support, equip and communicate with the workforce for this change, reframe traditional beliefs about how we manage risk and value strengths, and acknowledge risk is shared with people as part of a shared approach to decision making. And it includes taking a step back when making changes to policies, plans and services and asking ourselves whether what we're doing is in line with our approach and will promote and facilitate increased independence for people.

Part of this challenge will be supporting staff to think differently about how they support people and let go of traditional ways of identifying supports. And we are absolutely committed to working with our colleagues in the third and independent sectors to identify and work through the challenges of this approach together. Crucially it will require collaborative working with a range of experts, networks, groups and organisations across the voluntary sector to develop and co-produce innovative approaches to delivering supports, and to think about the best way to use the community assets we already have. This must be done with people with lived experience at the very centre.

As an IJB or HSCP, we cannot do this alone. We have to work in partnership across the city to co-produce and share the whole system, including responsibility, infrastructure and costs. As a health and social care sector there are multiple sources of funding across Glasgow. The key challenge is to secure alignment and buy in at a time of financial constraints. We have joint aspirations but we must also agree areas of joint responsibility to avoid uncoordinated competition for funding. We need to collectively agree a "city approach" that ensures a collective responsibility in relation to funding, service planning and delivery.





What you said:

"What do you mean by stronger communities?"

At the heart of the Strategic Plan and our approach to delivering services is a desire to support people by empowering communities of interest, place or identity. Stronger communities are a key element of that. During the development of this Plan you asked us what we mean by stronger communities and told us what you think. Based on the feedback you gave us we have developed a definition of a stronger community which applies equally whether referring to geographic communities, or communities of interest or identity.

"We see stronger communities as places or environments where people of all ages who live, work and contribute to activities in those communities can influence what happens, through having the resources, skills and opportunities they need to do so. By resources we don't just mean money, but also neighbourliness, volunteering, access to and sharing of information, skills development, opportunities to engage, etc.

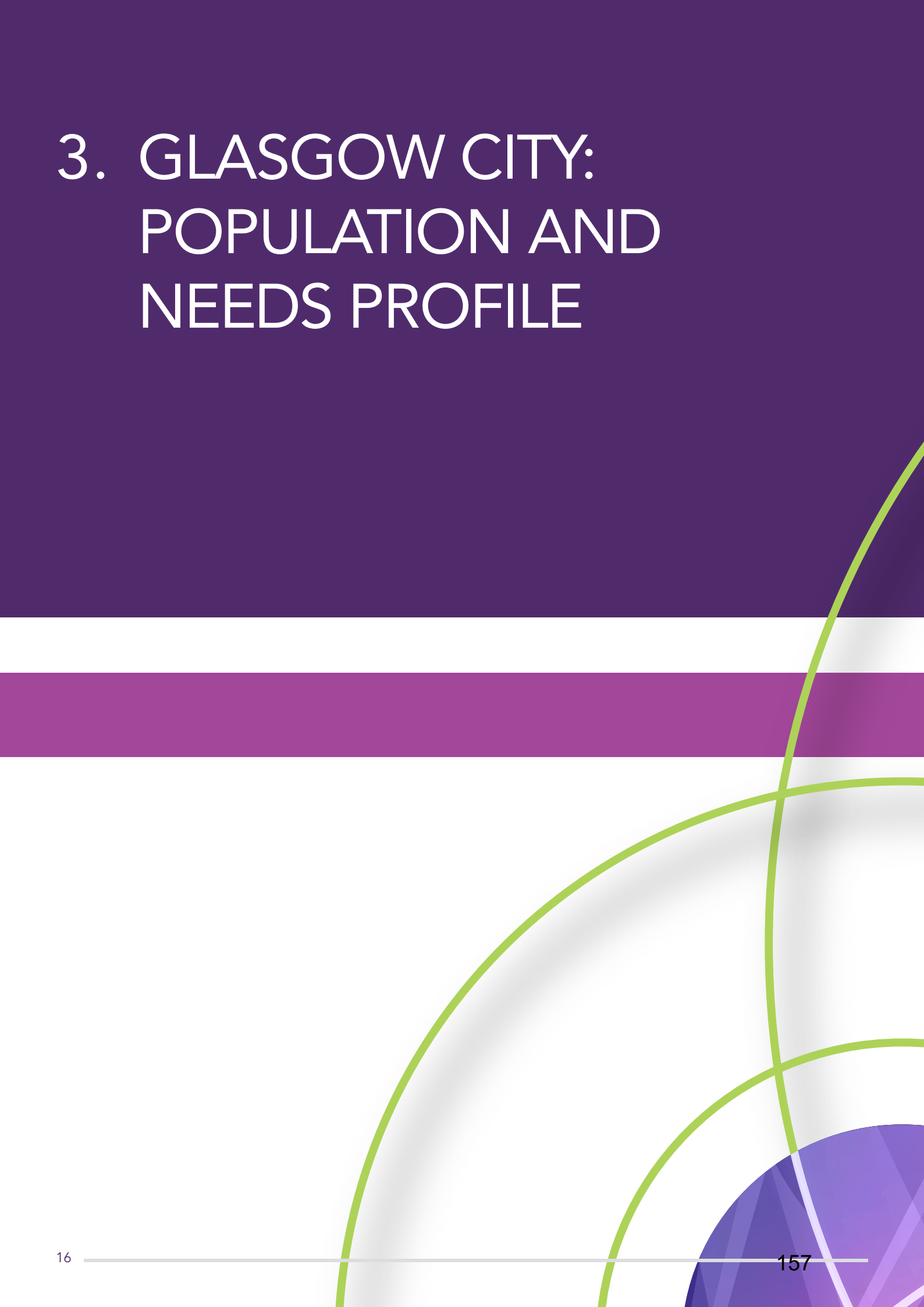
Strong communities are characterised by physical infrastructure like libraries, community centres and parks, but also social infrastructure in the form of locally led third sector (voluntary) organisations, local groups such as Community Councils and activities which bring people together. In strong communities this engenders a connection and empathy with one another, encourages inclusivity and acknowledges, respects, and celebrates diversity.

Communities are also characterised by strong trust and positive relationships between different groups and people, where organisations such as the Council, Health Board and other organisations and groups work closely to support communities to support themselves, identify challenges and implement solutions. This includes understanding the different needs of individuals and groups of people and working together to ensure these needs are met.

Influencing what happens within communities includes a range of things. It means people can have a community voice heard by public organisations (such as Councils) and their partners, but it also means people are able, encouraged and supported to take positive action themselves. It means that they have resilience to change and capacity to support people who would otherwise be left behind. Greater involvement and being able to see the difference they make provides strong communities with a sense of belonging, pride and investment".



3. GLASGOW CITY: POPULATION AND NEEDS PROFILE



What you said:

"Poverty and the increase in the cost of living are only going to make these existing challenges more profound, and put more pressure on services through increased demand".

Glasgow City has a population of 635,640, which is 11.6% of the population of Scotland. The challenges faced in Glasgow City as a result of poverty, deprivation, ill health and inequality are well documented. The HSCP understands that there are a whole range of factors that influence people's health and social care needs. Meeting those needs means considering all these factors and working with our partners to reduce their impact. For example, we work with Glasgow City Council to understand the housing needs across the city and work to address those needs and reduce the impact that poor housing has on our health. We also have a number of programmes that support the wider well-being of people using our services, including money and welfare advice, community link workers in general practice and services to support people with particular care needs into employment.

To understand the bigger picture and help to plan services the HSCP gathers and considers information from different sources to build a profile of the city and its needs. We call this a "strategic needs assessment". That information drives our priorities and the work our teams do with our partners to try to make a difference to people's lives. The full range of information that forms the basis of our **needs assessment can be viewed online**. Below is an extract of the needs assessment to illustrate the type of information taken into account.



Health and Social Care Needs Profile:

Around **11%** of Glasgow's 16 years and over population has said that they live in **'bad / very bad' health** compared to **8%** of Scotland's adults.

More than a quarter of Glasgow adults, **28.6%**, live with a **limiting long-term illness or condition**.

More than **8,000** people are estimated to be living with **dementia** in Glasgow.

Around **3,700** people, **0.6%** of Glasgow's population, are recorded as having a **learning disability**, whilst almost **13,600** people, **2.1%**, are reported as having a **learning difficulty**.

It is estimated that around **6,500** people in Glasgow have a form of **autism**.

It is estimated that more than **100,000** people in Glasgow have a **physical disability**, **7.8%** of the population.

6.1% of the population has been recorded as having a **hearing impairmen**t, and almost **2.5%** of the population have a **visual impairment**.

6.5% of the population has been recorded as having a **mental health condition**.

The number of adolescents reporting **emotional or mental illness** in the city rose from **5%** in 2015 to **22%** in 2019, with children and young people waiting longer than adults to start treatment (**61%** start within the 18-week period compared with **89%** of adults).



14.4% of Glasgow adults (around **74,000**) are **unpaid carers** with a higher percentage of women (**16.0%**) than men (**13.0%**) undertaking this role.

2.5% of Glasgow children under 15 years are unpaid carers compared to **2.0%** of all Scottish children.

Nearly a quarter (**23%**) of Glasgow adults have common **mental health problems** compared to **17%** of Scotland's adults, with higher proportions for females in both Glasgow and Scotland (**23%** Glasgow and **19%** Scotland) than males (**22%** Glasgow and **15%** Scotland).

A fifth of Glasgow's population, **20.5%,** is prescribed drugs for anxiety, depression and psychosis. The Scottish average is **19.3%**.

Glasgow has more than **18,000 problem drug users**, **3.4%** of the adult population, more than the national average of 2.0%.

Over a fifth (**21%**) of Glasgow adults are estimated to drink **hazardous / harmful levels of alcohol**, slightly less than the national average of **24%**.

Only **44%** of Glasgow pupils (S1-S4) **eat breakfast every weekday**, compared with **62%** across Scotland.

One in three Glasgow males **smoke**, compared with just under one in five females.

15.2% of all Glasgow adults feel **isolated** from friends and family.

Currently, **20,000** people in the City are living with a **cancer diagnosis** and this is forecast to rise to approximately **35,000** by 2030.

4. RECOVERING FROM COVID-19



What you said:

"Covid has made us think differently about how we deliver services and rather than revert to old processes we should be striving for innovative ways to deliver services and communicate better."

When the COVID-19 pandemic emerged in 2020 our city, like so many others across the world, was significantly, fundamentally and in some ways permanently affected. The impact was felt by all areas of society and continues to be so. The HSCP and its partners had to mobilise their business continuity plans and staff, people that use our services, and in particular their carers had to dig deep into their own reserves of resilience to a degree they have perhaps never been asked to do before. The Integration Joint Board, the HSCP and society in general owes a huge debt of gratitude to the work carried out by the health and social care workforce, which includes those working formally in these sectors and those volunteering to provide care and support for loved ones and neighbours.

Within Glasgow City, responding to the extreme pressures and rapidly evolving picture during the pandemic was characterised by:

Remarkable examples of partnership working:

where partners came together to rapidly design, develop and deliver innovative solutions to the challenge of delivering supports to vulnerable citizens during periods of lockdown and restrictions on movement and social interaction.

01



Shifts in working practices:

including staff working from home, online meetings, redeployment to frontline service delivery and the use of personal protective equipment.

02



Changes to service delivery:

such as reduced access to or removal of services to accommodate government and public health advice and guidance, and moves to new ways of receiving services such as telephone or online appointments.

03



New services:

such as testing facilities, vaccination centres, community assessment centres and mental health assessment units.

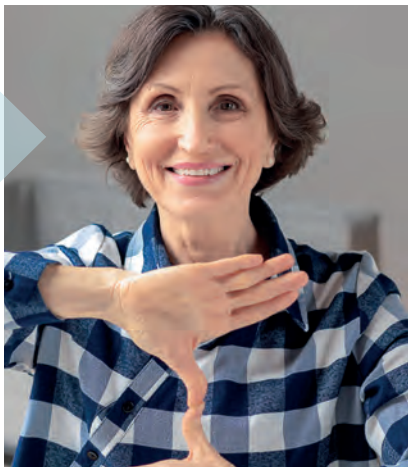
04



Equalities sensitive delivery:

including work undertaken to deliver accessible new services such as providing information on the vaccination programme in video format for our British Sign Language (BSL) users. You can read more about our equalities-sensitive approach to responding to COVID-19 in our **equalities progress report**.

05



Focus on workforce:

in particular a focus on the mental health and well-being of staff, recruitment of staff to deliver new services and ensuring staff had the necessary equipment to support home working.

06



Innovation:

the rapid implementation of new and transformational ways of working that might otherwise have taken years.

07



Communication:

the HSCP focussed significant attention on communicating with all of our partners and stakeholders through briefings, newsletters and video messages from senior managers to update them on emerging challenges and how they were being managed. These were made available on the HSCP **website** throughout the pandemic.

08



The true extent of the long-term effect of COVID-19 on health and social care within the city is not yet known. What we do know is that COVID-19 impacted on health and social care in the following ways:

- 2,000 additional community alarm service users, with 26,000 responder requests for assistance in their own home
- A 13% increase in service users accessing home care on care packages higher than 20 hours between 2021 and 2022
- Rise in packages of care through personalisation of 12% in Mental Health and 15% in Older People services
- Increase in children, young people and their families experiencing mental health and emotional well-being issues
- Children waited 7% longer than adults to start mental health treatment across Greater Glasgow and Clyde
- Increased waiting lists for carers services and unprecedented demands on carers and families
- Delayed diagnoses and treatment for individuals resulting in anxiety, poorer prognoses and additional demands on families and carers
- A 29% increase in requests for Criminal Justice Social Work Reports due to the backlog of court cases (3016 to 3877)
- Disabled people faced greater ill-health and higher mortality rates related to COVID-19, were more likely to be socially and digitally excluded and were three times more likely to be food insecure during the pandemic
- Significant levels of unmet need and challenges to undertake Self Directed Support assessments to meet this, along with an almost doubling of assessments required
- High staff absence due to positive COVID-19 diagnoses and / or isolation requirements, peaking at 700 people (6.4%) in January 2022)
- Increased demand for homeless advice and services
- Increased isolation and (digital) exclusion caused by the requirement to close, reduce or alter services and service provision.



Recovering From the Pandemic

As the city continues to recover from the pandemic, with activity ongoing to re-start suspended services, the HSCP is trying to understand which elements of the changes made to services are working well and should be retained, and which are not working so well and should be reversed or modified when the time is right. The approach of the HSCP to recovering from the pandemic is captured in our **Recovery Strategy**, which outlines the principles of our approach to recovery:

- Phased
- Intelligence-led
- Compassionate leadership
- Opportunities-focussed
- Safeguarding
- Collaboration
- Flexibility
- Transparency
- Proportionality
- Sustainability
- Communication

What you told us

As part of the preparation of this Plan we asked you which of the measures and actions we took during the pandemic you felt should be retained. Here are some of the things you said we should consider retaining and / or building on:

- The **partnership working** that evolved during the pandemic (e.g. with the third and independent sectors)
- Use of **technology** to facilitate contact with professionals (but only as a choice and as part of a range of options)
- New approaches to **working practices** (ensuring the correct equipment and support is available and again with variation to enable flexibility and choice)
- Removal of **bureaucracy** in certain processes
- **New ways** of delivering services (such as online / telephone prescription ordering, virtual consultations)
- **New services** (e.g. Mental Health Assessment Units, community vaccination sites, compassionate distress response service)
- Provision of **PPE** and testing kits to frontline services
- Greater focus on staff **well-being**
- **Safety measures** in buildings (e.g. protective screens)
- Regular **messaging and communication**
- Acceptance that families may be more **resilient** than we previously gave them credit for (with appropriate safeguarding measures and support where required).



You also told us what you thought should be reversed or reviewed. Examples of this include:

- Full time home or office working (to ensure staff still have access to face-to-face office / team working but are not forced into a full time return to office working)
- Use of technology to facilitate contact with professionals in certain services (i.e. near me / attend anywhere, telephone etc.)
- Digital access, because there are still many people who don't have access to IT equipment or wi-fi
- Withdrawal of care / support packages and over-reliance on peer support networks (i.e. that might have gone back to work)
- Making decisions about services without the appropriate involvement of stakeholders (including staff) or assessment of risk
- Redeployment of staff and certain tasks to other teams (e.g. where this has led to excessive additional workload)
- Short term funding allocations which cannot always be spent
- Increased communications and surveys
- Suspended services / reduced service levels.

The feedback you gave us indicates that similar issues are on people's minds whether they are referring to what to keep or what to reverse from the measures to deal with COVID-19. The HSCP is considering these views as we progress our recovery to try to ensure balance in how services are delivered and people are supported in future. Staff within the HSCP are considering the following factors when making decisions about medium to long terms changes to services and what the next steps should be:

- Supporting staff health, well-being, rest and recovery
- Consideration of how decisions made will impact on stakeholders and what any associated risks might be
- Understanding, acknowledging, measuring and addressing the impact of delayed diagnosis and treatment options on people suffering with ill-health and their support networks
- The need to embrace the positive impacts of new ways of delivering services (including use of technology)
- How to give a voice to people with lived experience of service provision on decisions to be made
- How to consider the needs of people with specific communication requirements when thinking about continued use of technology to deliver services
- Understanding and addressing the long-term impacts of COVID-19 on the health of those who receive services and their families and carers (e.g. Long Covid, mental health and well-being)
- The importance of addressing digital exclusion
- The importance of building on improved partnership working during the pandemic response (internally and with key external partners) when considering the future of service provision
- The importance of investment in infrastructure to support home working and new digital approaches to service delivery
- Complex interdependencies across the sector and the need to work together to co-ordinate services
- External influences on future service provision such as the National Care Service and the cost of living crisis
- Ensuring people are not excluded from services due to protected characteristics and / or by their income
- The importance of communication.

5. LOCAL AND NATIONAL INFLUENCES

Local and National Influences

While Glasgow City IJB has overall responsibility for planning health and social care services within the city, it has to consider a variety of other national and local strategies, plans, policies and legislation to ensure the work of the IJB and the HSCP is consistent with the work of Glasgow City Council, NHS Greater Glasgow and Clyde, national expectations and the priorities and plans put in place by our partners across the city. Some (but not all) of the key local and national influences are included below.

National legislation

- Public Bodies (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Community Empowerment (Scotland) Act 2015
- The Equalities Act 2010
- Fairer Scotland Duty
- National Care Service (Scotland) Bill
- Social Care (Self-directed support) (Scotland) Act 2013

National policies, strategies and plans

- Scotland's Digital Health and Care Strategy
- Independent Care Review (the Promise)
- Primary Care Improvement Programme
- Scottish Government Public Health Strategy
- NHS Scotland Climate Emergency and Sustainability Strategy
- Ending Homelessness Together
- Housing to 2040

National frameworks and standards

- Getting It Right For Every Child
- Health and social care standards
- Planning with People Community Engagement Guidance
- National Health and Well-being outcomes
- Medication Assisted Treatment (MAT) standards



Local strategies and plans

Glasgow City Council Strategic Plan
NHS GG&C Corporate Objectives
Glasgow's Community Plan
Moving Forward Together
Glasgow's Housing Strategy
Glasgow City Food Plan
Turning the Tide Through Prevention
A Socially Connected Glasgow Strategy

In order to align the work of the HSCP with some of the influences above, the IJB has put in place a number of strategies and plans that will be taken forward during the lifetime of this Strategic Plan. Some of these are outlined below.

Glasgow City IJB strategies and plans

Mainstreaming Equalities Plan
Rapid Re-housing Transition Plan
Keeping Glasgow's Promise
Primary Care Improvement Plan
Carers / Young Carers Strategies
Family Support Strategy
Health Improvement Strategy

During the term of this Plan there will be many more strategies, plans and programmes of work that emerge. Some of these will be in response to local issues and priorities, and others will be in response to national priorities and expectations. The IJB will review how our activity complements and contributes to other relevant strategies and plans, particularly in light of the evolving external environment and attempts to address issues such as the increasing cost of living and the increasing budgetary pressures being felt across the public sector. The HSCP will continue to work with our key stakeholders and people with lived experience to plan, design and deliver these priorities and will share details of future work, including opportunities to get involved, on our **website** (and through publication of the reports that go to our; **Integration Joint Board**; **Finance, Audit and Scrutiny Committee** and **Public Engagement Committee**.



6. VISION AND PRIORITIES



Vision And Priorities

Our Vision is…

Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time.

Our Vision will be achieved by:

- Recruiting, developing and retaining a competent, confident and valued workforce
- Working with our partners to create stronger communities that build on people's strengths and support them the way they want to be supported
- Improving access to services and supports throughout the community for people who need them and are available when they need them most
- Focussing on early intervention and prevention to achieve health improvement and reduce health inequalities
- Talking to people about what they need to flourish, and about how we can support them to achieve it
- Understanding and addressing the impact that financial challenges and poverty (including fuel and food poverty) have on people's health and well-being
- Listening to the views of people with experience of health and social care services and acting on what they tell us when designing, planning and delivering services with our partners
- Ensuring equal access to supports by valuing diversity and inclusion when designing services
- Working in partnership with housing partners to reduce the impact of low quality or inadequate access to housing
- Focussing decisions and taking innovative approaches based on evidence of what works, the desired outcomes of individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- Striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology
- Evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- Using clearly defined and transparent performance monitoring to ensure continuous improvement and accountability.

Partnership Priorities

Our six Partnership Priorities are the key strategic priorities for Glasgow City IJB / HSCP and its partners in delivering health and social care in Glasgow City.

1. **Prevention, early intervention and well-being**
2. **Supporting greater self-determination and informed choice**
3. **Supporting people in their communities**
4. **Strengthening communities to reduce harm**
5. **A healthy, valued and supported workforce**
6. **Building a sustainable future**

To achieve the priorities of the IJB and its partners a range of activity is planned or underway. During the life of the Strategic Plan there will be further activity that emerges which the HSCP will deliver with its partners. All of the activity which is progressed will be relevant to one or more of the Partnership Priorities and will contribute towards meeting the **9 national health and well-being outcomes**.

The activity to be completed within Glasgow City is informed by a number of factors.

- One is **what you told us is important to you**. Many of the comments you made during the development of the Plan have influenced our priorities and activity
- Another is the information that is routinely collected through the HSCP's **performance management** arrangements (such as locally defined performance indicators) and the national integration indicators. These help tell the HSCP where there are possible issues that need to be addressed in local operational performance and progress with integration
- We consider information on the population profile of the city from a wide range of sources. This is used to carry out a needs assessment to help the HSCP see where the evolving profile of the city is going to result in areas of demand for services
- And finally we consider the financial resources available to carry out the activity to meet our priorities.

The following sections provides examples of what has influenced the content of this Plan and the activity that will be progressed. More examples of activity to be progressed are located on the **website** and will be kept under review during the lifetime of the Plan to ensure the activity we undertake reflects the continually evolving financial challenges faced by the HSCP. The suggestions or comments you gave us for how to progress the priorities will be considered by the relevant planning groups to identify activity that could be undertaken which is not covered in this Plan.



Partnership Priority 1: Prevention, early intervention and well-being

We are committed to working with a wide range of partners across the city to improve health and well-being and prevent ill-health and social isolation among the people of Glasgow wherever possible. This includes meeting the challenges of poverty and financial insecurity, increasing healthy life expectancy, and reducing health inequalities. This will be done by supporting communities to shape and deliver services where they are needed most and where they will make most impact. We will continue to promote positive health and well-being through prevention and early intervention, and by promoting physical activity or other ways of building social connections, strength, and resilience in communities. This is part of our commitment to fostering a healthy start to life for people and improving their physical, mental and emotional health. We will seek to ensure people get the advice and support they need at the right time to maintain their independence in the right place, including from community or third sector supports rather than HSCP services where this is better for individuals.

What you told us	
01	Services are very demand-driven at present which does not allow for an early intervention approach. People only receive help if they are in crisis therefore the above is not achievable until this changes.
02	Make services more accessible so early intervention and prevention is actually possible.
03	I feel that prevention is key here and if this is acted on much quicker, this would enable services already involved in the person's life to adjust and support them ensuring all needs are being met, rather than waiting for months until someone is assessed.
04	In relation to primary healthcare, the model has been disease-centred rather than prevention-centred and hence this focus (and funding) has to shift.
05	More focus on identifying Adverse Childhood Experiences (ACE's) and working with staff teams to develop awareness of the impact of ACE's on accessing services and on experience of services.
06	Prevention needs to be the ultimate aim. If we can prevent the situation reaching crisis point in an individual's life we can achieve so much more. This will also be more cost effective, as the level of initial service provision required may be far less than that which may be required farther down the line when the situation has progressed and developed.
07	More investment in self-management needs to happen if early intervention is an aim of the HSCP.
08	People are not being signposted to the services they need quickly enough and as a result we are not intervening early, we're waiting until we get to crisis point.
09	Referrals to appointments are taking too long and sometimes appointments are getting cancelled at very short notice. This has to change as it makes early intervention very difficult.
10	We should have a yearly GP check-up, similar to a 6-month dentist check-up, as some people have not been to their doctors in years. This would support the idea of prevention, especially for certain health conditions such as diabetes

What we know?

01 Glasgow City's premature mortality rate has fluctuated from 634 per 100,000 in 2015 to 607 per 100,000 in 2009 and stood at 678 per 100,000 in 2022. In all years since 2015 the rate has been significantly higher than the rate for Scotland as a whole.

02 Life expectancy for a Glasgow woman (78.3 years) is longer than a Glasgow man (73.1 years) but less than the respective Scottish averages (81.0 years and 76.8 years).

03 The percentage of people seen within the 18-week target by specialist Child and Adolescent Mental Health Services (CAMHS) was 59.4% at the end of 2021/22 (target 100%).

04 Healthy Life Expectancy is 1.4 years higher for Glasgow females (57.4) than males (56.0) but is lower than the Scottish figures (61.8 and 60.9 years respectively).

05 Alcohol-related deaths are 53% higher in Glasgow (31.9 per 100,000 population) than Scotland (20.8).

06 The numbers of Glasgow S1-4 pupils who consume the recommended 5+ portions of fruit / veg per day range from 32.4% in North East to 41.6% in South and 49.5% in North West.

07 Only the North West locality of the city is meeting the target (90%) for percentage of people starting Psychological Therapy treatment within 18 weeks of referral (92.4%).

08 95% of service users commenced alcohol or drug treatment within 3 weeks of referral (target 90%).

09 The rate of women smoking in pregnancy is 9.5% (target is under 12%).

10 Much of the demand for HSCP services could be met through community interventions that would improve outcomes for individuals and enable frontline services to focus attention where support is needed most.



What we intend to do

01 Implement a trauma informed practice approach and support staff to deliver trauma informed support through the rollout of the Scottish Trauma Informed Leadership Training.

02 Connect people and those they care for to the right supports, in the right place and at the right time through the HSCP's **Health and Social Care Connect** service, which provides more straightforward and timely signposting and information for those looking for support within their communities, through our third sector, commissioned or community partners or through the HSCP.

03 Develop and deliver a range of programmes across the HSCP to reduce and mitigate the impact of poverty and health inequalities in the city, focussing on child poverty, financial support, welfare rights and employability.

04 Progress initiatives that prevent and reduce the risk of homelessness, such as improving access to housing support for households at risk of homelessness and the development and implementation of the Flexible Homelessness Prevention Fund to support people at risk of homelessness to sustain their existing accommodation.

05 Deliver the actions agreed within our **Keeping Glasgow's Promise** Plan to ensure our children, young people and their families receive the support they need for as long as they need it and ensure more of Glasgow's children will stay living with their families, where it is safe to do so.



What success would look like

- We will be working with partners to ensure community assets are being used effectively, resulting in more people being supported within their own communities. The HSCP will use relevant data to understand need and identify where resources should be directed to provide approaches which promote early intervention and prevention
- The HSCP will use relevant data to understand need, predict demand and identify where resources should be directed to provide approaches which promote early intervention and prevention, and signpost to community supports where suitable
- We will understand the disproportionate impact that ill-health, isolation, and loneliness have on certain groups and work to identify ways to address it
- Information and advice required by people will be provided in a timely and accessible manner
- Families will have earlier conversations about their strengths and needs, and be involved in designing and participating in appropriate family support at an earlier stage of their support journey, based on trauma- informed and strengths-based models of support
- Our staff will be skilled in supporting people to identify and build on their strengths when discussing how to support them to flourish
- Early, realistic, and frank conversations with people we will reduce the need for formal health and social care supports in some situations, so people can access services when required, rather than waiting until a point of crisis in their lives
- Formal requests for services will reduce and support to meet more complex needs will be more manageable through community prevention and access to alternative forms of support
- Fewer people will need to be admitted into residential or long-term care
- Health inequalities within the city will significantly reduce
- The HSCP's health improvement approaches and programmes will recognise and mitigate the dis-empowering consequences of poverty and discrimination
- Citizens will have equal access to choices about the services they need to enable and empower them to flourish
- We will continue to support the earliest identification of illness, improve our treatment, reduce harm, and optimise recovery
- Where people receive a life changing health diagnosis, carers will be identified early in their caring role and provided with the support and information they need to help maintain and improve their health and well-being so that they can continue to care, if they so wish, and have a life alongside caring
- People will have access to good quality and appropriate housing that matches their needs and is responsive to the needs of the changing demographic profile of the city
- People at risk of homelessness will be supported into suitable accommodation with the appropriate supports to sustain the accommodation provision
- The HSCP will be working better with Community Planning, Voluntary and Independent sector partners across the city to correctly identify health and social care needs at the earliest opportunity and signpost people to appropriate supports
- Waiting times for key services will be reduced through better targeting of supports before the requirement for formal service provision.



Our Partnership Priorities in Practice

Priority 1: Prevention, early intervention and well-being – The Complex Needs Service

You can also view a short video or read an article describing the service highlighted below by clicking on the links:

Video – **Our Complex Needs Short Film**

Article – **Complex Needs Service Launched in Glasgow**

The Complex Needs Service is a new model of service delivery that recognises people can have multiple and complex health and social care needs and find it difficult to engage with all the services they require, such as attending multiple appointments in multiple locations. The service's person-centred approach demonstrates true integrated service delivery by providing wraparound support in relation to addressing homelessness, alcohol and drug recovery, mental health, and justice services in partnership with third sector organisations within Glasgow City.

Providing services to people in their own accommodation leads to better engagement with required health and social care support and therefore better outcomes for them.

Neil, a service user who has experienced the complex needs service approach, feels that:

> …It's the best thing that ever happened to me in my life….[the practitioners] cared more for life and it's the first time I've ever experienced that.

The service removes some of the barriers and bureaucracy and enables people with complex needs to participate actively in their own health and care, supporting greater self-determination and choice, allowing them to live as independently as possible in their own communities, promoting their well-being and ensuring that early intervention leads to prevention and better quality of life. This in turn reduces inequalities and provides life-changing support to some of the most vulnerable people in Glasgow.

This outreach model, made possible through partnership working was developed in response to the challenges presented by the COVID-19 pandemic and has led to a new way of delivering services that achieves much better outcomes and a fundamental improvement in service delivery. The Complex Needs Service demonstrates that by working together and embracing innovative ways of working, Glasgow City HSCP and its partners are focussed on responding to service user need and service improvement.



Partnership Priority 2: Supporting greater self-determination and informed choice

We are committed to listening to what people who use our services and their carers tell us about the lives they can and want to live. We will support them to identify and understand the options available to them and empower them to actively participate in and take responsibility for decisions about how they will live their lives and achieve the outcomes they identify. By working with people to identify and understand their needs and options, we will support them to make informed decisions about the supports they choose to receive where it is safe and appropriate to do so.

What you told us

01 I think when dealing with changes to services good quality information is essential. This is to reduce anxiety and also to ensure that services are used appropriately.

02 As a person with multiple health issues, I must look after my own health. I have received some support to enable me to stay well and look after myself but would like to have more.

03 There is not enough help for people that need care as there is not anywhere to go 24 hours a day.

04 Ensure more staff and good signposting to services so people know where to get help.

05 Clear pathways and information for people who need extra support would be helpful. Recently I have been trying to access day care for my mum and this has been more difficult than it should have been because of confusion within the HSCP over which service my mum requires.

06 We need to look at the services that we are providing for people with most complex needs. As a result of their experiences growing up and significant trauma they are often mistrusting of services and struggle to engage in the 'traditional' way. We need to change our services to help them to build trust and get the support, care, and treatment they require.

07 There is a lack of choice in relation to housing options (for example lack of; options for larger families; adapted housing; specialist housing for those with particular health needs; housing designed for older people and; housing with private outdoor space).

What we know?

01 In March 2022, a total of 3,244 adult service users were in receipt of a personalised social care service – an increase of just under 6% since March 2021 (3,063).

02 The number of children in receipt of personalised services has risen from 117 in 2016 to 382 in 2022.

03 The proportion of service users receiving a Direct Payment has risen from 14% in 2016 to 19% in 2022.

04 60.8% of Glasgow adults aged 18+ who have high levels of care needs, are cared for at home or have a direct payment for personal care. This is lower than the Scotland rate of 64.9%.

05 The percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided (71.1%) compares with the national figure (70.6%) but is lower than in 2019/20 (75.5%).

06 87% of people receiving home care support think it allows them to get up and go to bed at times that suit them.

07 93% feel that they are listened to and their wishes are respected.

08 98% feel the home carers treat them with dignity and respect.

09 86% feel home care staff / managers always respond to concerns they have.

10 99% of unpaid carers feel valued and respected by their relevant worker.



What we intend to do

01 Identify opportunities to improve the HSCP's Self-Directed Support (SDS) policies, processes and procedures to increase the effectiveness of SDS in empowering individuals to have a greater say and greater control in the services they access to meet their personal outcomes.

02 Support patients and service users to exercise greater control over their support journey through, for example, Patient Initiated Follow Up (PIFU), which enables patients and their carers to initiate their own appointments as and when they need them.

03 Continue the work of the Improving Cancer Journey team in co-producing unique care plans with people affected by cancer, focussing on what matters to them most, and by ensuring that through timely conversations individuals play an active and meaningful role in making decisions about the care and support they receive.

04 Continue to develop community mental health supports, including the Children and Young People's Networking Team, to help children, young people and families to navigate the system of supports and to promote engagement.

05 Improve access to information and advice for people at risk of homelessness to enable then to understand and access supports to prevent homelessness or services to support them when it occurs.





What success would look like

- We will achieve the cultural shift in how we work together, as partners in care rather than as people who give care and people who receive care
- We will communicate with the people who use our services, carers, stakeholders and the public openly, effectively and in ways that suit their needs to understand and have honest conversations about what they want future services to deliver
- There will be mutual recognition and acceptance that there can be limitations to how support and services can be provided as a result of factors that might be outwith the control of the HSCP
- People will have an active and equal role in discussions and decisions about their care and will be empowered and supported to exercise greater and more informed choice in making decisions about the supports they receive
- People will be encouraged, supported and enabled to take responsibility for decisions affecting their lives and how they manage risk
- We will work with people who receive support and organisations that provide it to understand what communities need to enable and empower people to make informed choices about services and supports to meet their needs
- Investment in strengthening communities will enable individuals to live in their communities for longer
- People will feel seen and recognised as fully rounded individuals, with a range of strengths that can be developed, instead of only focussing on the areas where they need support
- Carers and families will be involved in the process of identifying the best options for the people they care for
- By listening and working together to plan their care and support needs, people will have better and more personalised care plans, so they can achieve better outcomes and feel they have been treated with dignity, trust and respect
- We will be working with partners to offer and deliver a range of housing options to meet the needs of citizens who experience multiple and complex needs
- The information people receive to support decision making will be provided in clear and accessible formats
- Through greater, more timely and more meaningful involvement in decisions about their needs and supports, people will experience satisfaction with their service provision.

Our Partnership Priorities in Practice

Priority 2: Supporting greater self-determination and informed choice – The Respect Project

You can also view a short video: **Respect Project Short Film** describing the service highlighted below.

The Respect Project is a joint approach between Police Scotland and Glasgow City HSCP in relation to children and young adults who are being looked after and in the care of the city's residential units.

Historically when these young adults and children failed to report to their care environment carers and guardians called Police Scotland who treated this as a 'missing persons' case. Often the young people were not missing, they had just failed to come home or check in with their support workers / guardians. This intervention with the police did nothing to nurture relationships between the young person, their carer(s) and the police. It forced the police to follow 'missing persons' protocols which weren't necessarily appropriate and put pressure on police resources.

As part of this new approach Police Scotland identified single points of contact for care environments allowing relationship building between known officers, the young people and those who care for them.

Now when an incident arises the young person is identified as 'not at home', enabling the organisations to approach the situation more appropriately allowing for age-appropriate positive risk taking and for the young person to develop their own autonomy and independence. Intermediate steps can be put in place before asking the police to become involved, more closely mirroring the traditional parental response to similar situations that arise to a 'not at home' situation in conventional family settings.

The Respect Project set out to address another main area of concern for children and young adults in care: unnecessary criminalisation of children in care environments. Building relationships with the police allows individual incidents to be reviewed and individualised appropriate responses agreed. This reduces the unnecessary criminalisation of children as a consequence of the incident happening in a care environment, and then disadvantaging them for life by obtaining a criminal record.

This project allows young adults in a care environment to be treated much more like a traditional parental model, tackling some inequalities, encouraging self-determination and independent living in a safe and supported way leading to more informed choice and positive risk taking which is a rite of passage for young adults.





Partnership Priority 3: Supporting people in their communities

We will work together with our partners and stakeholders, across all types of care, to provide the conditions required to enable people to remain living at home safely for as long as possible with the right support in place for them, and for their carers if they have them. We will encourage, support and empower people to live healthy, independent, meaningful and more personally satisfying lives as active members of their communities. With our partners we will continue the move away from traditional service models to services and supports available closer to people. This doesn't mean living without any support at all. It means living as independent a life as you can and making choices about the things that matter to you, to live as full a life as possible with support when you need it. This will require ambition and innovation to develop community-based services that empower people to live independently with the right supports, in the right place and at the right time.

What you told us	
01	We need more central locations to provide care in community. Some elderly patients have to travel quite far to receive care at community hubs.
02	If services are to be delivered in the community then they should be community led and not hospital / medically led. More engagement with Scottish Government to ensure services that are already in community stay within community HSCPs.
03	Increase required in community services as not enough staff to deliver care, particularly in district nursing and mental health.
04	The plan to provide more care in people's homes raises lots of questions around staffing levels, the amount of time a carer gets to spend with each service user, travel to and from different homes, etc.
05	Funding should be increased to enable people to stay in their own home. Equipment, for example enhanced telecare or adaptations need to be installed timeously.
06	Priority is to keep people living at home for as long as they want to. Ideal is to have a blend of support from family and support from services / HSCP as needed.
07	There needs to be more emphasis on the psychological aspects of health behaviour change or maximising well-being, and the psychological factors that impact on independence (e.g. anxiety or fear of falling leading to reduced activity and over-reliance on carers).
08	Look at more independent living for people with learning disabilities. Have their own homes, but with some support from carers and assistive technology.
09	You seem to equate independent living with old age and give no consideration to the appalling lack of accessible housing for disabled people.
10	Technology can have a positive impact on helping individuals be more independent. Being connected to the Internet and learning some digital skills could enable someone to shop online which is often cheaper and easier or access learning courses online. New technologies can really open your eyes to a multitude of opportunities

What we know?

01 The rate of emergency admissions per 100,000 adults has reduced from 14,816 in 2015/16 to 11,798 in 2021/22.

02 The rate of emergency bed days per 100,000 adults has reduced from 144,254 in 2015/16 to 121,189 in 2021/22.

03 Re-admissions to hospital within 28 days of discharge per 1,000 admissions was higher in 2020/21 (116) than in 2015/16 (98).

04 89.4% of people in 2020/21 spent the last 6 months of life at home or in a community setting, compared with 86 in 2015/16.

05 42.8% of Glasgow's older people aged 65+ who have high levels of care needs, live at home. This is higher than the 35.0% for Scotland overall.

06 The number of children in placements outwith their local authority of residence has reduced from 126 to 31 between 2016 and 2022.

07 80.3% of adults supported at home agree that they are supported to live as independently as possible compared with 78.8% for Scotland.

08 79.6% of adults supported at home agree that their services / support are improving / maintaining their quality of life (78.1% for Scotland).

09 88.1% of adults are able to look after their health very well or quite well (90.9% for Scotland).

10 96% of people receiving a home care service feel the service makes them feel safe and improves their quality of life.



What we intend to do

01 Focus on a range of initiatives to reduce delayed discharges by removing barriers to patients leaving acute settings who are fit to return to their communities with the appropriate supports in place.

02 Continue to expand the access to and use of technology-based supports to enable people to live independently in their own homes with supports appropriate to their needs.

03 Develop and tender for an enhanced community living service for adults with a learning disability to support people to be discharged from hospital care into enhanced community living settings.

04 Work with partners to ensure housing options are designed to meet the evolving needs of the city and are future-proofed to support the HSCP's objectives in relation to delivering technology-enabled care and accessibility.

05 Review the potential to learn from programmes and initiatives implemented in other HSCP areas that seek to ensure that nobody dies alone. Seek wherever possible to enable people to spend more time in their communities in the final years of their life, rather than in hospital settings, to support our commitment to enable and empower people to die well in their communities if that is their choice.



What success would look like

- More people will be supported to live safely in their own homes and communities if that is what they choose to do
- Families and communities will have a major and active role in supporting people to live independently
- Families, communities and people with experience of receiving services will be actively involved in identifying gaps in services provision and designing services to address need
- Communities will be supported, empowered and resourced to provide supports required for people who choose to access them and people will only need to seek support from statutory services when that's necessary or where it's the best fit for their needs
- Glasgow's children, young people and families will tell us that we are keeping our Promise to them, as outlined in Glasgow's **Keeping the Promise Plan**
- Pressure on residential care placements will reduce due to the availability of appropriate alternatives within communities
- We will see a marked and ongoing reduction in the number of delayed hospital discharges
- Carers will be supported to provide the care required to enable people to remain living within their communities for longer
- We will provide information and support to access a range of options using new technology to support independent living in communities where this is appropriate
- People with complex needs will be able to live in their own homes and communities for as long and as independently as possible
- We will be able to offer a range of housing options that enable citizens to live as independently as possible within their own communities with support where required
- Housing options provided by our partners will support technology-enabled care solutions to facilitate independent living in the community
- Referrals for services where formal intervention is required and re-admissions (e.g. to hospitals) will reduce, enabling the resources of the HSCP to be targeted more effectively at those who are in most need
- Those who are in receipt of services will feel greater levels of satisfaction that they are able to manage their lives independently from statutory intervention with the appropriate local supports
- Citizens will be able to live and die well at home or in their communities if that is what they choose to do.



Our Partnership Priorities in Practice

Priority 3: Supporting people in their communities – Mental Health Assessment Units

You can also view a short video: **MHAU Short Film** describing the service highlighted below.

Specialist Mental Health Assessment Units (MHAU) and the Compassionate Distress Response Service were set up in April 2020 as a more appropriate pathway to assess and support citizens of Glasgow who were experiencing a mental health crisis.

This compassionate and sensitive approach to helping people in stress and distress, shifts the balance of care from acute emergency departments to supporting people within their own communities.

Traditionally when Police Scotland received a 'concern for person' call their options were limited to accompanying that person to local emergency departments for assessment and treatment from a community psychiatric nurse. This was often undignified for the person, waiting in Accident & Emergency with police escorts for many hours and added unnecessary pressure to acute services, often entering the person into the 'system' needlessly.

The units and patient journey were produced in partnership with Glasgow Association for Mental Health, Police Scotland, Scottish Ambulance Service and Glasgow Community Planning Partnership to ensure a more appropriate environment and approach for people in times of distress. They provide the ability to assess people in a comfortable and appropriate environment and offer suitable onward referrals where required. This ensures that people get the right support, at the right time and in the right place.

This new way of working demonstrates a person-centred approach to co-producing services with the service user journey at the heart. Utilising a Mental Health Assessment Unit rather than acute services ensures earlier intervention and a move away from provision of statutory services as a response to times of distress, allowing people to recover and become supported within their community, reducing harm and enabling their independence.



Partnership Priority 4: Strengthening communities to reduce harm

We will work in partnership with communities and other services to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately. We accept that not all risk can be avoided and in some cases we will be required to provide protective interventions to keep people safe and in order to meet the public protection responsibilities of the HSCP. However, risk of harm can be reduced through integrated and partnership working, and risk can be managed effectively through good public protection practice, shared learning and reflecting collectively to keep people safe. By developing stronger communities we aim to reduce harm and safeguard and protect vulnerable people and communities.

What you told us	
01	Some housing in Glasgow is substandard. When we provide substandard housing to families we are essentially devaluing their self-worth and enabling poor health and outcomes.
02	Call out landlords, including social landlords, who provide poor quality accommodation and devise a minimum standard that is not just about the basics. Housing that is damaging to health must finally be outlawed.
03	We should be able to identify harm and become reactive to harm before harm is able to cause damage.
04	I think we need to work more closely with police in Criminal Justice and the courts.
05	Build stronger working relationships between key agencies (i.e. social work, police, housing, third sector agencies).
06	People need protection from abuse, exploitation and harm. Procedures need to be straight forward for people. For example, elderly people should be encouraged to apply for Power of Attorney.
07	More joint working with other agencies and training in risk management. Supporting other agencies in recognising risk and harm and in making appropriate referrals to appropriate teams as not all referrals made are actual harm.
08	I would expect to see something about people / citizens are living in a city where they feel safe and know how to seek support if they are being harmed in any way.
09	Recognise the importance of working in partnership with social landlords to sustain tenancies and prevent homelessness by abandonment or eviction.
10	Success would be community police, health and social care services that are responsive to the community and work together.

What we know?

01 The rate of adults assessed as homeless or threatened with homelessness is more than 50% higher for Glasgow (9.8 per 1,000 population) than Scotland (6.1).

02 There were 2,668 households in temporary accommodation in Glasgow in 2020/21. This is 20.1% of the national total of households in temporary accommodation, compared to Glasgow's 11.8% share of all Scotland's households.

03 The number of children on the child protection register has reduced from 314 to 303 between 2018 and 2022.

04 The number of new child protection registrations has fallen from 415 to 366 in the same timeframe.

05 During 2021/22, there were 8,431 Adult Support and Protection referrals and 506 formal investigations completed.

06 Number of households reassessed as homeless / potentially homeless within 12 months was 526 in 2021/21 (target is under 480).

07 Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence has increased from 64% in 2015/16 to 87% in 2021/22.

08 Percentage of live homeless applications over 6 months duration at the end of the quarter was 48% across the city in Q4 of 2021/22 (target is less than 40%).

09 The average number of weeks from assessment decision to settled accommodation was 45 weeks at the end of 2021/22 (target 26 weeks or less).

10 Number of households reassessed as homeless or potentially homeless within 12 months stood at 526 at the end of 2021/22 compared with a target of 480.



What we intend to do

01 Ensure the HSCP and its partners can support the provision of safe housing for Glasgow's residents and contribute to the role the city is playing in supporting people seeking asylum / refuge living in Glasgow.

02 Provide the information and supports required to those who are experiencing or are at risk of experiencing harm in our city to ensure protection from harm.

03 Support the Scottish Government's ambition to enable the consistent delivery of safe, accessible, high-quality drug treatment and deliver initiatives and priorities to tackle the harm caused by alcohol and drugs in the city.

04 Continue to progress the HSCP's commitment to the reduction of domestic abuse through implementation of the Domestic Abuse Strategy and delivery of programmes such as the Caledonian System to address the offending behaviours of men who use violence against women.

05 Work with offenders across the city to provide them with unpaid work / Community Payback Orders to encourage them to address offending behaviours and provide them with opportunities to develop new skills and secure employment pathways.





What success would look like

- People living in the city will feel safe and will know how to seek support if they or someone they know is experiencing harm
- Staff and stakeholders understand that the public protection responsibilities of the HSCP mean that sometimes interventions may not be welcome but are in the best interests of individuals or the wider community to prevent harm to that person or others
- The risk of harm to individuals and communities is reduced as far as is possible, recognising that harm prevention is not possible in all cases
- The HSCP will be working well with partner agencies and service providers across the city to recognise and address potential areas of risk and harm early, and ensuring the appropriate response is available and applied
- We achieve an appropriate level of risk management, which empowers staff to understand and be enabled to assess and manage risk according to their professional assessment and judgement
- People re-entering the community having served custodial sentences will be able to access appropriate housing to support their re-integration into society



- The HSCP will have appropriate and implemented strategies to address and target specific areas of potential harm to individuals or groups (for example violence against women and domestic abuse)
- People with health and social care needs will experience better housing-related supports and outcomes as a result of strong partnership working with the housing sector
- The HSCP will be able to offer safety and protection to the most vulnerable communities and those who are guests in the city such as those seeking asylum.

Our Partnership Priorities in Practice

Priority 4: Strengthening communities to reduce harm – The Herbert protocol

You can also view a short video: Glasgow City HSCP – **The Herbert Protocol Short Film** describing the service highlighted below.

The Herbert Protocol is a multi-organisational integrated approach to sharing information on vulnerable citizens in our community to help locate them if they go missing.

This proactive approach for people living with dementia provides assurance for those who have a loved one with a diagnosis of dementia or other cognitive impairment.

People living with dementia are encouraged to maintain their independence and live as long as possible in a home environment of their choosing. However, their condition is such that they are more at risk of going out and becoming disoriented or getting lost whilst conducting their day-to-day business.

The Herbert Protocol gathers a comprehensive range of information that may help organisations involved in responding to reports of a vulnerable missing person. The range of information captured includes, work history, previous addresses and established routines giving responders more meaningful information to help locate the individual and preventing loved ones or organisations from needing to provide a full range of information every time the police or another organisation are required to assist.

The protocol was developed by a range of partners to ensure that appropriate responses were put in place to allow those living with dementia to live their lives as fully as possible in their communities and safe from harm. Glasgow City HSCP, Police Scotland, Scottish Fire and Rescue and Alzheimer's Scotland are among the organisations encouraging people of Glasgow to sign up to and complete the required information.

The introduction of the Herbert Protocol allows for positive risk taking with speedier responses when required. This work supports the HSCP's priorities of preventing and reducing harm to individuals and supporting people to live independently and flourish in their communities.



Priority 5: A healthy, valued and supported workforce

We will seek to develop and retain a workforce that is suitably and highly skilled, trained and supported to deliver the highest standard of service to the city's people. By having a workforce that feels engaged, valued and highly trained we can ensure that our staff are ready to meet the challenges and opportunities of delivering health and social care services and are confident in the value placed on their own health and well-being. We will identify the investments, and cultural and organisational change, we require to make with our leadership teams and wider staff group to overcome the recruitment and retention challenges facing the sector and ensure a flexible, supported, resilient and sustainable workforce that can adapt to changing demands and opportunities placed on and available to the service.

What you told us	
01	We need better funded frontline services with a focus on training and retaining high quality staff to ensure appropriate staffing levels within teams.
02	Expand mental health awareness training for all HSCP staff groups.
03	Greater self-determination and autonomy to be given to supported individuals and frontline staff and team leaders.
04	I would like to see something included that recognises work to support the workforce.
05	There also needs to be investments in front line social care staff, and in resources, to enable better use of SDS.
06	Staff renumeration needs to be commensurate with the skills / responsibilities required of supporting people and their specific needs.
07	Care at home staff are vital and need more allocated time and enhanced training to support them in their very demanding roles.
08	Change how we treat and value social care workers, the backbone of services throughout the pandemic.
09	Isolation that has been felt by service users has also been felt by staff. People are becoming so burned out – there are real concerns about how to retain and recruit staff under these circumstances.
10	Need for more staff to reduce waiting lists.

What we know?

01 As of April 2022, the staff group working within the HSCP (10,956) was made up of 6,220 employed by Glasgow City Council and 4,736 employed by NHS Greater Glasgow and Clyde.

02 In 2022 69% of HSCP staff reported that they are treated fairly, consistently, with dignity and respect in an environment where diversity is valued.

03 65% agreed that they are provided with a working environment that promotes the health and well-being of staff, patients and the wider community.

04 57% feel they are given the time and resource to support their learning growth.

05 82% feel that their line manager cares about their health and well-being, compared to 53% for their organisation.

06 61% would recommend the HSCP as a good place to work.

07 71% said they have sufficient support to do their job well.

08 The HSCP has made a range of local and national resources available to staff to support their health and well-being.

09 The HSCP published its **Staff Mental Health and Well-being Action Plan 2021 – 2022** in March 2022.

10 The HSCP developed a Succession and Talent Development Programme Board in 2021, to recognise the need to identify managers of the future and to encourage staff to take on development opportunities.



What we intend to do

01 Ensure accessibility and raise awareness of **mental health and well-being resources** available to all HSCP staff.

02 Support staff who are absent from work and are experiencing Long Covid and other health conditions.

03 Provide regular protected time for staff development and ensure all HSCP staff have career development conversations.

04 Ensure staff are trained to deliver on the commitment to plan and deliver services within a human rights-based approach.

05 Mobilise a culture shift that communicates and embeds strengths based, trauma informed practice and builds staff resilience through utilising trauma informed practice / leadership and strengthening personal resilience programmes.



What success would look like

- Staff will feel inspired, valued, supported and equipped to do their job
- Staff will work in a mentally healthy workplace where discussions about mental health and well-being are part of routine support
- The importance of staff mental health will be part of the HSCP's local strategies and action plans
- Staff will feel valued and involved in decision-making and developing local plans and strategies
- We will be engaging with staff to ask them what they need to support healthy working lives and manage change
- Staff will have access to resources and supports that enable them to manage and improve their health and well-being
- Staff will work within an environment characterised by collaborative and compassionate leadership
- We will understand the models of support required of our staff and ensure training and development opportunities are tailored to ensure they can deliver the high levels of care they are passionate about delivering
- We will have and be acting on good data and projections of need that enable us to mobilise and target resources in a responsive and flexible way
- We will have a workforce that is committed to training and continuous development and we will be matching that commitment with the relevant investment to provide training and development opportunities
- We will offer our staff a working environment and culture that supports them to thrive and provide the highest levels of care. This includes; considering working models; career advancement; staff support; training and development plans and opportunities and; IT systems that support and enable staff
- Our workforce will be committed to meeting the Vision and priorities of the Integration Joint Board by working in an innovative, progressive and transformational way to support people to live as independent a life as they can
- We will be succession-planning and creating opportunities for existing staff to develop and progress in their careers
- The workforce will continue to be developed to ensure we have a digitally literate workforce
- Our workforce will reflect the diverse nature of the city and / or be trained to interact with different communities
- The HSCP will experience greater success in recruiting people to become part of the workforce and retaining people within it
- Our workforce will have the right skills mix and be flexible so that, in times of challenge, they can be deployed to suit the needs of the service and the demands placed on services by external factors and the city's changing demographic profile.



Our Partnership Priorities in Practice

Priority 5: A healthy valued and supported workforce – older people's residential services legacy art project

You can also view a short **video** describing the service highlighted below.

Glasgow City HSCP has five residential care homes for older people within the city. They provide homes for 550 residents and jobs for over 700 members of staff. The impact of the COVID-19 pandemic has significantly affected the care homes and there is no doubt that events during the pandemic took their toll on resident and staff morale and resilience.

With this in mind the 20-minute care space was created with Dr Melissa Martean of NHS Greater Glasgow and Clyde's psychological services to ensure that staff had a safe, quiet space for reflection and be led to identify ways to better self-care. The approach was identified as best practice within the recent Scottish Government publication **Healthcare Framework for adults living in Care Homes: My Health, My Care My Home** and the service won the innovation award at the HSCP Staff Awards for Excellence 2022.

Staff well-being continued to be a focus as services began to move into recovery and the team approached **Health and Social Care Alliance Scotland** (The ALLIANCE) and their artist in residence Xuechang Leng to work on a legacy art project for each of the homes.

Mr Leng is an architectural artist who works with teams and individuals to develop pieces of art and sculpture which reflect moods and experience. Being of Chinese origin, Xuechang uses colour to express feelings as words in the Chinese language have representative colours.

Focus groups with staff facilitated by the ALLIANCE's Tommy Whitelaw and Xuechang asked staff 'what matters to me?' in the context of their experiences of the pandemic, recognising and celebrating their individual contributions. The words chosen within each care home have become individual pieces of art themselves, with the main outcome being a sculpture of a soundwave in a corresponding colour installed within a public area of each of the five homes, each completely unique and personal to the staff team at each site.

It is anticipated that while this project provides a reflective opportunity for staff, it also creates a therapeutic art piece which will be of benefit to the residents and staff living and working within the care home, and equally give tangible expressions of their experience during the pandemic.



Resident's artwork

Priority 6: Building a sustainable future

We will work with our partners to meet the challenge of delivering a sustainable model of health and social care within a challenging environment, characterised by financial constraints, increasing requests for support and recruitment and retention challenges. We will be ambitious but also realistic when planning services with our partners to ensure we do not over-promise and under-deliver, and to ensure our health and social care system is sustainable, even if that means sometimes having to acknowledge that there will be things we will be unable to do. At all times we will seek to ensure we use our resources, including finances, our workforce and other resources effectively and where they will make most impact to achieve value for money and ensure we have strong and reliable health and social care services, not just now, but for future generations too.

What you told us	
01	HSCP needs better workforce planning, covering fair work / job security for health and social care staff.
02	Staff retention is poor and means that he (person living with dementia) is very anxious as it always seems to be different people. He gets really anxious as it's always someone new who he doesn't know.
03	Promotion of well-being should include supporting community groups in the long term and not short-term / ad-hoc funding cycles.
04	The temptation is always to disinvest in times of financial strain but this just stores up problems for the future. So this area of work needs to be protected in the changing and worsening financial climate.
05	Placing value in people, supporting them to feel they are worthy of having a choice in how to shape their care rather than them having to adapt to what is available, again requires investment in services.
06	At the current time, it is clear that investment is not increasing, and resources are under significant pressure, therefore we are unsure how this could be funded.
07	Investment and education are required to achieve this.
08	Contracts to the third sector should be based upon sustainable outcomes.
09	Ensure housing stock in the city is "future ready" with property upgrades from Registered Social Landlords and investment in construction of new social housing.
10	Very worried about the rising costs of living and how this will impact people. Glasgow already has high levels of deprivation etc. and if services are eroded the overall impact will be more telling on those who most need the support.

What we know?

01 Of a budget of £1.4bn to spend on services, Glasgow City HSCP allocates around £540m for employee costs.

02 Our workforce is our biggest asset, but a deficits-based approach creates societal dependency and negatively impacts on staff wellbeing and retention.

03 Staff turnover sits at 13% for NHS staff groups and 6.4% for Social Care staff groups (up from 5.5% and 3% respectively in 2018).

04 The turnover for home carer posts is 10% annually and requires recruitment of at least 300 people per year.

05 49% of HSCP staff are over 50 (Social Work, 57% and NHS, 38%).

06 Glasgow City IJB has a reserves policy which seeks to ensure that funding is available to mitigate the effects of unexpected financial constraints and challenges and to ensure the resilience and sustainability of health and social care service provision.

07 It is expected that increasing financial challenges will place additional pressure on the IJB's available reserves, and that reserves alone may not be sufficient to meet these pressures over the medium term.



What we intend to do

01 Implement plans to predict vacancies and recruit as early as possible and consider the use of 'evergreen' advertisements across a range of talent attraction platforms.

02 Develop a strategy for promoting the attraction of candidates from a range of backgrounds.

03 Link with external partners such as colleges and job centres to explore opportunities for placements and pre-employment courses.

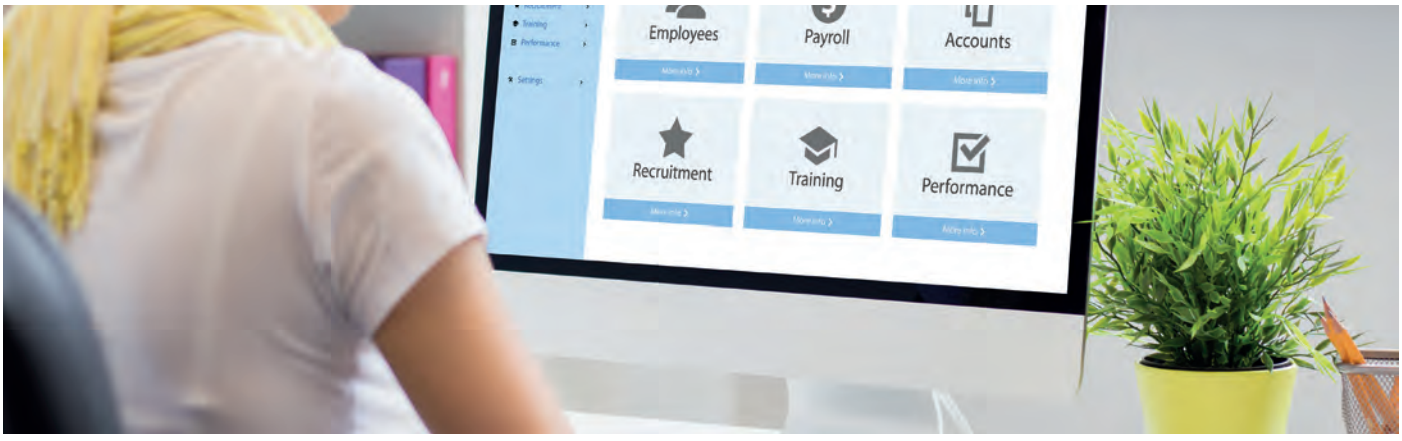
04 Develop and implement a programme of culture change, staff engagement and development to create the conditions required to deliver a new approach to delivering a sustainable health and social care service.

05 Reduce reliance on agency staff and overtime to fill vacancies and cover absence.



What success would look like

- We will have a skilled, settled and valued workforce that is equipped to meet the current and emerging challenges facing us, and can see the part they play in the generational change in the city's health and social care system
- We will be succession planning to ensure natural staff turnover does not negatively impact on our ability to deliver services
- Our workforce planning activity will mitigate the recruitment and retention challenges faced within the city
- We will constantly be capturing and reviewing data on the changing demographic profile of the city to ensure our main resource, our staff, continues to be suitably trained and motivated to meet changing and / or increasing needs of our citizens
- Our transformation programmes will be delivering the cultural and operational changes required to meet the financial challenges and deliver a sustainable position for the HSCP
- By targeting supports and using all our resources more efficiently we will ensure a sustainable health and social care system that meets the needs of Glasgow's diverse communities now and in the future
- We will be investing in services based on good information and projections to ensure services are designed and delivered in ways that enable them to react to changing demands and pressures
- We will be honest and transparent in our decision making in relation to what we can and can't feasibly do within the resources available
- We will be having honest conversations with our partners and stakeholders if we require to make difficult decisions in relation to certain existing or planned services
- We will continue to work towards achieving the required levels of financial reserves to ensure we can respond to financial challenges when needed
- We will understand and develop plans to mitigate the challenges faced by citizens and the HSCP such as financial hardship and poverty (both historical and emerging), inflation, high energy prices and fuel costs and other factors that affect the health and care needs of citizens and the cost of purchasing and delivering goods and services
- We will be targeting our resources where they are required most and will have mechanisms in place for monitoring service delivery to ensure value for money and successful outcomes.



Our Partnership Priorities in Practice

Priority 6: Building a sustainable future – City wide contributions to environmental sustainability

Our ambition is to become an organisation that is environmentally, financially and socially sustainable whilst delivering high quality, equitable services. Delivering this priority will focus on several key areas:

- Sustainable buildings and land
- Sustainable travel
- Sustainable goods and services
- Sustainable care
- Sustainable communities.

Our HSCP sustainability strategy will be developed in line with and complementary to NHS Greater Glasgow & Clyde and Glasgow City Council's plans for delivering a sustainable city. **Glasgow City Council's Climate Plan** was approved in June 2022 and our **Sustainable Glasgow Partnership** between the Council and NHS was established in 2010.

Some of the key areas of work that we will continue or begin to undertake during 2023-2026 to contribute to meeting our sustainability objectives include:

- Working closely with NHS partners to influence the design of sustainable and climate emergency structures to lead on planning for the future
- Supporting our staff to consider how they plan their journeys, make green choices and reduce travel where possible
- Support and continue the Fleet Strategy Programme to provide electric vehicles and ensure the appropriate infrastructure is in place
- Conclude a pilot of electric vehicles with Care at Home services as part of the home care fleet



- Roll out electric vehicles to other social work teams with a goal for all fleet vehicles to be zero emission whilst electric transition is ongoing
- Build sustainable procurement into commissioning practices to encourage partners to share sustainable values
- Continue to promote sustainable transport solutions for staff:
  - 83% of our home carer staff group are employed within their local community and cover their visits on foot or public transport
  - One study concluded that walking a mile and a half would release 75% less greenhouse gases than we would produce from driving the same distance. If we translate this into Glasgow HSCP care services who are delivering 93,000 visits per week, we in effect reduce our carbon footprint by 8,625 miles
  - Where transport is required there is an intention to widen the electric vehicle pilot mentioned above
  - We will continue to aim for 80% of jobs within the HSCP to be filled by local candidates to reduce travel
  - We intend to maximise ICT solutions to allow people to meet without unnecessary travel.
- Consider sustainability and environmental impact of service planning in all local and strategic plans, and embed carbon neutral or green choices from the outset in service design activity
- Build on the success of the new **Parkhead Health and Social Care Hub**, which will incorporate zero carbon heating by utilising air source heat pumps and electricity generated by photovoltaic panels and green electricity from the grid
- Promote the success of our EquipU partnership in recycling £4m of community equipment for reuse every year
- Use local manufacturers to deliver Home Care Uniforms (7,400 tunics, 1,250 polo shirts each year) rather than previously ordering and importing from overseas, reducing the distance from source by nearly 5,000 miles.





7. MONITORING PERFORMANCE AND MEASURING PROGRESS



Monitoring Performance and Measuring Progress

Glasgow City IJB and HSCP have well defined performance management arrangements to monitor, report on and scrutinise the performance of health and social care services. These arrangements are known as our Performance Framework, which enables the HSCP and IJB to monitor performance and outcomes routinely and regularly in relation to delivery of the Strategic Plan and against a range of local and national performance measures, known as Key Performance Indicators (or KPIs). Progress is regularly reported in **Quarterly** and **Annual Performance Reports**, which can be accessed on the HSCP website.

Detailed **Quarterly Performance Reports** include a wide variety of performance measures and provide information on how services are responding to areas of under-performance. All performance indicators have been aligned to the priorities set out in the Strategic Plan and to the Scottish Government's **National Health and Well-being Outcomes**. The quarterly performance reports are shared with and scrutinised by HSCP senior management groups and teams and are presented to the IJB's **Finance, Audit and Scrutiny Committee**. At each of the Committee meetings, specific service areas are focused on and relevant HSCP officers are invited to discuss performance and demonstrate how they are delivering the HSCP's strategic priorities.

In addition to the **Quarterly Reports**, we publish an **Annual Performance Report** (APR) in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Within the APR we highlight progress in delivering the Strategic Plan commitments and consider performance and outcomes over a longer period of time, including in relation to the **Core Suite of National Integration Indicators** which have been published by the Scottish Government to measure progress in relation to the **National Health and Well-being Outcomes**. The APR also contains information from local surveys conducted by individual services such as Care at Home and Carers services, as well as user / carer feedback and case studies, in order to demonstrate progress in taking forward our local priorities.

The IJB and HSCP management teams also regularly receive updates on delivery of our Strategic Plan commitments through individual service reports, as well as financial updates on budgetary performance and the delivery of agreed savings programmes. They will also review and respond to any reports produced by NHS / Council Internal Audit teams, Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate and other relevant external sources.





In addition to our formal performance management arrangements, a **Demographics Profile** for Glasgow City has been developed to support needs analysis, service planning and service delivery. This is updated every year and includes general population estimates broken down by age, gender and ethnicity at HSCP locality, city and national level. It includes population projections by age-band at city and national level. It also includes a profile of health in the city with information on life expectancy and mortality, patterns of illness and disease, as well as information on factors that can impact upon health and well-being, including lifestyle and behaviours, social capital, poverty and deprivation, education, employment and crime.

Our understanding of how health is changing for particular groups in Glasgow and how we plan to meet changing needs is informed by a range of population health surveys and needs assessments, including:

- The **School Health and Well-being Survey** (12-18year olds)
- NHS Greater Glasgow and Clyde Health and Well-being Surveys
- The **Health Needs Assessment** of people who are lesbian, gay, bisexual, transgender or Non-binary (LGBT+) in Scotland (2022)
- Health Needs Assessment of prisoners within the Greater Glasgow and Clyde prison estate (2022)
- The **Scottish Health Survey**
- The **Scottish Crime and Justice Survey**
- The **Scottish Household Survey**
- The publications of the **Glasgow Centre for Population Health**.

As part of defining the Partnership Priorities above, this Plan outlined some general suggestions for what success will look like. We will be able to monitor progress and demonstrate success for some of these measures through the formal and established performance monitoring arrangements outlined above. Others are not so straightforward to measure or quantify. Where data is not available or is not currently captured, the HSCP will work with our stakeholders to identify how to measure success in achieving our priorities, for example through case studies or the testimonies of people with lived experience of services and supports.

A priority for the HSCP will be to identify where the impact of our activity is having an effect in terms of reducing the numbers of people seeking supports and reducing need in the city. How we do this and the success we experience will be reported back through the relevant governance and strategic planning groups for consideration and action.

8. FINANCE AND RESOURCES



What you said:

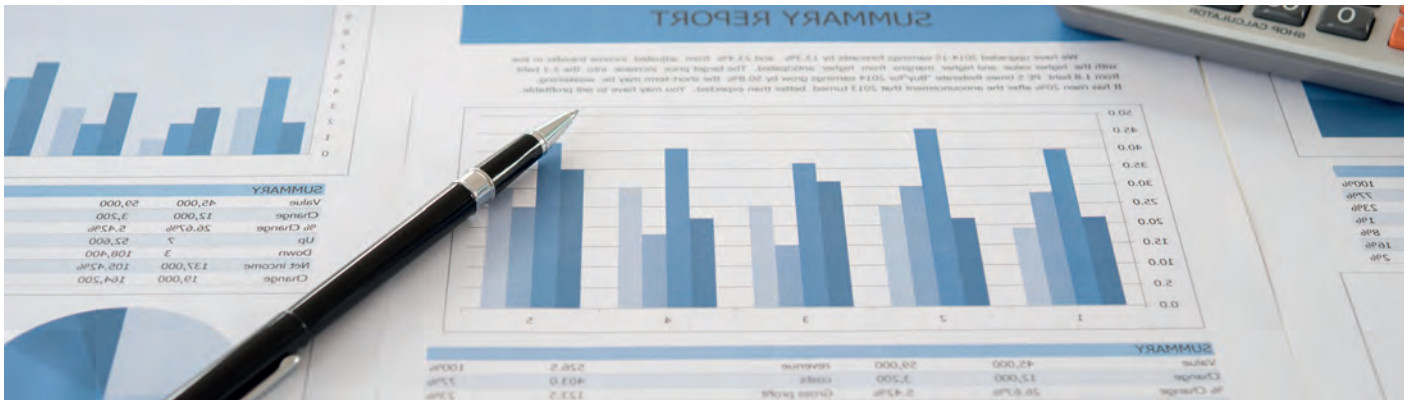
"The vision definitely still applies, and everyone is doing a great job in trying to make this happen, however I think there are challenges including financial constraints which limit the implementation of the vision"

Financial Position

Glasgow City IJB delivers a range of services to its citizens and in 2022-23 has funding of £1.5bn to spend on services. This is funded through budgets delegated from both Glasgow City Council and NHS Greater Glasgow and Clyde. 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. The scale of inflationary pressures and the cost of living crisis is having a significant impact on both cost and demand for services. Like you, we are facing challenges as a result of inflation, increasing energy prices and increasing fuel costs which impacts not only on what we pay for goods and services but also the pay increases which are set nationally and applied to our employees.

Our response to the pandemic has brought with it a number of challenges and opportunities to deliver services in a different way. The full impact of the pandemic will not be fully known for years to come. However, we can already see the impact it is having on people's health, well-being and the economic impact including income, employment and housing. We are seeing this translate into an unprecedented increase in demand for our services. Service demand has been impacted further as a result of wider global challenges and the support being offered by the city to Ukrainian refugees as an example.

This represents a challenging backdrop to deliver on our ambitions and it will have an impact on what can be delivered and when. Glasgow City IJB is clear about the challenges which are ahead and its aspirations for its services. However, we also need to be realistic about what can be delivered within the funding available. This will require the IJB to prioritise decisions for investment and disinvestment in order to support delivery of the Strategic Plan.

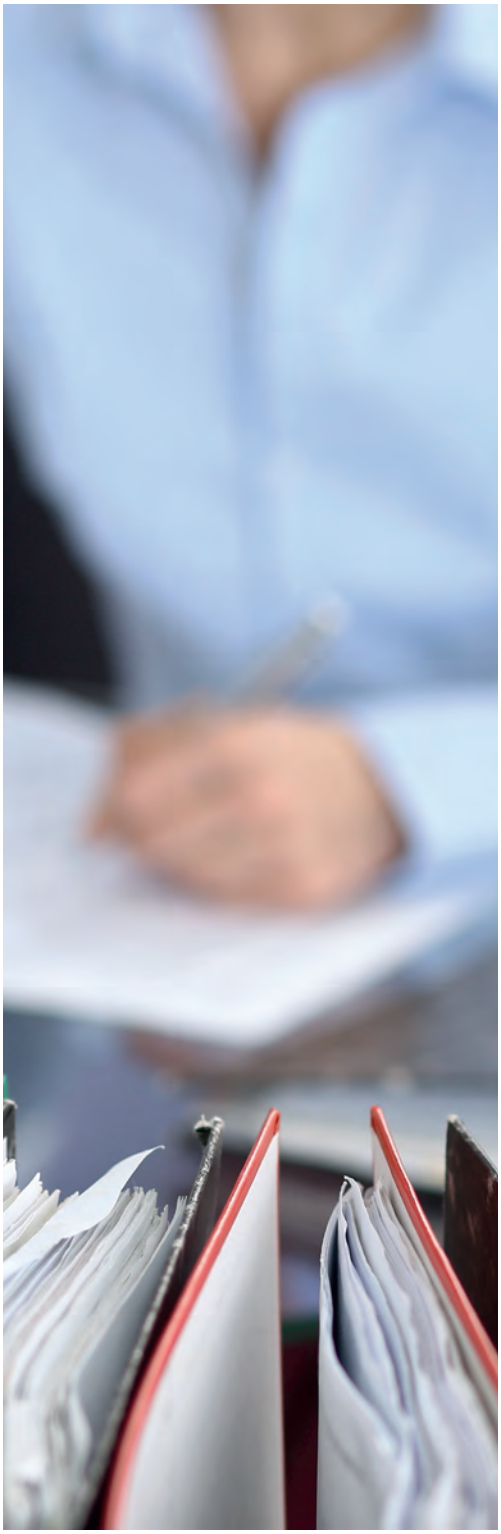


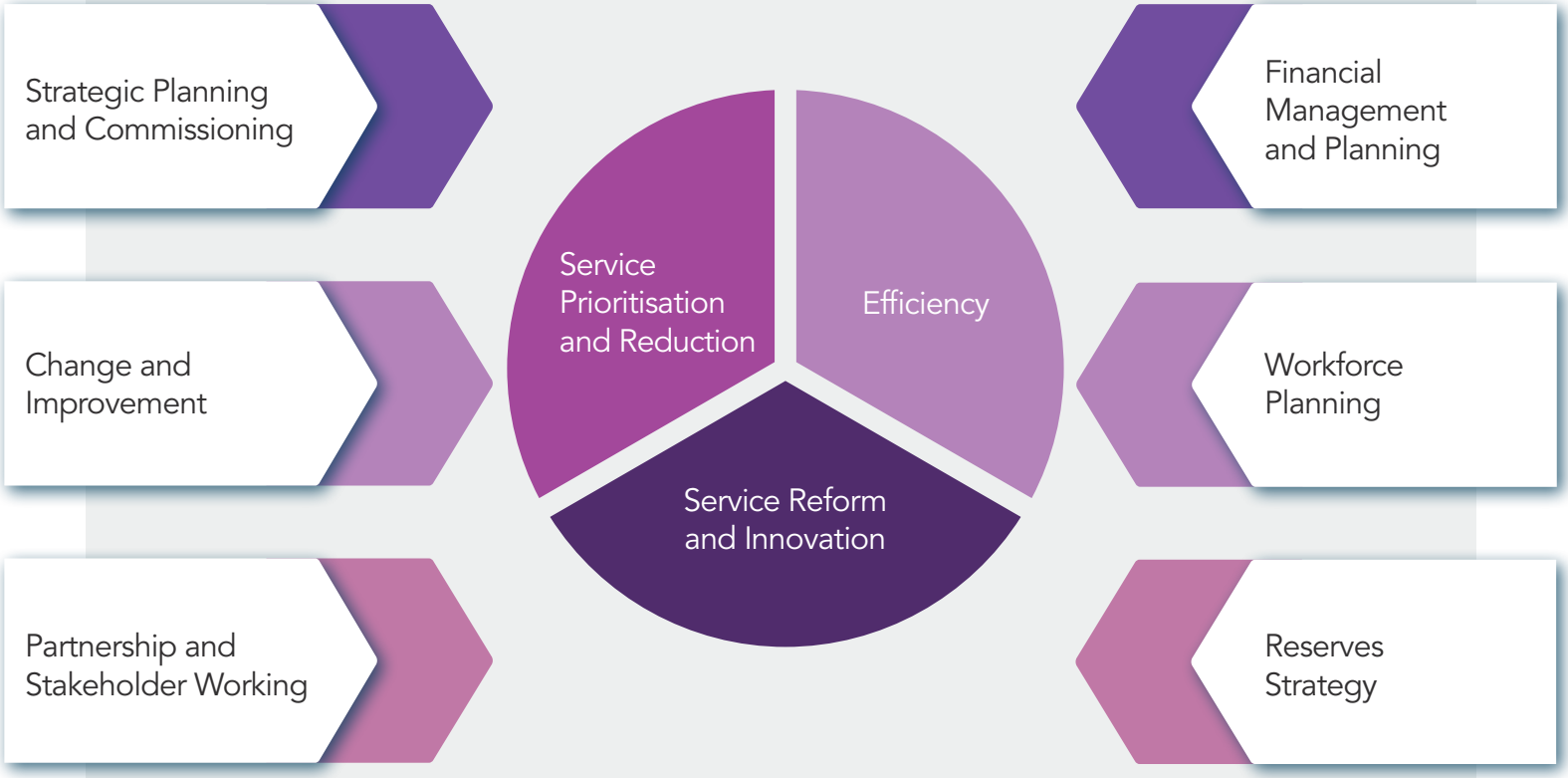
Financial Framework

The **Medium-Term Financial Outlook** is an essential piece of the strategic planning process which underpins the delivery of the ambitions and priorities outlined in this Plan. A robust medium-term financial outlook will support financial and strategic planning, assisting with balancing the financial impact of IJB policies and objectives with the demand and cost pressures it faces.

The **Medium-Term Financial Outlook** estimates a financial gap of £86m over the medium term which will require to be met from savings. It highlights a number of financial pressures which contribute to this financial gap and provides detail on the impact that managing financial pressures has on services provided with our partners.

Our Medium-Term Financial Strategy has three core components which collectively support delivery of financial balance whilst delivering safe and sustainable services. This strategy is set out in the diagram below and cannot be delivered without working closely with all our partners and stakeholders to secure a future which is sustainable and meets the needs of our communities. This is underpinned by strategic planning and commissioning, robust financial management, a prudent reserves policy and workforce planning to ensure our resources are used in the most effective way to deliver services and deliver the vision for the IJB.





Transforming Services

The transformational change programme put in place by the HSCP spans the entirety of our activity and seeks to deliver change that will provide innovative services for the people of Glasgow whilst realising financial savings to support a balanced budget.

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 Strategic Plan, and the National Health and Well-being Outcomes
- monitor and evaluate the short, medium and long-term impacts of the Transformational Change programme
- monitor and realise financial savings arising from the Transformational Change programme
- engage with stakeholders and promote innovation within and beyond Glasgow City Health and Social Care Partnership.

Investment Priorities and Plans

Implementing the transformation programme requires the HSCP to look at what services are delivered, how they are delivered and where they are delivered from. Fundamental to these programmes is the partnership investment programme and how it supports this transformation.

The HSCP has set out its investment priorities in its **Property Strategy 2023-2026**.The main objectives of the strategy are:

- To gain best value from the use of our property
- Provide safe, modern accessible and fit for purpose accommodation to support staff in the delivery of services

- Provide the right buildings in the right location and condition to meet service delivery needs
- Ensure property assets are located across the City to facilitate access to services
- To maximise opportunities to work with other services, agencies and communities to establish optimum service needs and delivery models

The Property Strategy has already delivered significant investment to support transformation, including the opening of the new **Gorbals Health and Care Centre**, the **Woodside Health and Care Centre**, completion of the investment in Older People Residential and Day Care Centres and continued investment in Children's residential accommodation.

Work has commenced on a new £72m **North East Health and Care Hub** to replace Parkhead Health Centre and will also include a library facility on behalf of Glasgow Life. Funding of £20m has been provided for the refurbishment of the Church Street Social Work property to provide a key centre for the provision of services in the North West of the city, and there is a programme of Health Centre upgrades and refurbishments underway across the city to ensure we are maximising the use of the space needed to deliver the **primary care improvement programme**. All these projects will accommodate a range of health and social care services, delivering integrated services for these local communities.

The HSCP is also working jointly with partners to rationalise property bases and a number of opportunities are being explored to provide integrated services at a number of locations across the city.





Staffing and Workforce Plan

Staff within the HSCP (our people) are integral to our success and particularly the success of our transformational journey. As at April 2022, the HSCP had a workforce of 10,956 Whole Time Equivalent (WTE), made up of 6,220 WTE employed by Glasgow City Council and 4,736 WTE employed by NHS Greater Glasgow and Clyde. A significant majority of staff work directly with patients, service users, carers and their families to support them. The breakdown of staff across care groups and between the Council and Health Board is outlined within the following table.

Breakdown by Care Groups

Staff Group	Head Count		WTE		Totals	
	Council	NHS	Council	NHS	Head	WTE
Adult	469	2690	440	2456	3,159	2,896
Care Services	3972	n/a	3070	n/a	3,972	3070
Older People	315	1132	297	967	1,447	1,267
Primary Care	n/a	286	n/a	240	286	240
Children	1073	1077	999	928	2,150	1,927
Public Protection and Complex Care	655	n/a	602	n/a	655	602
Resources / Other	998	182	812	145	1,180	957
Totals	**7482**	**5367**	**6220**	**4736**	**12,849**	**10,956**

Glasgow City HSCP is required to develop and publish a workforce plan setting out the strategic direction for workforce development, service redesign and any resulting changes to our workforce. Our **Workforce Plan 2022-25** is designed to support the IJB's six Partnership Priorities. Success in achieving these is underpinned by the commitment to support and nurture our workforce, looking after their mental and physical well-being as well as offering roles and development opportunities that staff find rewarding and fulfilling. The Workforce Plan sits alongside the Strategic Plan and acts to support the fundamental objective of the HSCP to develop a relationship with citizens based on helping them to help themselves where appropriate, be informed by the views and the preferences of individuals, and the importance of family and community resources in meeting the health and social care needs of the city's people.

The key service level priorities in relation to workforce planning are:

- Ensuring a workforce that is prepared and empowered to deliver the cultural change required for the new approach to health and social care service delivery
- Finding solutions to challenging recruitment situations, for example; Medical Consultants; Nursing roles particularly in District Nursing, Health Visitors, Mental Health, Prisons and Addiction Services; entry level posts in Care Homes and Care at Home; Social Workers including Mental Health Officers (MHO) and in the specific roles created as part of the Primary Care Improvement Plan (advanced nurse practitioners, pharmacists, pharmacy technicians and musculoskeletal (MSK) physiotherapists)
- Redesign of services, in particular Urgent Care, Homelessness, and Addiction and Recovery Services
- Delivery of local policies and strategies such as Maximising Independence, Hospital at Home, Primary Care Improvement Plans (PCIPs), Single Point of Access (**Health and Social Care Connect**), Vaccination Programmes, Carers Strategy
- In Children's Services the policy framework outlined in Getting it Right for Every Child and delivery of The Promise
- Development of community-based, inpatient and child and adolescent mental health services
- Implementation of a joint Business Administration structure and addressing difficulties recruiting to administrative posts
- Development of staff to meet the changing needs of service users, particularly in Care Homes and Care at Home Services
- Recognition and understanding of the crucial interdependencies within the health and social care system, ensuring that our approach strengthens these vital connections (e.g. Urgent Care, Hospital Discharge and Mental Health services)
- Preparation for the introduction of the National Care Service.

The Workforce Plan also takes account of the Scottish Government's requirements in the **National Workforce Strategy for Health and Social Care in Scotland** and as such the plan includes our ambitions around recovery from COVID-19, growth and transformation of services and the workforce. The Plan includes actions required around the 5 Pillars of the workforce journey (Plan, Attract, Employ, Train and Nurture) and details the establishment gaps, workforce challenges, future staff demand versus current workforce numbers and skills and the numbers of staff and new roles require to achieve all of this.

9. PARTNERSHIP WORKING AND INVOLVING OTHERS



What you said:

The longer-term goal is achievable with full participation from everyone involved"

"Services should be working more collaboratively and innovatively with the HSCP to consider new ways of joint working to do tests of change, for example around providing continence care"

Glasgow City HSCP does not and should not operate in isolation. Planning and delivering quality health and social care requires a range of different people, organisations, professionals and groups (our partners) to share the responsibility of maximizing people's independence, promoting early intervention and prevention and ensuring people receive the types of support they need, where they need it and at the appropriate point in time. Central to this will be working with the people who know the services best. People who have used services have a unique perspective on how they need to evolve to meet the needs of people throughout the city. These people are often referred to as people with "lived experience". People with lived experience are one of a range of different partners that have a role in implementing the approach to service delivery in the city.

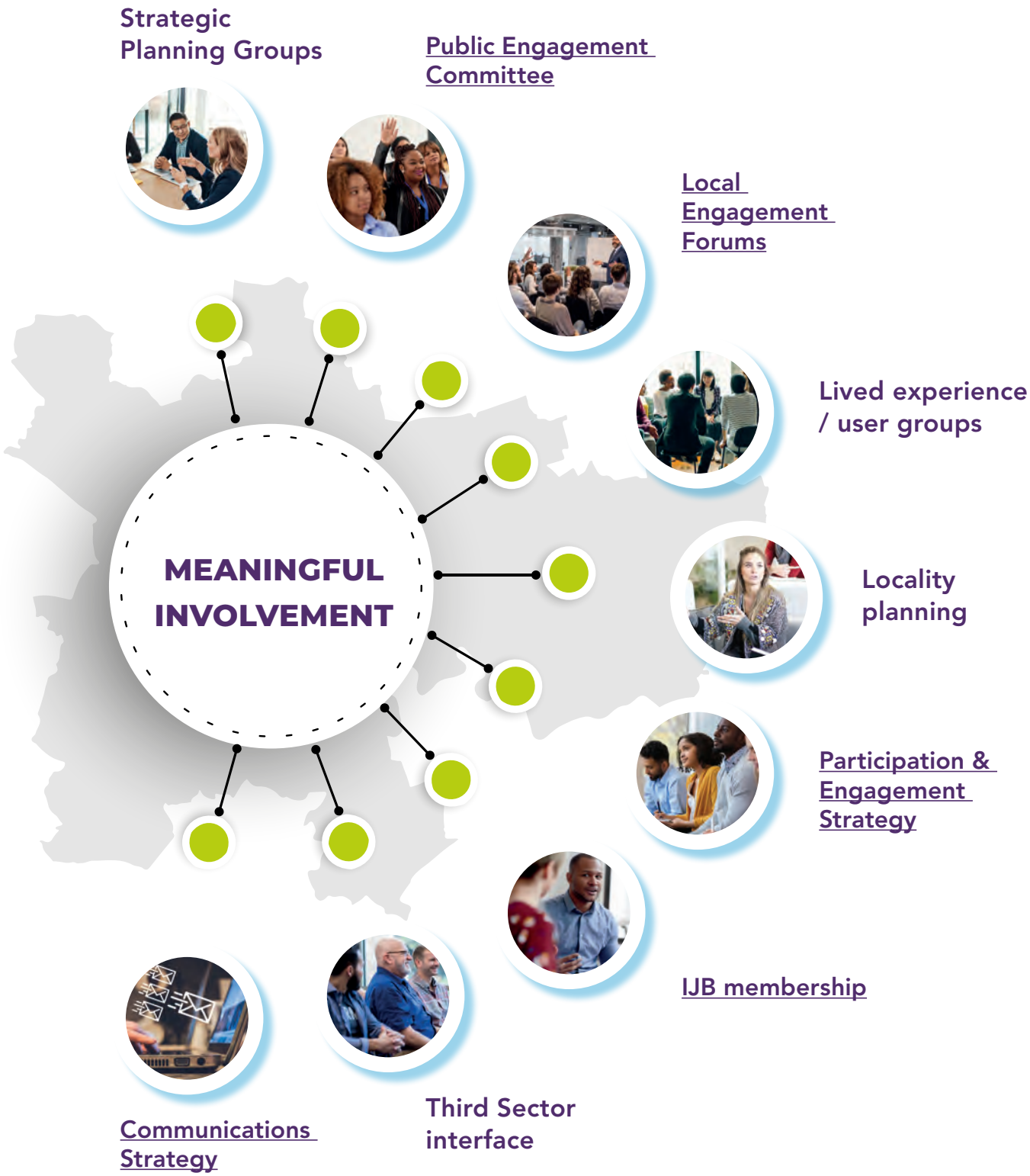
The key partners we will work with to plan and deliver health and social care services include the following:

- People with lived experience (including patients, service users, carers and families)
- Local communities (individual citizens and community organisations and groups)
- Voluntary (or third) sector service providers
- Independent sector service providers
- Other services and teams within the Council (e.g. Housing, Education)
- Providers of housing services
- Community Planning partners
- Other Health and Social Care Partnerships within Greater Glasgow and Clyde
- Equalities-led groups and organisations



Involvement

The IJB and HSCP make better decisions when people affected by those decisions are involved meaningfully and at the appropriate point in time. Whether by being consulted on what a new service should look like or what changes should be made to existing services, involving others in ways which genuinely influence what happens next is vital. There are a number of ways the HSCP encourages and describes its approach to involving others in the process of influencing services and service delivery. All are designed to give a voice to those with a contribution to make in ways that make doing so as accessible as possible. The diagram below shows just some examples of how involvement is supported by the IJB / HSCP.



Principles of meaningful involvement

Meaningful involvement doesn't just happen by having certain groups set up or certain policies or strategies in place. Successfully implementing these policies and strategies, and the effectiveness of groups and fora, relies on a genuine and fundamental commitment to working together as partners to develop new ways of doing things.

To make the best use of the structures and opportunities for involvement within the HSCP and to make best use of the expertise and experience of our partners we have developed a set of principles that we believe are vital to achieving meaningful engagement.

- Achieving our priorities requires a commitment to **joint working and participation** from partners
- Meaningful involvement is a **two-way** process
- To be meaningful involvement should be **defined by partners**
- Services should be co-produced and the power to influence change must be **shared**
- Stakeholders must be involved in **gathering and reviewing feedback** on services to inform planning processes
- Involvement must occur at an **appropriate time** to enable maximum influence. This includes being part of day-to-day service delivery as well as when changes to services are proposed
- Decisions about services must be **informed by staff and individuals with experience** of receiving or delivering services (including relatives, family members and those with an interest in them)
- Access to involvement should be **equitable** by identifying and overcoming barriers, and being informed by a commitment to equalities and human rights
- Involvement should be **empowering** and should influence change
- Involvement should be driven by **locality planning** that starts with the community, not senior management
- Communication must be **effective, targeted and proportionate**
- Involvement should include transparency about expected outcomes, with feedback provided on the **outcomes of involvement.**





How we will know involvement is meaningful:

- We will be working in partnership with a network of voluntary and independent health and social care providers, groups and individuals and people with lived experience of health and social care services (our stakeholders)
- People with lived experience will feel that the IJB recognise the value of involving them in decision-making processes
- Stakeholders will feel that they are working together towards joint goals
- Decisions about health and social care services will be influenced by our stakeholders, both within and external to the HSCP
- Where appropriate, specific stakeholder groups will be identified and encouraged to be involved
- Stakeholders will be respectful of one another's views and feel that their views are being listened to and acted upon
- New services and changes to existing services will be designed jointly (co-produced) with our stakeholders
- Opportunities to be involved will be open to all relevant stakeholders, with any specific barriers to involvement identified and overcome wherever possible
- We will seek to involve family members of those who face barriers to involvement
- Stakeholders will feel that how we present information or make opportunities available enables involvement
- Stakeholders will feel empowered by their involvement
- Stakeholders will recognise their input and suggestions in the decisions that are taken, irrespective of the outcome
- Stakeholders will not feel like an afterthought in the engagement and decision-making process but will feel actively involved and empowered.

What you said:

"We would really love to see more information about equalities as well as intersectionality".

The Equalities Act 2010 and Public Sector Equality Duties (the Scottish Specific Duties) identify a number of general and specific duties for Integration Joint Boards as the legal public body responsible for planning health and social care services. The general duties set out in the Equalities Act are:

- to eliminate unlawful discrimination
- to advance equality of opportunity
- to promote good relations.

The legislation in Scotland also outlines a range of specific duties for public bodies (such as IJBs) to:

- Report progress on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Publish equality information in a manner which is accessible.



Equalities Mainstreaming

Mainstreaming equality refers to the efforts made to integrate equality into the day-to-day working of all our services. This recognises that in some cases this requires a specially designed response and a long-term commitment to ensuring that equality and diversity are part of the structures, behaviour and culture of Glasgow City HSCP. One of the ways we describe and meet our duties under the Act is by publishing our **Equalities Mainstreaming Report** and equality outcomes. The HSCP's most recent report on progress in implementing its equality outcomes can be found on the **HSCP website** and focusses on three priority areas:

- to foster good relations and remove discrimination
- to contribute to closing 'gaps' and
- to listen to, and work with, people and communities.

The key mainstreaming challenges in the last two years relate to the pandemic. The pandemic brought a clearer focus to equalities practices with certain groups more negatively impacted than others (e.g. the **triple 'whammy'** experiences reported by women with a disability in Glasgow). We also know that in more general terms women are more likely to experience poverty, domestic abuse and be primary carers for children, older adults or those with disabilities. These experiences are unfair and taking an equalities and human rights approach to improving population health means ensuring that efforts are made to factor in these contexts and work in partnership to address these entrenched societal effects. How the HSCP acknowledges and addresses the differential impacts of the pandemic and wider societal factors on certain groups will be carefully considered by the relevant strategic planning groups and structures.

The IJB has seven equalities outcomes, which are:

1. That family support strategy beneficiaries report good person-centred support and delivery that improves children's outcomes across those with protected characteristics and experiencing poverty
2. Through the Maximising Independence Programme more people report that they are supported to live an independent life in a homely way, via the delivery of supports and advice
3. Improved patient experience of primary care for people with protected characteristics and experiencing poverty
4. Improved use and experience of Mental Health Services of BME patients in need
5. Improved care and health outcomes through advancing equalities practice across all HSCP services
6. The planned 'Parkhead Hub' (the integrated social and primary care, mental health and community hub) will be developed to have equalities at the heart of its culture and design
7. The IJB members and Senior Management Team provide leadership in progressing the equalities culture of the organisation.

Equality Impact Assessments

Equality Impact Assessments (also known as EQIAs) are a key way for us to influence designing services and making decisions in ways that take account of the impact on and feedback of different groups across the city. EQIAs are our way of considering what the impact will be of what we are considering doing on certain groups of people (referred to as people with **protected characteristics**). These characteristics might include having a disability, their sex, their sexual orientation or their ethnic identity.

The HSCP acknowledges that further activity and commitment is required to fully implement a culture where timely and detailed consideration is given to how different groups will be affected by decisions being taken by the IJB. The HSCP is increasingly aware of the importance of understanding and considering the combined impact of multiple characteristics. For example, the combined effect for people with a disability who are female. Or on people who are in older age groups and from black or minority ethnic backgrounds. The interconnected nature of social categorisations such as race, class, and gender as they apply to a specific individual or group can have the effect of creating overlapping or magnified experiences of discrimination or disadvantage. We refer to this as "**intersectionality**" and this will be actively considered as part of the decision-making process with partners. Taking an equalities-informed and equalities-sensitive approach will be central to our work to ensure we are not increasing inequalities.

Equality impact assessments have a strong human rights element and help us to identify and reduce or remove negative impacts. EQIAs, though the involvement of relevant and affected groups, influence service design and help to reduce discrimination in service development and delivery to remove barriers to accessing services. EQIAs undertaken and published by the HSCP can be viewed on our **website**

Fairer Scotland Duty

In 2018, a Fairer Scotland Duty was brought into legislation, requiring the IJB to actively consider how it can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. These requirements are included in the mainstreaming report and the duty is considered as part of the Equalities Impact Assessments completed by the HSCP.

Some of the ways that we have sought to mitigate and reduce poverty as a community planning partner and for our service users and patients can be seen below: (further details can be found within the **mainstreaming update report** on the website)

- Continuing and extending our income maximisation services for service users and patients through our welfare advice and health improvement teams
- Undertaking specific poverty mitigation measures during the pandemic
- Assessing the impact of socio-economic disadvantage in our EQIAs and resultant mitigation measures



- Being an active community planning partner challenging the fundamental causes of poverty and the system changes required to prevent poverty, including our leadership of the Cities Challenge Child Poverty Partnership
- Expanding the provision of financial advice services within GP practices from 30 practices to 84
- Securing funding for a community food-nurturing programme with families of pre-school children, focussing on food insecurity, healthy eating and physical activity in selected Glasgow neighbourhoods: Ruchazie, Garthamlock and Cranhill (North East); Drumchapel (North West); Priesthill, Househillwood, Nitshill and Pollok (South).

Other drivers in mainstreaming equalities

Glasgow City HSCP Equalities Working Group

The group works to support the development, delivery and progress of the HSCP's mainstreaming duties. Members of the group represent all services and areas of work reflected in our equality outcomes and includes representatives from Glasgow City Council, Glasgow Equality Forum and NHS Greater Glasgow and Clyde's Equality and Human Rights Team.

Benchmarking Progress

In 2021, Glasgow City HSCP took the opportunity to participate in the **Employers Network for Equalities and Inclusion** (ENEI) Talent Inclusion and Diversity Evaluation (TIDE) exercise. The TIDE mark allows organisations to assess the status of their organisational practice in equalities and inclusion across eight mainstreaming domains.

Training and Development

Promoting the completion of relevant equalities training amongst staff and senior management working within the HSCP and promoting the mainstreaming plan to ensure staff understand the need to adopt an equalities and human rights approach in the work they do.

Procurement / Commissioning

Working with NHS Greater Glasgow and Clyde (NHSGGC) on a new project that aims to diversify NHSGGC's supply chain to include businesses led by, for, and with people with protected characteristics as defined by the Equalities Act Scotland & Fairer Scotland Duty.

Further identification of mainstreaming activity

Further opportunities identified for mainstreaming service delivery within the services and functions supported by the HSCP can be found within the most recent **mainstreaming update report**



Commissioning for health and social care

Glasgow City HSCP is committed to meeting the health and social care needs of Glasgow's citizens by providing access to high quality, flexible and responsive support services delivered by partners that share our values and principles and promote good practice standards. These may be provided directly by NHS Greater Glasgow and Clyde or by Glasgow City Council or be delivered by voluntary and independent sector care providers on our behalf.

Commissioning plays a crucial role in achieving our vision and priorities, supporting our aspirations and the delivery of transformational change. Working in partnership with provider organisations and service users we aim to deliver a wide range of support services that promote choice and independence and that enable individuals and families to be supported in their own homes and local communities for as long as possible. The HSCP recognises and values the knowledge and experience our partner providers have of the communities we all serve, and we work together to meet the needs, personal outcomes and aspirations of patients, services users and their carers.

Glasgow City HSCP's commissioning activity (i.e. how we do it) is influenced by procurement legislation, and follows the core principles of the **Scottish Government Procurement Journey** commissioning cycle (analyse, plan, do and review). Commissioning teams within the HSCP ensure a balance between quality and cost of services is achieved from purchased services through the application of a contract management framework that promotes safeguarding users of services and a culture of continuous improvement, efficiency and effectiveness.

The approach to contract management was interrupted during the COVID-19 pandemic, and partner providers and commissioning officers had to adapt to a range of new requirements in respect of quality assurance. The restrictions placed on us all during the pandemic also meant that relationships were built and maintained on new virtual approaches. During this next strategic planning cycle and as we proceed with recovery from COVID-19 the commissioning service worked with partner providers to review the contract management framework to adopt the learning from the pandemic.





The Commissioning Service has developed and published an **Action and Development Plan** that is kept under constant review and will help position the service to continue to grow the knowledge and skills of staff to contribute to the achievement of strategic objectives and transformational change.

The commissioning priorities for the duration of this Strategic Plan (i.e. what we need) is informed by a number of factors. The Strategic Plan itself continues to drive health and social care commissioning activity, influenced by the priorities identified by stakeholders and by the activity laid out within this Plan to achieve the Partnership Priorities. Those priorities and the activity that follows is informed by the strategic needs assessment referred to earlier in this Plan. Activity is further influenced by strategic programmes including Maximising Independence, the Children's Services Family Support Strategy, Carer's Strategy, Domestic Abuse Strategy and Mental Health Strategy.

Activity is also driven by external factors such as increasing demand, reducing resources and changing legislation and policy (such as the implementation of the **National Care Service**). All of these contribute to an environment where flexible and innovative solutions must be developed and delivered at pace. The Commissioning Service prepares a plan for upcoming commissioning activity for the Integration Joint Board and the plan for 2023/24 can be found on the **HSCP website**.

We will continue to be innovative in our approach to commissioning and to further embed ethical commissioning principles into the commissioning and procurement activity we undertake. In doing so we will continue to place engagement and participation from partner providers, users of services and people with lived experience at the forefront of our commissioning activity to ensure the services purchased and delivered on behalf of the IJB reflect the needs of the communities and support the preparation for commissioning arrangements under the **National Care Service**. During the life of this Plan the HSCP will supplement the information that drives commissioning priorities referred to above with the development of a plan to ensure there are a range of providers and types of support available within the city for supported people to choose from, based on projected need.



This will be called our Market Facilitation Plan. We will also consider whether joint strategic commissioning plans should be developed at care group level to inform the commissioning priorities based on an understanding of need at that local level.

Delivering sustainable procurement will be a key focus for commissioning throughout the lifetime of this Plan. Consideration of **Fair Work First** in tender exercises, and prompt payment in keeping with the commitments for the Living Wage is already embedded in our commissioning approach but work is needed on other aspects of sustainable procurement to ensure compliance with the **Sustainable Procurement Duty** and to secure wider social, economic and environmental benefits for the City. Work in this area will include a review of our approach to community benefits and identifying improvements in our approach and processes to maximise opportunities for local small and medium sizes enterprises (SMEs) and third sector organisations.



10. LIST OF CONTRIBUTORS

List of Contributors

The following are the teams, groups and organisations that engaged with Glasgow City HSCP and / or made direct contributions to gathering feedback relevant to the Strategic Plan.

Contributor
Alzheimer Scotland
Baillieston Community Care
British Deaf Association
Carers Reference Group
Carlton Day Centre Carers
Carlton Learning Disability Day Centre
Cerebral Palsy
Children 1st Freedom Youth Group & Recovering Families
Drumchapel Thriving Places
Enable Glasgow / Fortune Works
Family Addiction Support Services
GAMH
Glasgow Alliance - exCHANGE
Glasgow Centre for Inclusive Living
Glasgow City Council Alcohol Related Brain Damage Team
Glasgow City Council Asylum & Refugee Team
Glasgow City Council Community Council Team
Glasgow City Council Community Empowerment Services
Glasgow City Council Equalities, Diversity and Inclusion Team
Glasgow City Council Housing Services
Glasgow City Council Neighbourhood, Regeneration and Sustainability Team
Glasgow Council on Alcohol Voluntary Sector Drug & Alcohol Agencies (VSDAA)
Glasgow City Council Recovery Communities
Glasgow Council for the Voluntary Sector
Glasgow Disability Alliance
Glasgow Homelessness Information and Feedback Team
Housing Health and Social Care Group
Knightswood Connect Seniors
Lambhill, Milton & Cadder Thriving Places
Local Engagement Forums (NW, NE and South)
Macmillan Cancer Support / Improving Cancer Journey

Contributor
Maryhill Together Community
NHS Greater Glasgow and Clyde Finance, Policy and Performance committee
North Glasgow Food initiative Art Group and Walking Group (Milton)
North West Youth Health Network
NW MH & Well-being Network
PAMIS
People First Scotland
Prince and Princess of Wales Hospice
Public Protection: Service User Reference Group (SURG)
Scottish Drugs Forum
Scottish Recovery Consortium
Scottish Refugee Council
Simon Community Hub - Work with Waverley Care
Support Minds (Cares for People with MH issues)
Wheatley Care Fullarton Project (ARBD)
Wheatley Group
Young Parents' Support Base at Smithycroft Secondary and Glasgow Life

Stock images used throughout, posed by models.

Item No: 12

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Susanne Miller, Chief Officer, Glasgow City Health and Social Care Partnership**

Contact: **Jennifer Sheddan, Head of Housing Services, Glasgow City Council**

Phone: **07388 968055**

Glasgow's Housing Contribution Statement 2023-2026

Purpose of Report:	To present for Integration Joint Board approval, a new Housing Contribution Statement (HCS) for the three year period between 2023 and 2026. The HCS outlines the housing sector's contribution towards the delivery of the Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care 2023-2026.

Background/Engagement:	As part of the Public Bodies (Joint Working) (Scotland) Act 2014, there is a legislative requirement for a HCS to be developed as part of the Integration Joint Board's Strategic Plan for Health and Social Care. Neighbourhoods, Regeneration and Sustainability (NRS) officers have worked closely with Glasgow City Health and Social Care Partnership (GCHSCP) services, Registered Social Landlords (RSLs) and other partners to prepare the HCS and inform the development of the Integration Joint Board's Strategic Plan. The development of the HCS has been guided by members of Glasgow's Housing, Health and Social Care Group. The HCS has also informed the development of Glasgow's new Local Housing Strategy 2023-2028, which was approved by Glasgow City Council's (GCC) City Administration Committee on 18th May 2023. Formal engagement and consultation activities were undertaken to inform the development of the HCS throughout 2022. Between March and May 2022, NRS engaged with housing, health and social care partners and

	Glasgow's citizens to gather data that was used to develop the HCS. NRS officers implemented a formal public consultation programme between August and November 2022 (14 weeks). This provided stakeholders and the general public with an opportunity to comment on the draft HCS document.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report; and b) approve Glasgow's Housing Contribution Statement 2023-2026.

Relevance to Integration Joint Board Strategic Plan:

The HCS forms part of the Integration Joint Board's Strategic Plan for Health and Social Care. The Strategic Plan for Health and Social Care outlines the partnership priorities and health and wellbeing indicators that the housing sector will contribute towards during 2023-2026.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	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 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

Personnel:	Not applicable.

Carers:	Not applicable.

Provider Organisations:	Not applicable.

Equalities:	NRS officers completed an Equality Impact Assessment Screening Form as part of the development of the HCS. https://www.glasgow.gov.uk/CHttpHandler.ashx?id=59318&p=0 The HCS reflects the housing sector's contribution towards the delivery of the partnership priorities for health and social care in Glasgow, which are outlined within the IJB Strategic Plan 2023-2026. The Strategic Plan 2023 – 2026 was subject to an Equalities Impact Assessment.

Fairer Scotland Compliance:	Not applicable.

Financial:	The HCS will be delivered within existing confirmed resources except where otherwise specified.

Legal:	Several housing functions, which were previously the responsibility of the Council, are now delegated to the Integration Joint Board.

Economic Impact:	Not applicable.

Sustainability:	Not applicable.

Sustainable Procurement and Article 19:	Not applicable.

Risk Implications:	Not applicable.

Implications for Glasgow City Council:	GCC will be required to work with the Integration Joint Board, Health Board and housing sector to deliver the contributions outlined within the statement.

Implications for NHS Greater Glasgow & Clyde:	The Health Board will be required to work with the Integration Joint Board, GCC and housing sector to deliver the contributions outlined within the statement.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☒

1. Purpose

1.1 The purpose of this report is to present for Integration Joint Board approval, Glasgow's Housing Contribution Statement (HCS) 2023-2026. The statement sets out details of how the housing sector will contribute towards meeting the partnership priorities outlined in the Integration Joint Board's Strategic Plan for Health and Social Care 2023-2026.

2. Background

2.1 Neighbourhoods, Regeneration and Sustainability (NRS) officers worked with Glasgow City Health and Social Care Partnership (GCHSCP) services, Registered Social Landlords (RSLs) and other partners including the general public to prepare the HCS. Members of Glasgow's Housing, Health and Social Care Group, which is chaired by NRS, guided the development of the HCS during the preparation of the document during 2022.

2.2 The purpose of the HCS is to:

- Outline the role of the housing sector in governance arrangements that relate to health and social care in Glasgow.
- Provide an overview of shared evidence that outlines key trends and issues in relation to meeting the housing, health and social care needs of Glasgow's population.
- Provide an overview of the housing challenges that relate to health and social care.
- Reflect the priorities that are outlined in both the Integration Joint Board's Strategic Plan for Health and Social Care and Glasgow's new Local Housing Strategy 2023-2028.
- Detail the important contribution from Glasgow's housing sector towards meeting the partnership priorities outlined in the Integration Joint Board's Strategic Plan for Health and Social Care.

2.3 NRS officers have also worked closely with GCHSCP to inform the preparation of the Integration Joint Board's Strategic Plan for Health and Social Care 2023-2026. This has ensured that the Strategic Plan, HCS and new Local Housing Strategy are consistent and accurately reflect the housing, health and social care challenges and priorities for Glasgow going forward.

2.4 During the previous three-year period of the previous HCS (between 2019/20 and 2021/22), NRS and RSLs worked in partnership to:

- Complete 1,992 new affordable homes (including 195 new wheelchair adaptable homes and 147 new amenity homes).
- Acquire 286 homes for affordable housing.
- Invest a total of circa. £555m through both Affordable Housing Supply Programme grant and (RSL) private finance towards delivering new affordable housing in Glasgow.

2.5 A total of 7,222 households across both the social rented and private housing sectors received adaptations to their homes during the period between 1st April 2019 and 31st March 2022. The total investment was £17.775m (£12.556m for social rented homes and £5.219m for private sector housing).

2.6 A range of case studies, which demonstrate the important role of the housing sector and effective partnerships that are in place to support the delivery of health and social care services in Glasgow, are included within the HCS. Key examples include the roles of:

- Glasgow's Private Rented Sector Housing and Welfare Hub.
- Housing Options for Older People Service.
- Glasgow's Housing First Programme.
- Wider role activities undertaken by RSLs (for example, supporting people who experience food insecurity).

2.7 Both Glasgow's new Local Housing Strategy (2023-2028) and Strategic Housing Investment Plan (2023/24-2027/28) set out a strong focus on increasing the supply of affordable homes in the city going forward. NRS continues to engage and work in partnership with RSLs and GCHSCP services to deliver investment that will fund the development of new affordable housing and meet the needs of the city's population.

3. Consultation

3.1 NRS officers have engaged with partners identified as having an interest in housing, health and social care in Glasgow throughout the development of the HCS. NRS officers:

- Issued a housing, health and social care survey to partners and the general public during March 2022.
- Met with housing partners (including RSLs) and health and social care services.
- Discussed the development of the HCS with members of Glasgow's Housing, Health and Social Care Group.
- Attended regular meetings with GCHSCP services to discuss the development of the Integration Joint Board's Strategic Plan for Health and Social Care 2023-2026.

3.2 Following the completion of the engagement programme, NRS consulted on the draft HCS during a 14-week period between August and November 2022. NRS officers:

- Created a dedicated webpage that provided information relating to the development of the HCS and the Integration Joint Board's Strategic Plan for Health and Social Care.
- Issued an online housing, health and social care survey to partners. The online survey was also available for the general public to complete. Glasgow

City Council promoted the survey and encouraged people and organisations to respond through regular communications via social media platforms.

- Arranged for press releases that provided information relating to the statement to be issued.
- Presented the HCS to members of the Glasgow and West of Scotland Forum of Housing Associations during September 2022.
- Facilitated an event during October 2022 that specifically related to housing, health and social care in Glasgow. A total of 100 stakeholders attended the event.

3.3 Following the public consultation, the HCS was amended. The key amendments include:

- A description of the public consultation activities that were undertaken between August and November 2022 is included in the statement (Section 5.3).
- Updating the document to include references to the Glasgow City Council's Strategic Plan 2022–2027, Glasgow's Strategic Housing Investment Plan 2023/24–2027/28, Glasgow's Social Care Housing Investment Priorities 2022–2027, Glasgow's Local Housing Strategy 2023–2028 and GCHSCP's Carer Strategy 2022–2025 and Domestic Abuse Strategy 2023-2028 (Section 6.3).
- Following the publication of GCHSCP's Demographics and Needs Profile for 2022, references to data that related to the previous profile (which was published during 2021) have been updated throughout the HCS (Section 7).
- Strengthening references to the housing sector's role in supporting people experiencing domestic abuse (Sections 8.1 and 10.1).
- Wording relating to the challenge "Meeting homelessness, health and social care requirements through the supply of available social housing" has been amended (Section 8.1).
- The challenge "preventing and responding to homelessness" has been updated to reflect the recent pressures facing Glasgow's housing and homelessness sectors (Section 8.2).
- Additional references to issues that relate to dampness, mould and condensation (Section 8.3).
- A reference to the cost-of-living crisis has been included in the challenge "Tackling deprivation and the cost-of-living crisis". The description of this challenge has also been edited to include additional references to the cost-of-living crisis (Section 8.3).
- Amending references to the vision and six partnership priorities that are outlined in the Integration Joint Board's Strategic Plan for Health and Social Care in Glasgow (Section 9).
- The contribution "Invest in maintaining and improving existing housing including reducing the number of long-term empty homes" has been

amended to strengthen the reference to tackling the number of long-term empty homes (Section 10.1).

4. Summary of Housing, Health and Social Care Indicators

4.1 The following key housing, health and social care indicators informed the development of the challenges that are outlined in the HCS 2023-2026.

Glasgow's Demographics

4.2 Glasgow's population is expected to grow by 2.4% (15,252 people) between 2022 and 2032. The number of people aged 65 years or older living in Glasgow is forecast to increase by 22.3% (+ 19,317 people) during this 10-year period. It is estimated that 42.8% of people aged 65 years and older who have high level care needs currently live at home. These forecasts and statistics outline the need for the housing sector to continue developing new homes, adapt existing housing and deliver services to meet the health and social care needs of our citizens.

Glasgow's Children and Young People

4.3 The percentage of children that live in Glasgow and are looked after (2.1%) is considerably higher than the rate for Scotland (1.3%). There is a need for continued partnership working between RSLs and Children and Families Services to ensure young people leaving care can access affordable housing and associated support.

Health

4.4 Both men and women living in Glasgow have lower life and healthy life expectancies than the Scottish averages. Deaths rates specific to alcohol are 53% higher in Glasgow (31.9 per 100,000 people) than Scotland (20.8 per 100,000 people) and it is estimated that the number of Glasgow's problem drug users represents 20% of the total for Scotland. Data shows that Glasgow has higher rates of people that experience poor mental health than Scotland.

4.5 RSLs have highlighted that there has been an increase in demand for tenancy sustainment support since the Covid-19 pandemic and cost of living crisis. GCHSCP, RSLs and NRS deliver a range of housing services to tenants, prevent homelessness and work together to address health and social care challenges that exist in the city.

Deprivation and Inequality

4.6 A total of 339 data zones (45%) in Glasgow were in the 20% most deprived areas in Scotland during 2020. During 2020, over 88,000 of Glasgow's households lived in social rented housing located in Scotland's 20% most deprived data zones. This equated to over 80% of the total social rented housing stock in the city. RSLs continue to provide high quality and affordable housing for households that have been identified as having the most need.

Homelessness

4.7 Glasgow is currently experiencing a range of pressures across the housing and homelessness sectors. The pressures relate to:

- A reduction in available lets across both the social rented and private rented sectors due to less households moving home
- Longer void periods due to issues with supply chains within the construction sector and utility providers.
- The introduction of changes to the Unsuitable Accommodation Order and the abolishment of the local connection requirement for homeless households. Whilst it is difficult to forecast the actual extent of any impact, it is likely that Glasgow will experience a disproportionate increase in homeless applications due to the metropolitan nature of the Local Authority area.
- Issues relating to affordability, which have become more significant because of high inflation and the cost-of-living crisis.
- Welcoming and supporting refugee households in Glasgow. Whilst Glasgow has previously participated in various refugee resettlement schemes and been a dispersal area for people seeking asylum since 2000, there has been an increase in the number of refugee households requiring access to support and housing from GCHSCP.

4.8 As of April 2023, there were 5,311 live homeless applications in Glasgow. This equates to increase of 15% (+ 708 live applications) when compared with data for the March 2022. There were 1,049 households that included children or a pregnant household living in temporary accommodation as of 31st March 2023. A total of 436 households included families with 3 or more children.

4.9 The number of households that had identified support need and were assessed as either homeless or threatened with increased by 43% (847 households) when data for 2017/18 and 2021/22 is compared.

4.10 During the previous three years (2020/21 to 2022/23), RSLs provided 9,500 lets to homeless households through the Section 5 process. The total lets provided by RSLs through the Section 5 process during 2022/23 was being verified at the time of writing the HCS. However, the total number of lets by RSLs during 2022/23 is expected to be lower at circa. 2,886 lets than the previous two years.

4.11 In December 2022, NRS engaged with RSL partners to consider any trends in tenancy management and allocations from April 2022. Various RSLs indicated that the turnover of properties during 2022/23 would be lower than previous years. Factors influencing this trend include less tenants moving due to the cost-of living crisis as well as the successful impact of tenancy sustainment measures. The reduction in available lets has had an impacted on the availability of properties for homeless households.

5. Housing, Health and Social Care Challenges

5.1 A range of data sources were considered by NRS officers and used to identify challenges that relate housing, health and social care in Glasgow. The following seven strategic challenges were also informed through engaging with partners:

- Meeting the housing, health and social care needs of Glasgow's citizens including:
  - Older people
  - Children, young people and families.
  - People that have learning disabilities.
  - People that have physical disabilities.
  - People that have poor mental health.
  - People that experience domestic abuse.
  - Meeting homelessness, health and social care requirements through the supply of available social housing.
- Preventing and responding to homelessness including:
  - Responding to the housing` needs of homeless households.
  - Preventing homelessness.
  - Health and homelessness.
  - Having access to a sufficient supply of temporary accommodation.
- Tackling deprivation and the cost-of-living crisis.
- Recovering from the Covid-19 pandemic.
- Meeting the housing, health and social care needs of asylum seekers and refugees living in Glasgow.
- The proposed implementation of a National Care Service in Scotland.
- The provision of funding and resources to meet the housing, health and social care needs of Glasgow's citizens.

6. The Integration Joint Board's Strategic Plan for Health and Social Care Priorities

6.1 The partnership priorities outlined in the Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care include:

- 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.

7. Housing's Contribution Towards Meeting Health and Social Care Priorities

7.1 The following housing projects, plans and services will contribute towards meeting the partnership priorities outlined in the Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care:

- Deliver Glasgow's Affordable Housing Supply Programme.
- Invest in maintaining and improving existing housing including reducing the number of long-term empty homes.
- Provide funding and deliver adaptations to housing.
- Deliver Glasgow's Rapid Rehousing Transition Plan.
- Implement Glasgow's Digital Housing Strategy.

- Prepare housing research and associated policies.
- Provide housing to people engaging with services provided by GCHSCP.
- Provide housing options advice.
- Support people who experience domestic abuse.
- Provide wider role services to tenants and communities.
- Ensure the efficient and effective delivery of housing, health and social care services.
- Monitor and respond to the proposed implementation of a National Care Service.

8. Recommendations

8.1 The Integration Joint Board is asked to:

a) note the contents of this report; and
b) approve Glasgow's Housing Contribution Statement 2023-2026.

Glasgow City Integration Joint Board

Strategic Plan for Health and Social Care

Glasgow's Housing Contribution Statement

2023 – 2026



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10.1 Housing's Contribution 70

1. Introduction

Glasgow City's Health and Social Care Partnership (GCHSCP) is required to develop a Housing Contribution Statement (HCS) under the Public Bodies (Joint Working) (Scotland) Act 2014. The HCS forms part of the Glasgow City Integration Joint Board (IJB) Strategic Plan for Health and Social Care 2023 – 2026.

The Housing Contribution Statement:

- Outlines the role of the housing sector in governance arrangements that relate to health and social care in Glasgow.
- Provides an overview of shared evidence that outlines key trends and issues in relation to meeting the housing, health and social care needs of Glasgow's population.
- Reflects the priorities that are outlined in both the IJB Strategic Plan for Health and Social Care and Glasgow's Local Housing Strategy.
- Provides an overview of the strategic housing challenges that relate to health and social care.
- Details housing's contribution and the resources required to deliver the relevant interventions and services outlined in the action plan.

Neighbourhoods, Regeneration and Sustainability (NRS) has prepared the HCS on behalf of the Glasgow City IJB. The HCS has been prepared in line with the Scottish Government's Housing Advice Note for Integration Authorities. NRS has engaged with and involved members of Glasgow's Housing, Health and Social Care Group, housing partners, health and social care services, third sector and voluntary organisations in developing the HCS. The engagement undertaken focussed on identifying challenges and how the housing sector will contribute towards meeting the priorities outlined in Glasgow City IJB Strategic Plan for Health and Social Care.

A range of population, demographic, socio-economic, health and housing datasets have been considered and informed the development of the HCS. This review has been carried out to ensure that the housing sector's approach to meeting the priorities outlined in the IJB Strategic Plan is consistent with national and local housing, health and social care strategies.

Through the engagement activity undertaken with partners, NRS has identified seven health and social care challenges. These challenges highlight the need for continued partnership working between Glasgow City Council (GCC), GCHSCP and Registered Social Landlords (RSLs). This will ensure that the housing sector continues to contribute towards meeting the health and social care needs of Glasgow's citizens.

The housing sector's contribution towards meeting the priorities outlined in the IJB Strategic Plan for Health and Social Care is outlined in the HCS. A total of six case studies that outline a range of housing, health and social care services are also included throughout the document.

2. Summary of Glasgow's Housing Contribution Statement

2.1 Headlines

A summary of the key indicators that have been used to inform the development of the HCS include:

- During 2020, it was estimated that Glasgow had an 11.6% share of Scotland's total population and the highest percentage of people lived in the South (36%) followed by North West (36%) and North East (29%) localities.
- The overall population of Glasgow is expected to grow by 2.4% (15,255 people) between 2022 and 2032 and the forecast changes during this period include:
  - Children aged 0-17 years old are expected to decrease by 4.9%. The number of children living in Scotland is forecast to decrease by 6.9%.
  - People aged 18-64 years old are expected to increase by 0.2%. In Scotland, the number of adults is forecast to decrease by 2.2%.
  - People aged 65 + years old are expected to increase by 22.3%. The number of people aged 65 + years living in Scotland is forecast to increase by 20.1%.
- The Glasgow looked after children rate of 2.1% is far higher than the Scotland rate of 1.3%.
- The Scottish Government's Homelessness statistics (2021/22) shows 2,825 children were homeless and lived in temporary accommodation in Glasgow. This was 32.7% of the total for Scotland. Glasgow's share of Scotland's child population was 11.0% in 2020.
- Both men (73.1 years) and women (78.3 years) living in Glasgow have lower life expectancy than the Scottish averages (the Scottish average life expectancy for men is 76.8 years and 81 years for females).
- Deaths rates specific to alcohol are 53% higher in Glasgow (31.9 per 100,000 people) than Scotland (20.8 per 100,000 people).
- The number of Glasgow's problem drug users represented 20% of the total for Scotland.
- Data shows that Glasgow has higher rates of people that experienced poor mental health than Scotland.
- A total of 339 data zones (45%) in Glasgow were in the 20% most deprived areas in Scotland during 2020.
- It is estimated that 32.2% of children (32,480 children) aged 0-15 years old in Glasgow were living in poverty during 2019/20. This is considerably higher than the child poverty rate for Scotland, which was 24.3%.
- A higher percentage of adults in Glasgow experienced food insecurity than in Scotland.
- Levels of fuel poverty were slightly higher in Glasgow than Scotland.
- 88,432 of Glasgow's households lived in social rented housing in Scotland's 20% most deprived data zones during 2020. This equated to 80.3% of the total social rented housing stock in Glasgow.
- As outlined in the city's Strategic Housing Investment Plan, Neighbourhoods Regeneration and Sustainability and Registered Social Landlords have the potential to complete up to 4,159 new affordable homes between 2023/24 and 2025/26.

2.2 Glasgow's Housing, Health and Social Care Strategic Challenges

Neighbourhoods Regeneration and Sustainability has worked with partners to identify the following strategic challenges that are associated with housing, health and social care in Glasgow:

- Meeting the housing, health and social care needs of Glasgow's citizens including:
  - Older people.
  - Children, young people and families.
  - People that have learning disabilities.
  - People that have physical disabilities.
  - People that have poor mental health.
  - Supporting people experiencing domestic abuse.
  - Meeting homelessness, health and social care requirements through the supply of available social housing.
- Preventing and responding to homelessness including.
  - Meeting the housing needs of homeless households.
  - Preventing homelessness.
  - Health and homelessness.
  - Having access to a sufficient supply of temporary accommodation.
- Tackling deprivation and the cost-of-living crisis.
- Recovering from the Covid-19 pandemic.
- Meeting the housing, health and social care needs of asylum seekers and refugees living in Glasgow.
- The proposed implementation of a National Care Service in Scotland.
- The provision of funding and resources to meet the housing, health and social care needs of

2.3 Integration Joint Board Strategic Plan for Health and Social Care: Partnership Priorities

The Housing Contribution Statement outlines the housing sector's contribution towards the following health and social care vision and priorities, which are outlined in the IJB Strategic Plan:

Vision –

"Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time."

Priorities –

1. Prevention, early intervention, and well-being.
2. Supporting greater self-determination and informed choice.
3. Supporting people in their communities.
4. Strengthening communities to reduce harm.
5. A healthy, valued and supported workforce.
6. Building a sustainable future.

Photograph 1 – Invercanny Drive (Cernach HA)[1]



2.4 Housing's Contribution

The following projects, plans and services will contribute towards meeting the priorities outlined in the IJB Strategic Plan for Health and Social Care:

- Deliver Glasgow's Affordable Housing Supply Programme.
- Invest in maintaining and improving existing housing including reducing the number of long-term empty homes.
- Provide funding and deliver adaptations to housing.
- Deliver Glasgow's Rapid Rehousing Transition Plan.
- Implement Glasgow's Digital Housing Strategy.
- Prepare housing research and associated policies.
- Provide housing to people engaging with services provided by Glasgow City Health and Social Care Partnership.
- Provide housing options advice.
- Provide housing and support to asylum seekers and refugees.
- Support people who experience domestic abuse.
- Provide wider role services to tenants and communities.
- Ensure the efficient and effective delivery of housing, health and social care services.

[1] Photograph Copyright – Cernach HA

3. A Review of Glasgow's Housing Contribution Statement 2019-2022

A review of housing's contribution towards meeting the health and social care priorities that were included in the previous IJB Strategic Plan (2019-2022) is outlined Table 1.

The delivery of contributions included in the plan was monitored by Glasgow's Housing Health and Social Care Group. The group has and continues to be the mechanism for supporting the housing sector's role in meeting the health and social care needs of Glasgow's citizens, discussing issues, exploring opportunities and to help facilitate or co-ordinate, where relevant, activities that have been identified in the HCS. Several contributions outlined in Table 1 are ongoing either through continued investment to deliver to new and improved housing or providing services to support people.

NRS has led on delivering a range of contributions that relate to the development of affordable housing, housing strategies, and other initiatives such as the review of Glasgow's Care and Repair Service. GCHSCP has been responsible for delivering a range of homelessness, health and social care services and support to homeless households (including the Rapid Rehousing Transition Plan (RRTP)), investigating opportunities associated with technology enabled care and implementing the Alliance Partnership.

RSLs have continued to provide an important role in delivering a range of housing services that contribute towards meeting the health and social care needs of Glasgow's citizens and priorities that were included in the IJB Strategic Plan (2019 – 2022).

The case studies included in the HCS highlight the housing sector's contribution towards meeting health and social care priorities. All projects have been/will continue to be delivered through effective and strong partnership working across a range of organisations.

All the actions have contributed towards promoting health and wellbeing, which is one of the strategic outcomes in Glasgow's current Housing Strategy (2017-2022). Promoting health and wellbeing continues to be a key theme within this HCS. Good quality affordable housing and associated services are fundamental towards improving people's health and wellbeing.

Table 1 – A Review of Glasgow's HCS 2019-2022 Action Plan

Action	Timescale	Status
Deliver the Council's Affordable Housing Supply Programme (AHSP) and increase the supply of homes to address homelessness and for households with particular needs	March 2022	**Ongoing** During the three years 2019/20, 2020/21 and 2021/22, NRS and RSLs: ▪ Completed 1,992 new affordable homes. ▪ Acquired 286 existing homes for affordable housing. ▪ NRS provided £301.506m of funding to RSLs through the AHSP. In relation to new affordable housing that was developed to meet particular needs: ▪ 195 homes were wheelchair adaptable. ▪ 147 homes were designed as amenity. NRS and RSLs will continue to work in partnership to increase the supply of affordable homes in the city.
Continue joint working on potential future use of surplus land/ properties for housing	Ongoing	**Ongoing** RSLs, through GCC's Nominated Disposal Programme, acquired a total of 14 sites from City Property for the development of new affordable housing during the three years 2019/20, 2020/21 and 2021/22. City Property, NRS and RSLs will continue to work together to explore opportunities to develop sites through the Nominated Disposal Programme.
Develop a Housing and HSCP Investment Group	August 2019	**Ongoing** NRS and GCHSCP Services regularly meet to identify opportunities and particular needs housing projects delivered through the AHSP. Meetings will continue going forward to ensure that people with particular needs are able to access affordable housing in Glasgow.
Agree and implement a plan for an updated Health and Social Care Needs Assessment	August 2020	**Ongoing** A review of demographic and health data has been undertaken during the development of the HCS. There is potential to explore the development of an updated Health and Social Care Needs Assessment following the development of the IJB Strategic Plan 23-26. Further discussion is required to explore opportunities for improving the collection, analysis, sharing and publication of housing, health and social care data.

<table>
<tr><td>Implement the RRTP</td><td>Ongoing</td><td>Ongoing
The RRTP includes projects associated with preventing homelessness, improving access to settled housing and the provision of flexible, personal support services that enable housing sustainment.

Homelessness Services and partners will continue to implement actions outlined in the plan.</td></tr>
<tr><td>Development of Glasgow’s Digital Housing Statement/ Strategy</td><td>March 2021</td><td>Complete
NRS, in partnership with a range of stakeholders, developed Glasgow’s Digital Housing Strategy. The strategy was approved by GCC’S City Administration Committee during December 2021.

NRS and a range of partners including GCHSCP and RSLs are working together to progress actions outlined in the strategy.</td></tr>
<tr><td>Implement the Recommendations from the Task Force Report and continue to support asylum seekers and refugees living in Glasgow</td><td>Ongoing</td><td>Ongoing
GCC, GCHSCP and partners continue to support people seeking asylum and refugees living in Glasgow.

Opportunities to provide housing, health and welfare support to people seeking asylum and refugees in Glasgow will continue.</td></tr>
<tr><td>Contribute to the delivery of Technology Enabled Care (TEC) projects</td><td>Ongoing</td><td>Ongoing
Regular updates relating to improving TEC have been provided by GCHSCP to members of Glasgow’s Housing, Health and Social Care Group.

GCHSCP and RSLs continue to progress opportunities and projects that have the potential to provide TEC projects.</td></tr>
<tr><td>Re-model housing support services as part of reshaping supported accommodation</td><td>TBC</td><td>Complete
The remodelling of housing support services was completed as part of the Accommodation Based Strategy.</td></tr>
<tr><td>Implement recommendations from the Equipment and Adaptations Working Group</td><td>April 2020</td><td>Ongoing
Recommendations outlined in the Partnership Joint Protocol for Housing Solutions and Adaptations continue to be implemented. Progress is monitored by the Housing Solutions and Adaptations Governance Group. Data that relates to the number and funding of adaptations during the period 1st April 2019 and 31st March 2022 is outlined below

<table>
<tr><th>2019-22</th><th>Social Rent</th><th>Private</th><th>All</th></tr>
<tr><td>Adaptations</td><td>5,959</td><td>1,263</td><td>7,222</td></tr>
<tr><td>Spend</td><td>£12,555,960</td><td>£5,219,364</td><td>£17,775,325</td></tr>
</table>
</td></tr>
</table>

Develop new models of provision for older, disabled and vulnerable people	Ongoing	**Ongoing** Research was undertaken by NRS during 2019 to examine existing housing provision and services for older people in Glasgow. Opportunities to develop new models of provision for older, disabled and vulnerable people will be explored going forward.
Contribute to the delivery of the Accommodation Based Strategy	Ongoing	**Complete** The Accommodation Based Strategy has been implemented.
Monitor and respond to the impacts of Welfare Reform	Ongoing	**Ongoing** Impacts of Welfare Reform continue to be monitored by members of the Housing, Health and Social Care Group.
Support the development of housing providers' role in locality plans	Ongoing	**Ongoing** RSLs attend Essential Connections Forum in each locality and are included in wider consultation with regards to developing Locality Plans.
Develop Glasgow's Common Housing Register	Ongoing	**Ongoing** Pilot work undertaken. Potential options for improving access to affordable housing in Glasgow including the development of a Common Housing Register will be discussed with RSLs going forward. NRS, GCHSCP and RSLs have undertaken work to improve the use of data to inform the delivery of services.
Continue and expand the delivery of the Care and Repair Service	March 2022	**Ongoing** A review of the Care and Repair Service was completed during 2021. Actions relating to securing the required funding to maintain the service in the short term have been progressed. Potential options for expanding the service have also been identified.
Monitor the procurement and implementation of the Alliance Partnership	March 2022	**Ongoing** Glasgow Alliance to end Homelessness has been established. Approaches to end homelessness in Glasgow are now being implemented.

4. Governance

4.1 Governance Overview

Glasgow City IJB is the legal entity responsible for the strategic planning of health and social care services in Glasgow. The IJB comprises of voting members (8 Elected Members from GCC, and 8 non-Executive Directors from NHS Greater Glasgow and Clyde) and non-voting stakeholder representatives, including the voluntary and independent sectors, patient, service user, carer representatives and professional advisors such as clinicians and the Chief Social Work Officer.

4.2 Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities (Councils) and Health Boards to integrate the planning of services and functions delivered to adults and older people as a minimum.

In Glasgow City, we go much further by including all community health and social care services provided to children, adults and older people, homelessness services, criminal justice and a number of housing functions. The Council and Health Board working together to do this is known as 'health and social care integration.'

4.3 Glasgow' Housing, Health and Social Care Group

Glasgow's Housing, Health and Social Care Group was established during 2014 and includes members from a range of GCC and GCHSCP Services, the housing and voluntary sectors. Group meetings are chaired by NRS and held every 8 weeks.

Glasgow's Housing Health and Social Care Group:

- Provides an opportunity for partners to discuss housing, health and social care services, challenges and opportunities.
- Co-ordinates the activities of all sectors and delivers improved health and wellbeing outcomes for the people of Glasgow.
- Outlines good practice in relation to projects and services delivered.
- Works to ensure projects and services meet the priorities outlined in the IJB Strategic Plan for Health and Social Care.
- Monitors and guides the implementation of projects included in the HCS Action Plan.
- Informs the development of strategies.

Details of Glasgow's Housing, Health and Social Care Group Membership are outlined in Table 2.

Table 2 – Glasgow's Housing, Health and Social Care Group Membership

Member
GCC NRS – Housing Strategy (Chair)
GCHSCP – Planning, Accommodation and Development
GCHSCP – Children and Families
GCHSCP – Older People
GCHSCP – Maximising Independence
GCHSCP – Adult Services
GCHSCP – Health and Homelessness
GCHSCP – Business Development
Glasgow and West of Scotland Forum of Housing Associations
Queens Cross Housing Association
Shettleston Housing Association
Wheatley Homes Glasgow
Glasgow City for the Voluntary Sector

A summary of the care groups and services that relate to housing and are provided by partners that attend the HHSCG including GCHSCP are outlined in Table 3.

Photograph 2 – Conversion of the Former Homlea Primary School (Home Group)[2]



[2] Photograph Copyright – Home Group

Table 3 – Care Groups and Services Provision

Care Group	Services Provision
Housing and Homelessness	▪ Provision of affordable, good quality, energy efficient housing and services. ▪ Deliver Glasgow's AHSP. ▪ Work in partnership with private landlords and owner occupiers to improve the quality of housing. ▪ Adapt homes to meet the needs of households. ▪ Deliver community regeneration activity. ▪ Deliver initiatives that focus on the prevention of homelessness and tenancy sustainment. ▪ Support the Housing Options programme. ▪ Support families that are at risk of becoming homeless and improving their health and wellbeing through services provided by Glasgow's Private Rented Sector Housing and Welfare Hub. ▪ Deliver the Housing First programme and associated services. ▪ Provision of housing, health and social care support to asylum seekers and refugees. ▪ Implement Glasgow's RRTP. ▪ Ensure effective inter-operational interfaces in order that vulnerable people can access services. ▪ Provision of homeless and housing support. ▪ Supporting people experiencing domestic abuse. ▪ Implement the Alliance Partnership.
Older People	▪ Provision of affordable, safe, secure and energy efficient homes so that older people can live independently. ▪ Support hospital avoidance and discharge. ▪ Support people that have been diagnosed with dementia. ▪ Deliver Clustered Supported Living. ▪ Reduce social isolation and loneliness through a range of services including the use of digital technology. ▪ Provision of advice and information through the Housing Options for Older People Programme. ▪ Plan and develop new build homes for older people.
Children Services	▪ Support the safeguarding of children. ▪ Provision of support to young people leaving care to ensure they can access housing and sustain tenancies. ▪ Work with RSLs to identify opportunities to develop new homes for children and use/adapt existing housing stock to meet the needs of families that have children with health conditions.
Physical and Learning Disabilities	▪ Work with NRS and RSLs to develop new homes that meet the needs of people with disabilities. ▪ RSLs ensure allocation policies provide opportunities for people with physical and learning disabilities can access appropriate housing. ▪ Implement digital technology to support and meet the care needs of people with disabilities to live independently.
Mental Health	▪ Support people with mental health conditions through partnership working between health and social care services and RSLs.
Complex Needs	▪ Deliver the Housing First programme. ▪ Work in partnership with RSLs to meet the housing, health and social care needs of people with complex needs.
Maximising Independence	▪ GCHSCP and RSLs working together to support people to live independently through a range of services and activities.
Community Justice	▪ Engage with National Accommodation Strategy for Sex Offenders Strategic Group. ▪ Maintain locality housing options interface arrangements. ▪ Liaise with Sex Offences Liaison Officers. ▪ Liaise with Housing Support providers.
Carers	▪ Support early intervention work with carers.

5. Engagement and Consultation

5.1 Overview

NRS has used a range of methods to engage with partners and the data collected has informed the analysis, challenges and how the housing sector will work with GCHSCP and other partners to contribute towards providing services and meeting the priorities outlined in the IJB Strategic Plan for Health and Social Care.

GCHSCP and NRS have worked closely throughout the development of both the IJB Strategic Plan for Health and Social Care and HCS to ensure that a consistent approach has been taken to gather information. This joint approach has assisted in identifying opportunities to engage with a range of partners that have an interest in housing, health and social care.

A summary of the engagement and consultation activity that has been undertaken is outlined in this section of Glasgow's HCS.

5.2 Engagement Activity

Throughout the development of the HCS, NRS has engaged with partners identified as having an interest in housing, health and social care in Glasgow. The following methods were used to engage with partners.

The Housing Contribution Statement Survey

A survey was developed and issued to all RSLs with housing stock in Glasgow, health and social care services, third and voluntary sector partners during March 2022. The survey included a range of qualitative questions that were used to gather information from partners relating to challenges and how organisations work together to meet the housing, health and social care needs of Glasgow's population.

The Integration Joint Board Strategic Plan for Health and Social Care Survey

GCHSCP issued a survey to a range of stakeholders that were identified as having an interest in health and social care services in Glasgow and the development of the IJB Strategic Plan. Housing partners also received an opportunity to respond to the survey. Feedback was shared by GCHSCP with NRS and used to inform the HCS.

One-to-One Meetings

NRS arranged meetings with GCHSCP services and housing partners to gather information that has been used to develop the HCS. Meetings were held with the following stakeholders:

GCHSCP Services – Children and Families, Health and Housing, Homelessness and Complex Needs, Housing First, Maximising Independence, Older People (Commissioning), Planning, Accommodation and Development and Technology Enabled Care.

Housing Sector – Blackwood Homes and Care, Linthouse Housing Association, Parkhead Housing Association, Queens Cross Housing Association, Thenue Housing Association, Glasgow and West of Scotland Forum of Housing Associations, NRS Private Sector Housing and Housing Options for Older People (HOOP) (GCHSCP).

Wheatley Homes Glasgow also provided written feedback in relation to the questions that NRS had prepared and asked other housing stakeholders during the programme of meetings.

Photograph 3 – Conversion of the Former Carntyne Church (Shettleston HA)[3]



Glasgow's Housing, Health and Social Care Group Meetings

Both NRS and GCHSCP provided regular updates that related to the development of both the HCS and IJB Strategic Plan to members of Glasgow's Housing, Health and Social Care Group.

[3] Photograph Copyright – Shettleston HA

5.3 Public Consultation

As part of the HCS public consultation programme, partners and the general public had an opportunity to provide their views in relation to the draft statement. The following activities occurred between Friday 19th August 2022 and Wednesday 30th November 2022:

- A survey that related to the HCS was available online throughout the duration of the consultation programme.
- A dedicated webpage, which included access to documents associated with the HCS and consultation, was created and publicised through GCCs social media platforms.
- News articles were published online to promote the draft HCS and opportunities to provide feedback.
- Regular broadcasts were issued to stakeholders that were identified as having an interest in the HCS to notify them of the opportunity to respond to the consultation.
- A housing, health and social care consultation event was held during October 2022.

NRS also consulted in relation to the development of Glasgow's Local Housing Strategy during 11 weeks from 24th January 2023 to 10th April 2023. Extensive engagement activities were undertaken with partners and communities during this period and the relevant feedback has been used to inform the development of the HCS.

6. Policy

6.1 Overview

A review of national and local strategies that relate to housing, health and social care has been undertaken by NRS. This review has ensured that the HCS is consistent with both national and local policies and informed the analysis outlined within the statement.

6.2 National Policy

Housing Advice Note

During 2015, the Scottish Government prepared statutory guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing services in the integration of health and social care and to support the achievement of the National Health and Wellbeing outcomes. Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities, Health Boards and Local Authorities to have regard to the Housing Advice Note when exercising functions under the Act.

Guidance, which is outlined in the Housing Advice Note, sets out the requirements for developing a HCS. In practical terms, given the link to the Local Housing Strategy, GCC, as the strategic housing authority, assists closely in this through facilitating the city's Housing, Health and Social Care Group, preparing associated strategies, delivering services and a range of investment programmes and initiatives.

The Scottish Government has identified 9 national health and wellbeing outcomes that underpin the integration of health and social care and these are:

- People are able to look after and improve their own health and wellbeing and live-in good health for longer.
- 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.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm,
- 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.
- Resources are used effectively and efficiently in the provision of health and social care services.

The HCS has considered the national outcomes and assessed the relationships between these and the priorities included the IJB Strategic Plan for Health and Social Care.

Housing to 2040

The Housing to 2040 Route Map sets out how Scottish Government's plans for housing during the next two decades. The Housing to 2040 Route Map is underpinned by a range of key principles, which are outlined within four sections:

- More Homes at the heart of great places.
- Affordability and choice.
- Affordable warmth and zero emissions homes.
- Improving the quality of all homes.

The actions included in the Housing to 2040 Route Map aim to enhance the supply, access and quality of housing across all tenures. Interventions that ensure the housing sector is able to respond to both existing and future challenges relating to health and social care are also included.

In response to housing, health and social care challenges, the Scottish Government aims to:

- Develop 100,000 new affordable homes by 2032 (at least 70% for social rent) through the Affordable Housing Supply Programme. This includes increasing the provision of larger homes where these are needed.
- Increase the supply of accessible and adapted homes and improve choice for people to live independently in their homes.
- Work with health and social care and housing services, service commissioners, delivery organisations and older and disabled people to embed a person-centred approach that aligns housing support with social care services, so people have choices and flexibility to live independently.
- Review the Housing for Varying Needs Guide, which outlines how new housing is designed to meet the needs of households including older people, disabled people, wheelchair users and people with other specific needs and develop a new standard to future proof homes with lifelong accessibility.
- Ensure RSLs and local authorities deliver new homes that produce zero emissions from 2026.
- Address gaps in available housing options for vulnerable groups and those living in temporary accommodation. A specific focus has been placed on improving housing options to meet the needs of women and children, people experiencing domestic abuse, disabled people, minority ethnic groups and those with complex needs.
- Ensure Housing First is the default option to support people with multiple and complex needs.
- Improve digital connectivity to support the implementation of technology-enabled care, support independent living.

National Care Review

The Scottish Government introduced the National Care Service (Scotland) Bill to the Scottish Parliament during June 2022. The Bill sets out to create a framework for a National Care Service, which would be accountable to Scottish Ministers, with services designed and delivered locally in line with the public expectations.

The Bill outlines that a National Care Services would allow everyone to consistently access community health, social care and social work services, regardless of where they live in Scotland.

The Scottish Government's vision for the National Care Service is that it would:

- Enable people of all ages to access timely, consistent, equitable and fair, high-quality health and social care support across Scotland.
- Provide services that are co-designed with people who access and deliver care and support, respecting, protecting and fulfilling their human rights.
- Provide support for unpaid carers, recognising the value of what they do and supporting them to look after their health and wellbeing so they can continue to care, if they so wish, and have a life beyond caring.
- Support and value the workforce.
- Ensure that health, social work and social care support are integrated with other services, prioritising dignity and respect, and taking account of individual circumstances to improve outcomes for individuals and communities.
- Ensure there is an emphasis on continuous improvement at the centre of everything.
- Provide opportunities for training and development, including the creation of a National Social Work Agency providing national leadership, oversight and support.
- Recognise the value of the investment in social care support, contribute to the wellbeing economy, make the best use of public funds, and remove unnecessary duplication.

Scottish Ministers would have the power to establish and abolish bodies to be known as local or special care boards. A care board would be a statutory body that can be given legal responsibilities to provide services to individuals.

The Bill does not include the Housing (Scotland) Acts of 1987, 2001 or 2006, which are included in the functions that can be delegated to Integration Authorities on a voluntary basis under the Public Bodies (Joint Working) (Scotland) Act 2014.

Make a Stand Pledge

The Make a Stand Pledge has been developed by the Charted Institute of Housing in partnership with Women's Aid and the Domestic Abuse Housing Alliance. It was created to encourage housing organisations to make a commitment to support people experiencing domestic abuse. RSLs have an opportunity to complete the following commitments outlined in the Make a Stand Pledge and provide support for people experiencing domestic abuse:

1. Put in place and embed a policy to support residents who are affected by domestic abuse.
2. Make information about national and local domestic abuse support services on their website and in other appropriate places so that they are easily accessible for residents and staff
3. Put in place a HR policy or amend an existing policy to support members of staff who may be experiencing domestic abuse.
4. Appoint a champion at a senior level in your organisation to own the activity you are doing to support people experiencing domestic abuse.

RSLs are encouraged to agree to and promote the commitments outlined in the pledge and support victims of domestic abuse.

6.3 Local Policy

Glasgow City Integration Joint Board Strategic Plan for Health and Social Care

The Public Bodies (Joint Working) (Scotland) Act 2014 outlines that each IJB in Scotland must have a Strategic Plan, which is reviewed every three years, to ensure that it is relevant to the needs of the area and the people who live there.

The IJB Strategic Plan includes health and social care services that are in integrated and delivered across Glasgow. For planning purposes, Glasgow is split into three areas (North East, North West and South) and these are referred to as localities.

Photograph 4 – Fernan Gardens (Shettleston HA)[4]



The HCS outlines the housing sector's contribution towards the following health and social care vision and priorities, which are outlined in the IJB Strategic Plan:

Vision

'Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time' is the vision within the IJB Strategic Plan. The following six health and social care partnership priorities are outlined in the plan:

1. Prevention, early intervention, and well-being.
2. Supporting greater self-determination and informed choice.
3. Supporting people in their communities.

[4] Photograph Copyright – Lovell/Shettleston HA

4. Strengthening communities to reduce harm.
5. A healthy, valued and supported workforce.
6. Building a sustainable future.

GCHSCP does not operate in isolation and plans and delivers health and social care in partnership with different people, organisations, professionals and groups. This shared responsibility ensures people receive the types of support they need, where they need it and at the appropriate point in time. People with lived experience are one of a range of different partners that have a role in shaping service delivery in Glasgow.

Glasgow City Council's Strategic Plan

Glasgow City Council's Strategic Plan 2022-27 identifies four Grand Challenges for the council to deliver against. These are to:

- Reduce poverty and inequality in our communities.
- Increase opportunity and prosperity for all our citizens.
- Fight the climate emergency in a just transition to a net zero Glasgow.
- Enable staff to deliver essential services in a sustainable, innovative and efficient way for our communities.

The Plan outlines 12 Missions that will be undertaken to address these Grand Challenges. Missions are initiatives, which seek to address the Grand Challenges by putting forward concrete solutions; while also maintaining a clear, measurable, time-bound and realistic direction.

Table 4 – Glasgow City Council's Strategic Plan Grand Challenges and Missions

Grand Challenges	Missions
1: Reduce poverty and inequality in our communities	1. End child poverty in our city using early intervention to support families. 2. Meet the learning and care needs of children and their families before and through school. 3. Improve the health and wellbeing of our local communities. 4. Support Glasgow to be a city that is active and culturally vibrant.
2: Increase opportunity and prosperity for all our citizens	1. Support Glasgow residents into sustainable and fair work. 2. Support the growth of an innovative, resilient and net zero carbon economy. 3. Raise attainment amongst Glasgow's children and young people.
3: Fight the climate emergency in a just transition to a net zero Glasgow	1. Deliver sustainable transport and travel aligned with the city region. 2. Become a net zero carbon city by 2030.
4: Enable staff to deliver essential services in a sustainable, innovative and efficient way for our communities	1. Create safe, clean and thriving neighbourhoods. 2. Run an open, well governed council in partnership with all our communities. 3. Enable staff to deliver a sustainable and innovative council structure that delivers value for money.

Glasgow City Council's Strategic Plan includes 233 commitments to deliver actions in relation to these missions, of which 23 directly relate to Housing.

The commitments specifically relating to Housing, Health and Social Care include:

- Support the Glasgow Alliance to End Homelessness and their work to improve homelessness services in Glasgow, support Housing First as a model and reduce use of temporary accommodation.
- Continue work to reduce Vacant and Derelict Land, prioritising brownfield sites for development and ensuring adequate protection for Green Belt and designated Open Space.
- Deliver place-based interventions and key local regeneration projects.
- Explore establishing a city-wide single housing register.
- Deliver around 6,500 new affordable homes for the city meeting the needs of social housing, accessibility and sustainability needs, and the needs of people.
- Expand our Empty Homes work including seeking to make greater use of compulsory purchase orders. including supporting the acquisition of tenements by Registered Social Landlords (RSL), improving the performance of factors and enabling whole-block retrofits.
- Develop an Affordable Housing Policy for the city to require a proportion of affordable housing in new developments, prioritise public land for affordable housing and increase affordable housing in higher land-value areas such as the city centre.
- Make use of new and existing powers to ensure high quality protections and rights for tenants in the Private Rented Sector.
- Strengthen enforcement action against landlords who rent out substandard or overcrowded accommodation or refuse to carry out repairs, including via the use of Enhanced Enforcement Areas.
- Work with the Scottish Government to ensure that their commitment to a national system of rent controls can be practicably and quickly delivered within the city.

Glasgow's Local Housing Strategy 2023 – 2028

Glasgow City Council is required by the Housing (Scotland) Act 2001 to prepare a Local Housing Strategy (LHS), which is supported by an assessment of housing need and demand. The LHS provides direction for tackling housing issues and informs future investment in housing and related services during the five-year period between 2023 and 2028.

The strategy seeks to achieve an appropriate balance, both tackling urgent and immediate priorities, such as cost of living pressures, affordable warmth, and homelessness risks, as well as addressing longer-term issues, such as retrofitting Glasgow's homes including pre-1919 tenements to meet the climate challenge and ensuring we enable homes to be built, of the right type and in the right places, to fit our growing population.

The LHS 2023 to 2028 vision for Glasgow is that:

"We have more affordable, accessible, safe and sustainable homes, which support good health in thriving neighbourhoods across the city, are well-connected to jobs, education, services and opportunities, and contribute to Glasgow being an attractive place for people to live, learn, work and invest."

To achieve the LHS vision and realise the wider ambitions set out in the Glasgow City Council's Strategic Plan 2022-27, the following five LHS priorities and associated objectives have been set:

LHS Priority 1: Delivering more homes and great places that reduce poverty and inequality and increase opportunity and prosperity for all.

- Build and provide new low and zero carbon affordable homes to meet Glasgow's housing needs.
- Support the delivery of new homes for sale and rent to meet Glasgow's growing housing demand.

- Undertake local housing-led regeneration and development, including Glasgow's transformational regeneration areas.
- Support wider place-based planning for infrastructure and services, including active travel, transport and heat in buildings.

LHS Priority 2: Improving the energy efficiency of Glasgow's homes, reducing fuel poverty and supporting a Just Transition to Net Zero through decarbonising domestic heating and energy

- Increase the overall average energy efficiency of housing in Glasgow.
- Reduce overall domestic carbon emissions in Glasgow.
- Reduce overall fuel poverty levels in Glasgow.

LHS Priority 3: Improving the condition of Glasgow's homes and preserving Glasgow's tenements and built heritage

- Increase investment to preserve Glasgow's tenements.
- Support owners to maintain and improve existing homes.

LHS Priority 4: Supporting people to live independently and well at home in the community

- Adapt more homes so they are suitable for people and households with particular needs.
- Increase the supply of affordable housing options to meet the needs of larger families and core social care groups.

LHS Priority 5: Improving housing options, affordability and sustainability for tenants and owners, to prevent and reduce homelessness

- Reduce homelessness in Glasgow.
- Support vulnerable tenants and families in the private rented sector to prevent homelessness wherever possible.
- Work with tenants to determine priorities and actions for improving affordability, standards and security within the rented sector.

The challenges, priorities and contributions outlined in the HCS were considered and informed the development of the LHS (2023 – 2028). A range of themes relating to homelessness, health and social care have been identified and are included in the LHS. This ensures consistency between the IJB Strategic Plan for Health and Social Care and the city's new Housing Strategy.

Glasgow's Strategic Housing Investment Plan 2023/24 –2027/28

Glasgow City Council's Strategic Housing Investment Plan (SHIP) sets out the priorities for investment in housing in the city during the five-year period between 2023/24 and 2027/28. A key focus of the SHIP is Glasgow's Affordable Housing Supply Programme, which will be used to deliver housing that meets a range of needs across Glasgow.

The SHIP 2023/24 to 2027/28 focuses on 'delivery of new affordable homes', including key drivers and factors that influence the Affordable Housing Supply Programme and measures undertaken by partners to mitigate constraints. It addresses cross-cutting policy priorities including:

- Preventing and reducing homelessness.
- Tackling child poverty and mitigating the cost of living.
- Meeting the housing needs of Ukrainian Displaced Persons and other refugees.
- Meeting particular housing needs through specialist provision.

The SHIP sets out plans for more than £535m grant to be invested in development projects across Glasgow with the potential to complete 6,446 affordable homes during the five-year period. It is forecast that RSLs will also contribute approximately £474m towards the development programme through private finance during the five years. Therefore, the total estimated cost of completing the 6,446 affordable homes outlined in the SHIP is around £1.009b.

Table 5 outline the housing approvals, site starts, and completions programmed for the period between 2023/24 and 2027/28.

Table 5 – Summary of Glasgow's SHIP 2023/24 to 2027/28

	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Approvals (units)	1,266	1,008	903	1,457	111	4,745
Site Starts (units)	1,517	925	1,058	1,360	268	5,128
Completions (units)	1,501	1,335	1,092	1,082	1,436	6,446
Grant Investment (£million)	118.473	107.724	105.922	104.333	98.775	535.227

Information relating to the number of homes programmed for completion between 2023/24 and 2027/28 by housing tenure and provision is outlined in Tables 6 and 7. The total number of units (7,559 units) relates to all projects included in the SHIP. The SHIP outlines:

- 90% (6,809 homes) would be new build.
- the remaining 10% (750 units) would include rehabilitation projects and private sector property acquisitions.

Table 6 – Breakdown of Housing Tenure

Housing Tenure	Glasgow
Social Rent	4,975 (66%)
Mid-Market Rent	2,173 (29%)
New Supply Shared Equity	157 (2%)
Partnership Support for Regeneration	254 (3%)
Total	7,559

Table 7 – Breakdown by Affordable Housing Provision

Housing Provision	Glasgow
General Needs	6,347 (84%)
Wheelchair adaptable	655 (9%)
Supported	35 (0%)
Amenity	522 (7%)
Total	7,559

The Glasgow Standard, which was adopted by GCC during 2018, requires RSLs developing projects that consist of 20 units or more to deliver 10% (rounded down) as readily wheelchair adaptable.

This policy applies to all affordable housing projects that are funded by GCC and ensures that affordable housing across the city will be geographically spread and more accessible.

The Social Care Housing Investment Priorities are considered by NRS during the development of the SHIP. Factors that influence the needs of people receiving support from GHCSCP and the type of housing required are also examined.

When designing new housing, RSLs are urged to co-ordinate with potential tenants either directly or through GCHSCP at an early stage to ensure that the specific design meets the needs of the tenant and enhances their independence.

As a priority, the SHIP sets out plans that will contribute towards reducing homelessness and assist in moving towards rapid rehousing. NRS is working in partnership with RSLs and GCHSCP to ensure that the size and type of new homes planned for construction reflects the needs of Glasgow's citizens. A citywide new supply target of approving 60 larger family units (4 or more bedrooms and 6 or more bedspaces) each financial year continues to be included in the SHIP.

Photograph 5 – Fielden Street (West of Scotland HA)[5]



Glasgow's Social Care Housing Investment Priorities 2022 – 2027

The Social Care Housing Investment Priorities (SCHIP) outlines the needs identified by GCHSCP for different social care groups and clients and is highlighted within the SHIP document. During the five years between 2022 and 2027, GCHSCP aspires to acquire over 300 new properties to facilitate care group needs. The accommodation can be in the form of new build or refurbished properties.

[5] Photograph Copyright – McTaggart Construction, Alexander Fraser Photography, West of Scotland Housing Association and Anderson Bell Christie

Particular needs housing is required by GCHSCP to support the following social care groups:

- Physical Disability.
- Mental Health.
- Older People.
- Children and Families.
- Homelessness and Asylum Seekers.

Glasgow City Partnership Joint Protocol Housing Solutions and Adaptations

A Joint Protocol document has been developed by Housing, Health, and Social Care Partners within Glasgow. The document is an inter-agency agreement that supports local services to effectively and cohesively deliver a person-centred, equitable tenure-neutral approach to the provision of housing-based solutions including adaptations. The importance of housing in terms of people's overall health and wellbeing is outlined within the document. A framework for joint working and service improvement for all housing providers, GCHSCP, and third sector partners is also included.
The Joint Protocol sets out to:

- Help people to live in their homes as long as they want to, putting the person at the centre of the solutions, encouraging realistic expectations and also offering a range of potential options.
- Evidence equality across tenures.
- Promote early intervention, supporting a wide range of health, social care, and housing staff to have 'the right housing conversations', and making housing solutions everyone's business.
- Promote effective communication across/within agencies, and with people in communities who need advice and support to help them make the best decisions.
- Make the best use of the resources available.
- Complement and join the dots across strategies and services.
- Ensure a housing solutions approach at all stages of service engagement, with an emphasis on early intervention.

The over-arching principles of the Protocol include:

- Explicit person-centred approach to identifying effective outcomes and meeting needs.
- Promotion of a shared responsibility, to support service users to identify their outcomes, and meet their needs.
- Early intervention and avoidance of 'crisis' response.
- Minimum intervention in order to maximise independence.
- Promotion and full exploration of rehousing opportunities as a first stage.

Glasgow's Rapid Rehousing Transition Plan

Glasgow's Rapid Rehousing Transition Plan (2019/20 and 2023/24) sets out how partners will work together to deliver a housing led approach to tackling and ending homelessness in Glasgow. This means that if it is not possible to prevent homelessness, Glasgow's priority is to provide a safe and secure home for every homeless household as quickly as possible.

Glasgow's vision for rapid rehousing is that:

"Homeless people in Glasgow access settled housing at a rapid pace and with flexible, personal support services, which enable housing sustainment and long-term success."

To deliver this vision for rapid rehousing, the objectives for GCHSCP and partners are:

- To prevent homelessness wherever it is possible to do so.
- To ensure that all homeless households in Glasgow access settled housing quickly and effectively.
- To upscale Housing First as the optimum model for homeless households with complex needs.
- To work with Alliance partners to reduce the scale of temporary accommodation in the city.
- To invest the city's resources in the delivery of person-centred housing support services.

Within a health and social care context, the RRTP also sets out:

- The importance of partnership working across housing, homelessness, health and social care services in order to enhance outcomes for vulnerable households and improve support for service users with multiple needs.
- The interdependent relationship between ill-health and homelessness presentations.
- That health inequalities are likely to exist between people that have experienced homelessness and those who have not.
- That Homelessness Services will increasingly be required to meet the needs of an aging population.

Glasgow's Integrated Children's Service Plan

Glasgow City Community Planning Partnership is responsible for devising and executing the Integrated Children's Services Plan on a three-year cycle as required by the Children and Young People (Scotland) Act 2014. The partnership delegated this responsibility to the Children's Services' Executive Group.

The Integrated Children Service Plan sets out the key priorities for Children's Services over the three years between 2020 and 2023. In order to operate more efficiently and effectively across Glasgow, the plan outlines shared actions for Children's Services, which are underpinned by a commitment to addressing poverty and mental health. This reflects the findings of the consultation with children and young people.

The 5 priorities in the plan include that Children and Young People:

- Feel safe, protected and valued in their communities and neighbourhoods.
- Health and wellbeing is promoted and improved.
- Are well supported in their homes and communities.
- Are supported to achieve their best possible outcomes through excellent, inclusive and nurturing education and employment journeys.
- Are involved and included and their views are taken seriously.

Within the plan, there are references to improving:

- Support for young people transitioning from children's services into aftercare services, with more seamless transitions for young people moving from children's to aftercare services, preventing young people experiencing homelessness.
- Accommodation options for young people with learning disabilities and complex needs.

The Glasgow City Health and Social Care Partnership Carer Strategy 2022 – 2025

GCHSCP produced a strategy that sets out methods that aim to support both adult and young carers in Glasgow. The Carer Strategy provides a key role in delivering GCHSCP's commitment to making Glasgow a carer-friendly city, where unpaid carers are treated with compassion and kindness.

It is estimated 14% of Glasgow adults are unpaid carers and the aim the Carer Strategy is to ensure that carers are identified, involved and offered support early in their caring journey.

The Carer Strategy outlines a plan that highlights strategic intentions, which include

- Providing a single point of access for carers into support services and universal offer of information and advice for all carers in the city.
- Glasgow will be a Carer Friendly city where carers are treated with compassion and kindness
- Increase capacity and choice to support carers and the person being cared for.
- Supporting Glasgow's unpaid carers to look after their health and wellbeing.
- Support unpaid carers to have a voice in the design and delivery of carer services.
- Monitor and review the impact of the 2022-25 Carer Strategy.

The Glasgow City Health and Social Care Partnership Domestic Abuse Strategy 2023 – 2028

The Domestic Abuse Strategy focusses on developing services provided by GCHSCP for people who are or have been affected by domestic abuse, and on improving responses to people who cause harm through domestic abuse.

The strategy describes what GCHSCP will do over the five-year period to ensure people affected by domestic abuse receive the best possible care, and how GCHSCP will continue to seek the involvement of people with lived experience of domestic abuse in the design and evaluation of domestic abuse services. The following strategic priorities are included in the strategy:

- Prevention and early help.
- Survivors and people who suffer from domestic abuse.
- People who harm through domestic abuse.
- Working with people across their who life course.
- Working together with our staff, partners and people with lived experience of abuse.
- Using evidence-based approaches to create changes in cultural norms, attitudes and values.

7. Analysis

7.1 Overview

This section outlines housing, health and social care data that has been analysed during the development of the HCS. The themes that have been examined include:

- Demographics.
- Older people.
- Children and young people.
- Health.
- Homelessness.
- Deprivation and poverty.
- Housing.

Key considerations that relate to housing have been identified as part of the analysis.

7.2 Glasgow's Demographics

During 2020, Glasgow had an estimated population of 635,640 people living in 319,294 households.[6] There were:

- 111,512 children aged 0-17 (18%).
- 438,505 adults aged 18-64 (69%).
- 86,623 older people aged 65 and over (13%).

Between 2005 and 2020, Glasgow's population increased by 66,390 people (+12%). A breakdown of Glasgow's population by HSCP locality is outlined in Table 8.

Table 8 – Glasgow Population by Age and Locality in 2020[6]

Indicator	Age-band	Area/HSCP Locality			
		NE	NW	South	Glasgow
All people in locality/area	Children 0-17	34,283 (19%)	33,456 (15%)	43,773 (19%)	111,512 (18%)
	Adults 18-64	122,176 (67%)	163,676 (73%)	152,653 (67%)	438,505 (69%)
	Older people 65+	25,322 (14%)	27,466 (12%)	32,835 (14%)	85,623 (13%)
	All ages	181,781 (29%)	224,598 (35%)	229,261 (36%)	635,640

During 2020, it was estimated that Glasgow had an 11.6% share of Scotland's total population and the highest percentage of people lived in the South (36%) followed by North West (35%) and North East (29%) localities.[6] Both the North East and South localities had very similar profiles in terms of population share by age brand while the North West locality population share by age-band was different from the other two localities. The North West locality had a lower percentage share of children and older people population and a higher share of adults aged between 18 and 64 years old.

[6] Glasgow City Health and Social Care Partnership Demographics Profile 2022

The overall population of Glasgow is expected to grow by 2.4% (15,255 people) between 2022 and 2032 and the forecast changes during this period include:[6]

- Children aged 0-17 years old expected to decrease by 4.9%. The number of children living in Scotland is forecast to decrease by 6.9%.
- People aged 18-64 years old expected to increase by 0.2%. In Scotland, the number of adults is forecast to decrease by 2.2%.
- People aged 65 + years old expected to increase by 22.3%. The number of people aged 65 + years living in Scotland is forecast to increase by 20.1%.

7.3 Older People

Data shows that 14% of Glasgow's population was aged 65 years older during 2020.[6] The percentage of people that were aged 65 years or older in Scotland was 19%.[6] Between 2010 and 2020, the number of people aged 65 years old or older that lived in Glasgow increased by 4%.[7] The equivalent figure for Scotland was an increase of 20%.[7]

Table 9 shows that 42.8% of Glasgow's older population (aged 65 years and older) who had high level care needs lived at home during 2019. A total of 35% of Scotland's population that was aged 65 years or older and had high level care needs lived at home.

Table 9 – Older People Social Care by Area[6]

Indicator	Glasgow
People aged 65+ with high levels of care needs and live at home (percentage of all people 65+ with high levels of care needs)	42.8%
People aged 65+ in long stay residential care (number of people)	3,222
People aged 65+ receiving home care (number of people)	5,120
People aged 65+ receiving free personal care at home (number of people)	4,950

[7] National Records of Scotland Mid-2020 Population Estimates, Scotland Report

The forecast increase in people that will be aged 65 years and older between 2021 and 2031 highlights the need for Glasgow's housing sector and GCHSCP to ensure that:

- Investment in both existing and new housing continues. This includes the provision of funding and delivering adaptations that assists people to live comfortably in their homes. It is also important to continue the development of accessible/adaptable housing in areas that are close to amenities and public transport.
- Housing Options advice (such as HOOP) is provided to older households. Housing needs of older people require to be met through a co-ordinated and partnership approach between GCHSCP, RSLs and individual households.
- Care needs and any necessary changes to housing are identified at the earliest possible opportunity.
- The use of digital technology is explored and implemented to support the health and wellbeing of households living in Glasgow.
- RSLs continue to provide wider role activities and services for older people. The importance of such services was highlighted during the Covid-19 pandemic.
- When possible, develop flexible housing that can be adapted to meet changes in the needs of households in the future. This includes continuing to increase the supply of wheelchair adaptable housing.

7.4 Children and Young People

During the decade between 2010 to 2020, Glasgow experienced a 4% increase the number of children (aged 0-15 years old) living in the city.[7] There was no change in the number of children living in Scotland during this period.[7]

GCHSCP published indicators relating to children and young people who were in receipt of social care support or who received/were eligible for support. Table 10 outlines the rates of looked after children and children who were recorded on the Child Protection Register in Glasgow and Scotland.

Table 10 – Children Looked After or on Child Protection Register by Area/HSCP Locality[6]

Indicator	Area/HSCP Locality - rate				
	North East	North West	South	Glasgow	Scotland
Children looked after by the local authority (percentage of 0-17 population)	2.5%	1.8%	1.9%	2.1%	1.3%
Children on the Child Protection Register (0-15 - rate per 1,000 population)	3.6	2.7	2.8	2.8	2.3

Table 10 shows variability in rates of both looked after children and those on the Child Protection Register between the localities, Glasgow and Scotland. The Glasgow looked after children rate of 2.1% is far higher than the Scotland rate of 1.3%, with locality rates ranging from 1.8% for North West, 1.9% for South to 2.5% for North East.

The Glasgow rate of children on the Child Protection Register of 2.8 per 1,000 population is higher than the Scotland rate of 2.3, with locality rates within Glasgow ranging from 2.7 for North West and 2.8 for South to 3.6 for North East, per 1,000 population.

GCHSCP, NRS and RSLs are working together through a range initiatives, services and investment programmes to ensure children, young people and families have access to the appropriate housing and support in Glasgow. These include:

- Implementation of the Care Leavers Protocol. As of March 2022, 30 RSLs have adopted the protocol. RSLs are working with GCSHCP to ensure the needs of young people leaving care are met through the provision of housing and support.
- The role of GCC'S Private Rented Sector Housing and Welfare Hub. This service works with families that are living in the private rented sector to prevent them from becoming homeless. The Hub also explores opportunities to maximise the income of households, provide welfare support, reduce poverty and work with landlords to improve housing conditions. Key partnerships exist between a range of health and social care services including health visitors and children and families social work teams. A range of positive outcomes in relation to housing and the health and wellbeing of children have been delivered by the hub.
- RSLs and GCHSCP ensure that families are being supported through tenancy sustainment and welfare rights support. There are also services and initiatives being delivered by RSLs to try and reduce the impacts of food and fuel poverty.
- NRS and RSLs continue to work together to improve access to and increase the supply of affordable family housing in Glasgow. Demand for affordable family housing (3 bedrooms +) has increased during recent years and this is reflected in the number of families that are living in temporary accommodation, registered on RSL waiting lists or receiving support from GCC's Private Rented Sector Housing and Welfare Hub.
- Providing support and housing to young parents.
- Meeting the housing needs of families that have a child/children that have a health related condition.
- Supporting young unaccompanied asylum seekers living in Glasgow.

7.5 Health

NRS has analysed a range of datasets that relate to the health of Glasgow's population. Both men (73.1 years) and women (78.3 years) living in Glasgow have lower life expectancy than the Scottish averages (the Scottish average life expectancy for men is 76.8 years and 81 years for females).[6] The healthy Life expectancy for both men (56 years) and women (57.4 years) in Glasgow is lower than Scotland (the Scottish healthy life expectancy is 60.9 years for men and 61.8 years for women).[6]

Photograph 6 – Rumford Street (Thenue HA)[8]



Deaths rates specific to alcohol are 53% higher in Glasgow (31.9 per 100,000 people) than Scotland (20.8 per 100,000 people).[6] It is estimated that there were between 11,869 people (using opioids and or illicit use of benzodiazepines) and 18,060 people (using a range of drugs) aged between 15 and 64 years old identified as problem drug users in Glasgow at the time of reporting.[6] Whichever definition is used, the number of Glasgow's problem drug users represented 20% of the total for Scotland. This is disproportionately high when compared to Glasgow's 12.8% share of Scotland's population that was between 15 and 64 years old.

Table 11 outlines the percentage of Glasgow's population that had one or more health condition during 2011. Although the data gathered as part of the 2011 Census, it provides an indication of the health conditions people are likely to be living with in Glasgow and Scotland.

Table 11 – Percentage of People with a Long-Term Health Condition Living in Glasgow and Scotland[6]

Health Condition	Glasgow	Scotland
One or more conditions	**31.0%**	**29.9%**
Deafness or partial hearing loss	6.1%	6.6%
Blindness or partial sight loss	2.5%	2.4%
Learning disability	0.6%	0.5%
Learning difficulty	2.1%	2.0%
Developmental disorder	0.6%	0.6%
Physical disability	7.8%	6.7%
Mental health condition	6.5%	4.4%
Other condition	18.9%	18.7%

[8] Photograph Copyright – Glasgow City Council

Within Glasgow, the North East locality had the highest rate of all people with one or more condition (33.7%) followed by South (30.8%) and North West (29.0%).[6] This supports information gathered from engagement activity undertaken by NRS, which indicates that meeting the housing needs of people that either have a physical disability, a mental health condition, hearing and/or sight loss are key priorities for GCHSCP.

GCHSCP published health data that outlines the percentage of adults that are receiving treatment for condition/illness, have a limiting condition or illness or have been admitted to hospital as an emergency. A summary of the health data is outlined in Table 12. There were 170,000 adults that lived in Glasgow with a limiting long-term illness or condition in 2017/18.[9]

Table 12 – Health Conditions/Illness and Hospital Admissions by Area/HSCP Locality[6]

	Area/HSCP Locality – percentage or rate per 100,00 population			
Indicator	**North East**	**North West**	**South**	**Glasgow**
Receiving treatment for a condition/illness (all adults 16+)	35.5%	43.6%	44.6%	41.4%
Limiting condition or illness (all adults 16+)	25.1%	29.2%	31.2%	28.6%
Patients with Emergency Hospitalisations (all persons per 100,000 population)	10,002	8,338	8,530	8,832

RSLs and GCHSCP services provide a range of support to people that experience poor mental health. A range of initiatives and measures were implemented to reduce the impacts of social isolation and anxiety during the Covid-19 pandemic. Table 13 shows that mental health indicators are higher for Glasgow compared with Scotland.

Table 13 – All Adults and All People Mental Health by Area/HSCP Locality[6]

Indicator	**Area/HSCP Locality - percentage or rate per 100,000 population**				
	North East	**North West**	**South**	**Glasgow**	**Scotland**
People prescribed drugs for Anxiety/Depression/Psychosis (all people)	22.1%	18.6%	20.8%	20.5%	19.3%
Patients with psychiatric hospitalisations (all people – rate per 100,000 population)	377.8	315.4	301.0	326.9	242.8

As of March 2022, a total of 3,244 adult service users were in receipt of a personalised social care service in Glasgow. This is increase of just under 6% since March 2021 (3,063 people).[9]

During 2022, 57.2% of adults (aged 18 years +) who had high levels of care needs in Glasgow were cared for at home or received a direct payment for personal care. This was lower than the Scottish rate of 62.9%.[9]

[9] Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care

A total of 373 adults (aged between 18-64 years old) lived in long stay residential care in the city during 2019. This represented 14.5% of Scotland's total and was lower than Glasgow's 13.0% share of the 18-64-year-old population.[6]

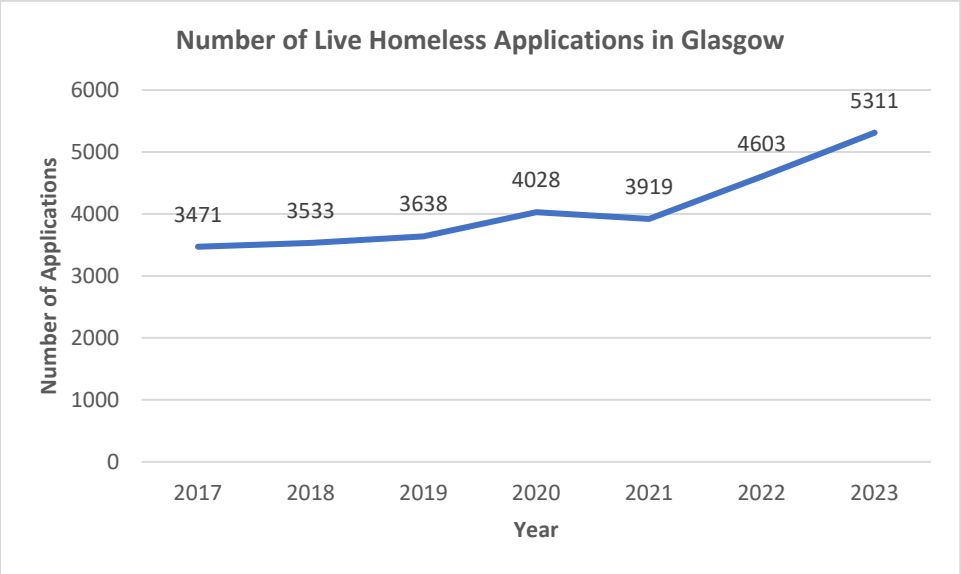
Housing, health and social care partners continue to implement measures that support people with health conditions. Such measures include improving access to appropriate types of housing and support. In relation to health and housing:

- There is a need to continue to develop a range of housing that meets the needs of people with physical and learning disabilities, blindness or partial sight loss and other health conditions. The housing sector in Glasgow continues to ensure that the supply of wheelchair adaptable properties increases through the AHSP.
- Provision of support for people that have poor mental health.
- RSL, health and social care services have recognised the success of Glasgow's approach to Housing First. Housing First is a rapid rehousing approach to tackling homelessness and supporting people with complex needs such addiction issues and/or mental health. As of July 2022, 264 tenancies have been provided to people by the RSLs in Glasgow through the Housing First Programme. It is envisaged that this approach will continue to be embedded into supporting people with complex needs to live independently and manage their tenancies.

7.6 Homelessness

As shown in Figure 1, there were 5,311 live homeless applications during April 2023.[10] Data outlines that, 76% of homeless households stayed in temporary furnished accommodation for less than 1 year.[10] Further analysis relating to the homelessness challenges experiencing Glasgow is outlined in Section 8.2.

Figure 1 – Number of Live Homeless Applications in Glasgow[10]



[10] GCHSCP Homelessness Services Data

Homelessness data shows that:

- The greatest demand is households who require access to either a studio or 1 bedroom property.[10] This can be challenging due to the availability of this type of housing in the city and RSL allocation policies particularly in relation to under occupation.
- There is a need to increase access to social rented housing for families that are homeless. As of April 2023, there were 1,049 homeless households with children or included a pregnant household that lived in temporary accomodation.[10] A total of 436 households included families with 3 or more children that lived in temporary accommodation.[10]
- The city's RRTP outlines that there is a link between health conditions and homelessness. Continuing to adapt housing across Glasgow assists with meeting the needs of homeless households that have a health condition.
- The Housing First Programme has demonstrated a holistic approach to ensuring people with complex needs receive assistance to improve their health and sustain their tenancies.
- Prevention of homelessness, particularly in relation to supporting families, should continue to be a priority for GCHSCP going forward.

7.7 Deprivation and Poverty

The Scottish Index of Deprivation (SIMD) 2020 is the Scottish Government's official methodology for identifying deprivation across Scotland. There are 6 domains (employment, income, crime, housing, geographic access, health and education/skills) that are considered and used to inform the SIMD analysis.

Photograph 7 – Keppochhill Road (NG Homes)[8]



GCHSCP has analysed the SIMD 2020 data and outlined a range of statistics that relate specifically to Glasgow. There are 746 data zones in Glasgow and each data zone (in Glasgow) has an average population of 750 people. The SIMD 2020 data relating to Glasgow shows:[6]

- 141 data zones (19%) were in the 5% most deprived areas.
- 339 data zones (45%) were in the 20% most deprived areas. In the North East area, 58.4% of data zones are located within the most 20% deprived areas in Scotland.
- 19.3% of Glasgow's population was defined as income deprived.
- Castlemilk was the most deprived ward in Glasgow (65% of residents lived in the 5% most deprived areas in Scotland).

Table 14 provides a summary of Glasgow's data zones (by HSCP locality) that were in Scotland's 20% most deprived areas.

Table 14 – Scotland's 20% Most Deprived Data Zones Located in Glasgow[6]

Data Zone type/indicator	Area/HSCP Locality				
	North East	North West	South	Glasgow	Scotland
No. of data zones that are among Scotland's 20% most deprived	128	99	112	339	1,395
No. of all data zones in locality/area	219	248	279	746	6,976
% of all locality/area data zones that are among Scotland's 20% most deprived	58.4%	39.9%	40.1%	45.4%	20.0%
Locality/area % share of Glasgow's 20% most deprived data zones	37.8%	29.2%	33.0%	100.0%	

The percentages of children, adults and people aged 65 years and older that lived in the 20% most deprived data zones in Glasgow are shown in Table 15. It was estimated that 43.1% of Glasgow's population lived in the 20% most deprived areas in Scotland during 2020. Within Glasgow, the North East had the high percentage of children, adults and people aged 65 years and older living in the 20% most deprived areas in Scotland.

Table 15 – SIMD Analysis[6]

Indicator	Age-band	Area/HSCP Locality			
		NE	NW	South	Glasgow
% of people in locality/area living in data zones that are among Scotland's 20% most deprived	Children 0-17	62.5%	47.2%	44.3%	50.8%
	Adults 18-64	53.9%	33.1%	38.6%	40.8%
	Older people 65+	58.3%	39.4%	39.4%	45.0%
	All ages	56.2%	36.0%	39.8%	43.1%

Indicators of child poverty in Glasgow and Scotland are outlined in Table 16. It is estimated that 32.2% of children aged 0-15 years old in Glasgow lived in poverty during 2019/20. This was considerably higher than the child poverty rate for Scotland, which was 24.3%.

Table 16 – Child Poverty Indicators[6]

Indicator		% Glasgow	% Scotland
Children aged 0-15 living in relative poverty low-income families		24.6%	15.9%
Children aged 0-15 living in absolute poverty low-income families		20.2%	12.9%
Child Poverty Estimates (children aged 0-15)		32.2%	24.3%
Children P5 and above registered for free school meals[4]	Primary (P5-P7)	41.6%	20.5%
	Secondary	42.0%	17.7%

Case Study – Food Pantries (Parkhead and Shettleston Housing Associations)

Since 2020, Parkhead Housing Association and Shettleston Housing Association have worked alongside Fareshare and Unity Enterprise to deliver access to supermarket grocery brands through two pantries located in the east end of Glasgow. Funding was also provided via the Scottish Communities Fund.

The pantries consist of surplus stock, end of line products and incorrectly labelled food and operate as a subsidised community shop and the model differs from a foodbank. Access to food is not free and there is a membership fee of £2.50, which allows members to purchase between £10 and £15 of food from the pantry. There are no recurring payments and members can choose the food they require from five different food categories including fresh fruit and vegetables, meat and dairy items.

This highlights an example of the wider role that RSLs in Glasgow provide to the communities that they operate in, particularly in response to the Covid-19 pandemic and the pressures on household incomes due to the cost-of-living crisis. Tackling food insecurity is key in relation to improving the health and wellbeing of Glasgow's citizens and reducing the effects of deprivation.

A selection of indicators that relate to Glasgow's population including adults (16 years and older) are outlined in Table 17. Glasgow had a higher rate of people that were income deprived and experienced food insecurity than Scotland. The North East area had the highest percentage of people who were income deprived and the South had the highest percentage of adults that had difficulty meeting essential living costs and experienced food insecurity.

Table 17 – Poverty & Deprivation Indicators[6]

Indicator	Area/HSCP Locality - percentage				
	North East	North West	South	Glasgow	Scotland
Population who are income deprived (all people)	22.8%	16.8%	18.9%	19.3%	12.1%
Adults (16yrs +) with difficulty meeting essential living costs eg. rent/mortgage, utility bills, food, clothes	27.0%	32.0%	30.0%	30.0%	
Adults (16yrs +) who have experienced food insecurity in the past year	10.0%	12.0%	10.0%	11.0%	8.0%

When compared with Scotland, Glasgow experienced similar rates of fuel poverty. Data relating to fuel poverty indicators is shown in Table 18. Please note that this data does not reflect the recent increase in the cost of energy and that the percentage of households living fuel poverty (in both Glasgow and Scotland) is expected to be higher.

Table 18 – Fuel Poverty Indicators[6]

Indicator	Glasgow	Scotland	Notes
% households that are fuel poor	25.3%	24.4%	Social Housing Glw 35.0% and Scot 38.5%) PRS Glw 36.0% and Scot 36.9%
% households that are extreme fuel poor	11.8%	11.9%	PRS - Glw 26.6% and Scot 21.7%

Housing, health and social care partners will continue to work together to reduce the effects and levels of poverty that exist in Glasgow. It is acknowledged that deprivation impacts on the health and wellbeing of households. Having access to an affordable housing that is energy efficient and meets the needs of the city's population assists in mitigating the impacts of deprivation.

7.8 Housing

Glasgow is central to the success of the Scottish economy and at the core of the metropolitan city region. Glasgow's housing market and local housing systems are diverse. Evidence indicates that housing need and demand pressures have increased during recent years. Glasgow's LHS outlines[11]:

- Over five years (2023-28), current projections are that Glasgow will grow to include 7,373 more people and 6,311 more households.
- Glasgow has about 12% of Scotland's homes.
- Most homes (55%) are rented. Glasgow has the largest social rented sector in Scotland, with 61 RSLs providing around 110,000 homes (35%).
- The total net value of RSL housing stock in Glasgow was estimated at circa. £3.89 billion during 2020/21. **Error! Bookmark not defined.**
- The private rented sector (PRS) is an important part of Glasgow's housing system. Comprising 20% of all supply, these homes are needed to meet the city's diverse housing needs and demands.
- There are significant housing need pressures, with recent estimates indicating for every RSL home let there were equivalent of 10 applicants seeking an affordable home.
- In October 2022, the average sale price for a home in Glasgow was about £201,000 compared to £221,625 for Scotland.
- Over 30 years (1990 to 2020), the average number of new homes built in Glasgow ranged between 1,769 and 3,302 per year. Peak development occurred between 2000 and 2010.
- Between 2003 and 2022, average sales prices in Glasgow increased by 91%, an average of around 4.6% a year, more than double the rate of inflation.
- Average private rents increased by 41.7% in Glasgow over the period 2010 to 2021, about 4% each year. This was similar to the rate of increase in housing market sales prices.

[11] Glasgow's LHS 2023-28

- 51% of owner-occupied dwellings and 60% of private rented dwellings in Glasgow have critical disrepair.

A total of 61 RSLs currently operate in the city and all provide a range of services that support tenants and work towards meeting the needs of local communities. During 2020, it was estimated that:

- Over 43,000 of Glasgow's households lived in social rented housing in Scotland's 5% most deprived data zones. This equated to 40% of the total social rented housing stock in Glasgow.
- Over 88,000 of Glasgow's households lived in social rented housing in Scotland's 20% most deprived data zones. This equated to 80% of the total social rented housing stock in Glasgow.

Table 20 outlines a summary of the average costs of social rents in Glasgow during 2020, 2021 and 2022.

Table 20 – Average Social Rents in Glasgow[12]

	Studio	1 bed	2 bed	3 bed	4 bed +	All Rents
2020	£68.30	£82.73	£85.74	£94.63	£106.45	£89.15
2021	£70.82	£84.35	£87.25	£96.27	£107.43	£90.83
2022	£73.16	£87.19	£90.19	£99.51	£111.08	£93.95

In relation to health and social care, RSLs:

- Provide affordable housing that meets the needs of households living in Glasgow. This includes the provision of housing that meets the health and social needs of households.
- Deliver critical services that ensure communities receive access to food through foodbanks/food pantries, support/advice relating to energy and reducing fuel poverty.
- Offer tenants welfare rights advice.
- Support tenants with reducing digital exclusion and social isolation.
- Are key partners in the provision of supported housing and associated services across Glasgow.
- Deliver a range of community-based regeneration activity.
- Provide a range of services and activities that enable tenants to live at home and in their communities for as long as possible.
- Contribute towards delivering potential savings to public sector budgets through early prevention and intervention activities.

RSLs and GCHSCP Services advised that there is a need to continue increasing the supply of affordable housing (housing that meets both general and particular needs) both through developing new homes and acquiring properties that meet a specific need or priority.

[12] Scottish Housing Regulator

Table 21 provides information relating to the cost of private rents in Glasgow. During 2022, the average private rent in Glasgow for all properties was £1,015. In October 2022, the average sale price for a home in Glasgow was about £201,000 compared to £221,625 for Scotland. [13]

Table 21 – Average Private Rents and Listings in Glasgow 2011 to 2022[14]

Indicator	2011	2016	2021	2022
Average Rents	£587	£702	£855	£1,015
% change	0%	20%	46%	73%
Number of listings	9,570	6,237	5,253	4,551
% change	0%	-35%	-45%	-52%

NRS provides a range of support towards households living in Glasgow's private housing sector including:

- Support and advice to people living in the private rented sector, private landlords and owner occupiers.
- Services to prevent families at risk of becoming homeless, sustain tenancies and deliver welfare rights advice.
- Grant funding towards improving private sector housing and delivering adaptations.

Adaptations

NRS provides funding to RSLs, private landlords and owner occupiers to adapt housing. Investing in the provision of adaptations is important and supports older people and disabled people to live independently, comfortably and safely in their home.

Information relating to adaptations is outlined in Table 22. The Covid-19 pandemic impacted on the number of households that received adaptations to their homes during 2020/21. Wheatley Homes Glasgow funded adaptations to their own housing during this period and this investment is also included in Table 23.

[13] Registers of Scotland
[14] City Lets

Table 22 – Summary of Adaptions Programmes in Glasgow between 2017/18 and 2021/22

Year	All Social Rent		Private Sector		All Adapts	Spend
	No. Adaptations	Spend	No. Adaptations	Spend		
2017-18	2,576	£4.645m	514	£1.998m	3,090	£6.643m
2018-19	2,683	£4.918m	500	£2.041m	3,183	£6.959m
2019-20	2,497	£4.436m	493	£2.043m	2,990	£6.479m
2020-21	994	£2.570m	262	£1.061m	1,256	£3.631m
2021-22	2,468	£5.551m	508	£2.115m	2,976	£7.666m
2017 to 222	11,218	£22.119m	2,277	£9.258m	13,495	£31.377m

Case Study – Glasgow's PRS (Housing and Welfare) Housing and Welfare Hub

GCC's Private Rented Sector Housing and Welfare Hub supported over 1,300 families (including 2,000 children) between March 2017 (when the service started) and March 2023. The service represents an innovative approach to tackling homelessness prevention, reducing poverty and delivering a range of interventions to improve the health and wellbeing of families living in Glasgow's private rented sector.

The hub collaborates with other partners to provide a person-centered approach to deliver a range of services. Through collaboration, the hub has been able to deliver the following housing, health and social care outcomes:

- Consistently achieved a homelessness prevention rate of 84% +.
- Delivered substantial cost avoidance savings through supporting families to avoid homelessness and removing the requirement for them to access temporary accommodation.
- Developing effective partnerships with HSCP staff, particularly frontline Social Workers and Health Visitors, who are concerned about vulnerable families and their risk of homelessness and living conditions.
- Engaging and negotiating with landlords to ensure tenancies are sustainable. This results in agreed rent arrears repayment arrangements to avoid eviction. Essential repair work to properties has also been carried out through this engagement.
- Working with charities and foodbanks to help families access clothes, furniture, clothes, toys, books and food.
- Referring families to mental health support services. This has avoided the need for any statutory intervention and allows the hub to regularly maintain contact with service users. Many families are grateful for someone to share problems with and have comfort knowing that they can re-engage should they have additional needs.

Private Rented Sector (PRS) Support Hub

This is a service that supports those living in poverty in the private rented sector to prevent homelessness. The team look at the holistic needs of those they are supporting with the aim of preventing crises from occurring.

Monika's Story

1. Monika's health visitor referred her to the team due to an extreme overcrowding concern. **Monika lives in a one-bedroom flat with 7 other family members** which is in very poor condition.
2. **Monika is still awaiting vital benefits for her children** which she applied for over a year and a half ago, meaning she is now moving further into fuel and food poverty. **With 6 children to feed and keep warm,** this is having a negative impact on Monika's mental health.
3. English is not Monika's first language which is proving to be a **barrier when engaging with necessary services, including applying for alternative suitable accommodation.** This is exacerbating the situation and is pushing her away from the support the family needs.
4. The home is **infested with mice and insects** and Monika is very concerned about the **impact this will have on her children's health.** She is trying to improve the poor condition of the home herself, but she's not able to treat the infestation without professional help.

1 in 5
of all PRS Hub cases have English as an Additional Language.



£514,216.85
Was the income generated for tenants supported by PRS Hub at year end March 2022.

What did PRS do to help Monika?

1. The team's Welfare Rights Officer did a full financial assessment and benefit calculation. She then pursued the delayed Best Start Grant and Scottish Child Payments. **An urgent referral for fuel advice was made, and food vouchers were delivered the same day.**
2. The PRS Hub's Senior Property Condition Officer liaised with the **landlord to address the poor condition of the property.** All repairs were completed within the agreed timescale which made the property much more comfortable to reside in.
3. Monika's mental health greatly improved due to the support she received from the PRS Hub Team. **She felt listened to** and **was very grateful** to have the opportunity to **express** these issues **using her first language.**
4. The PRS Hub liaised with local housing associations to maximise allocation points for the family. **This resulted in a priority housing need being recognised**, so Monika is in a much stronger position to secure housing which better suits her family's needs.

8. Strategic Challenges

NRS has worked with partners to consider and identify strategic challenges that relate to housing, health and social care in Glasgow. The challenges have been identified through the analysis of data and information that was received through engagement activity with partners.

8.1 Strategic Challenge 1 – Meeting the Housing, Health and Social Care Needs of Glasgow's Citizens

During the development of the HCS, NRS identified a range of challenges that relate to meeting the housing, health and social care needs of Glasgow's citizens. This challenge relates to meeting the existing and future housing needs of the following care groups and associated considerations:

- Older people.
- Children, young people and families.
- People that have learning disabilities.
- People that have physical disabilities.
- People that have poor mental health.
- People that experience domestic abuse.
- Meeting homelessness, health and social care requirements through the supply of available social housing.

<u>Older People</u>

The population of Glasgow aged 65 years and older is expected to increase by 22.3% between 2022 and 2032.[6] As a result, additional housing, health and social care resources are likely to be required to ensure that Glasgow's older population receives the right support and their housing needs are met.

Careful consideration is required to ensure that the housing needs of Glasgow's older population are met. If appropriate housing and social care is not provided then this could result in an increase in the number of people requiring treatment/care in hospital, in a care home or within their own home.

General needs housing meets the needs of most people that are aged 65 years or older. NRS and partners will continue to consider the design and future supply of housing for older people living in Glasgow. Partners highlighted the importance of continuing to assess, install and fund adaptations in housing across all tenures. Adaptations allow people to live in their homes and can prevent the need to move (either to another home or residential care) and deliver improvements to the health of households.

Developing new amenity housing or identifying existing housing that could be converted or remodelled would contribute towards meeting the needs of older people that are expected to live in Glasgow during the next 10 years. However, there is a need to ensure that this is planned carefully. The cost of developing amenity housing is higher than general needs housing and funding from GCC's AHSP and RSLs would be required to support increasing the supply. GCHSCP would also need to consider the provision of care services going forward.

Case Study – Housing Options for Older People Service in Glasgow

HOOP aims to help prevent the delayed discharge and hospital admission of older people with housing issues and contributes to the prevention of older people threatened with homelessness on leaving hospital. The service:

- Offers personalised housing advice to older people in hospital, in intermediate care and in the community, taking account of their individual circumstances, housing needs and personal choices; and
- Aims to expand the understanding of how housing 'works', for example, allocation policies/procedures and to help colleagues explore all accommodation options that may be available to people.

HOOP evolved from Glasgow's approach to Housing Options (which focused on the prevention of homelessness and tenancy sustainment) and is funded by the GCHSCP in response to the challenges the City is facing in delivering housing and servicers for older people.

The approach relies on a small specialist team that has developed close working relationships with Glasgow hospitals, social work services, healthcare professionals such as occupational therapists and RSLs. HOOP staff co-work with colleagues across these settings, as a conduit and connector and jointly create innovative pathways and options to help older people live independently in the community with the appropriate support for as long as possible.

During the Covid-19 pandemic, HOOP delivered key services to customers that enabled them to continue to live in the community and avoid a crisis or an admission to hospital.

The service also manages the voids of 11 Clustered Supported Living sites across Glasgow for HSCP. (Clustered Supported Living is designed to support elderly people on the cusp of care to remain within a community setting and as an alternative to care).

It has been clear from the outset that while Housing Options is an approach, HOOP has been a housing-focused resource that works with health and social work colleagues to generate positive housing options for older people. Between January 2016 (when the service was introduced) and March 2022:

- 3,426 referrals have been made to HOOP.
- 846 households have received offers of new accommodation.

Case Example – A customer had been in hospital for approximately one year and before being admitted had been homeless. The customer had a private let for several years and there had been no issues however, customer's mental health had declined, which resulted in them giving up the tenancy. Social Work were about to refer them to the casework team as they were fit for discharge and had nowhere to stay.

Social Work approached HOOP and a Housing Options interview was carried out. The customer was keen to return to the area where they stayed previously. HOOP contacted Queens Cross HA, explained that the customer was fit for discharge and they were quickly able to make him an offer of a retirement property. Queens Cross HA was able to link the customer in with their wellbeing service to ensure they were supported moving into their new tenancy including completing an application for the Scottish Welfare Fund to furnish it. As a result, the customer was able to move directly from hospital into their new property avoiding homelessness.

Children, Young People and Families

During the development of the HCS, partners identified challenges relating to meeting the housing, health and social care needs of children, young people and families in Glasgow.

Meeting the needs and improving access to suitable housing for young people moving on from residential children's houses and vulnerable young people (aged between 16 and 21 years old) who have been cared for by GCHSCP (at the time of their 16th birthday) are priorities for GCHSCP. GCHSCP is keen to develop and improve the response to meeting the needs of young people that they have a legal duty and responsibility towards. The needs of young people leaving care and progressing the initial steps from residential care are varied, considerable and require bespoke approaches for each young person.

Photograph 8 – Glenbarr Street (Spire View HA)[15]



[15] Photograph Copyright – Alexander Fraser Spire View HA

GCHSCP recognises that young people moving on from care require support from a range of services. Partnerships with RSLs are key to ensure positive links with the care setting are maintained and young people receive support to live in desirable communities that they are familiar with. Children and Families Services would like to continue to work with RSLs across Glasgow to explore methods of increasing access to social housing for young people leaving care in accordance with the established protocol. Supported tenancies are currently provided to young people leaving residential houses. However, there is a need for GCHSCP to expand this model to enable more young people to have the best opportunities and meet statutory commitments going forward. GCHSCP has identified the need for 1 bedroom properties to be provided by RSLs across the city. Housing may be required to be close to existing residential children's houses.

Children and Families Services have identified a gap in the provision of the support and accommodation offered to young parents that have experienced care. Young parents that have previously experienced care may not have the confidence or skills to manage a tenancy and support may be required. This includes providing access to suitable affordable housing (preferably 2 bedroom properties) with care/advice supplied when required. Intensive support may include providing information on/showing young parents how to meet the needs of their new baby, as well as managing their tenancy, paying their bills and keeping their home to a reasonable and safe standard.

NRS has analysed the demand and challenges associated with meeting the needs of families living in Glasgow. It is acknowledged that are difficulties in identifying suitable sites for increasing the supply of affordable family housing and the cost of construction is considerably higher than other house types in Glasgow. The turnover of existing family housing is also low. All these factors create challenges for tackling overcrowding, the pressures on household incomes and meeting the demand for family housing in Glasgow.

<u>People that have Learning Disabilities</u>

GCHSCP has identified meeting the housing and support needs of people with learning disabilities as a priority. The areas of priority need include:

- Young people in transition to adult services.
- Adults (under 65 years old) needing 'single service' accommodation (1 or 2 bedrooms) with support available as required.
- Individuals moving from long stay hospital (delayed discharge).
- Individuals within the autistic spectrum.

It is anticipated there will be a significant rise in the number of young people requiring high levels of support during the medium term and in most instances, these needs will not be easily met by mainstream housing (either social rented or owner occupied). Young people in transition from Children and Families to Adult Services are identified as having particular housing and support needs that cannot be met by either mainstream accommodation or by adapting mainstream accommodation. It is expected that accommodation will have to be specially designed to meet the needs of young people with a range of complex social, health/nursing needs and severe mobility problems.

Every effort is made by GCHSCP to locate accommodation and social care support close to family links, day services, educational and employment opportunities. GCHSCP has continued to work closely with RSLs, and in many cases, specialist and mainstream RSLs are able to provide housing that meets the needs of service users that have a learning or physical disability. However, it is recognised that fully adapted, barrier free housing necessitating new build and specifically designed housing is required for some households.

The cost of constructing housing that has a specification to meet the needs of people with learning disabilities is also higher than other house types and it can be more difficult to deliver within the required grant subsidy level and RSL private finance contribution. Examples of design requirements include specific house types, sufficient space, high levels of acoustic and personal privacy, garden space and other items such as technology. Whilst GCHSCP and RSLs have tried to assist some households through providing adaptations in their homes, further discussion is required to investigate potential opportunities to secure funding and develop housing through the AHSP that meets the needs of individuals with learning disabilities.

People that have Physical Disabilities

NRS and RSLs work in partnership to ensure that housing is built to good accessibility standards and meets the needs of current and future households. All new build affordable housing developments that include 20 or more homes must ensure that 10% are designed to wheelchair adaptable standard.

Increasing the supply of wheelchair accessible/adaptable housing assists in allowing people to be discharged from staying in hospital longer as delayed discharges, rehabilitation units avoids people moving unnecessarily to residential care both within and out with Glasgow. RSLs, GCHSCP and the third sector have advised that there can be issues in matching the supply of wheelchair adaptable/accessible housing with households that require this type of housing at the point of let.

It is also acknowledged that developing wheelchair adaptable housing is more expensive and requires additional funding from both GCC and RSLs to construct. The cost of developing new affordable housing in Glasgow has increased during recent years, which has created challenges for both NRS and RSLs to develop projects.

Photograph 9 – Glamis Road (Blackwood Homes and Care)[8]



Case Study – Blackwood Homes New Build Affordable Housing Development at Glamis Road

Blackwood (Homes and Care) provides a range of accessible and affordable homes that have been designed to meet the housing and care needs of people that have disabilities. During recent years, Blackwood Homes and Care has invested in installing innovative technology that is used to provide care and support people in their homes.

In partnership with GCC (NRS) and GCHSCP, Blackwood Homes and Care developed 24 x 2 bedroom flats adjacent to Glamis Road in the Parkhead area of Glasgow. The flats were designed based on the Blackwood House model and to the Glasgow Standard. All the flats are wheelchair adaptable/accessible.

The Blackwood House has been carefully designed to provide housing for people aged between 16 and 64 years that have complex care needs as a result of trauma, neurological or congenital conditions and mental health. All the flats have been designed to maximise and deliver flexible living and provide greater circulation space and are connected to the 'Clever Cogs' system, which allows tenants to control the technology and live independently. Clever Cogs also allows options for some types of support to be provided remotely. Tenants have access to Wi-Fi, which was fully integrated into the development. Blackwood Homes and Care's digital package provides tenants with training to improve skills and improve confidence in using the 'Clever Cogs' device.

The development completed in September 2020 and the total cost was £4.4m. GCC, in partnership with the Scottish Government, provided £2.0m of funding from the AHSP and Blackwood Homes and Care provided £2.4m towards the development from their own private finance.

People that have Poor Mental Health

GCHSCP continues to work towards 'shifting the balance of care' from hospital wards to community alternatives for people that require longer term mental health care and services. Demand for accommodation based mental health services in Glasgow outstrips supply and leads to extended stays for people in hospital settings and results in delayed discharges.

A range of community-based service models are required to meet the needs of service users including prevention and early intervention services to 24/7 accommodation-based specialist services. The main area of demand is for single person supported living service models with on-site staff support. GCHSCP aims to increase the availability of this service model, which will deliver compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on wellbeing.

RSLs and the PRS Housing and Welfare Hub have experienced an increase in the number of households experiencing poor mental health and the associated impacts. Both GCHSCP and RSLs have reported that there has been an increase in the number of people that experiencing issues relating to hoarding, particularly since the Covid-19 pandemic. GCHSCP is currently working with RSLs and Scottish Fire and Rescue to revise the Hoarding Protocol and establish monitoring procedures.

RSLs also highlighted:

- Concerns regarding to the increased pressures relating to supporting tenants experiencing health and social care issues and the impacts these can have on tenancy sustainment.
- Issues relating to the increased work required to support tenants with health and social care issues and 'role creep'.

People that experience domestic abuse.

The Chartered Institute of Housing, in partnership with Women's Aid and the Domestic Abuse Housing Alliance has developed the Make a Stand Pledge and asked RSLs to undertake four key commitments. "Millions of people experience domestic abuse every year and two women are killed by their partner or ex-partner every week."[16] Due to the level of service provided by RSLs in Glasgow to circa. 110,000 households, there are opportunities to support people affected by domestic abuse.

Domestic abuse has impacts on the mental, emotional, physical, social and financial wellbeing of the individual survivor and family members. There are also housing impacts for the household, and this is shown in recent data supplied by GCHSCP, which shows that during 2022/23, 479 households presented to Homelessness Services because of a violent/abusive dispute within their household.[10]

Meeting homelessness, health and social care requirements through with the supply of available social housing

People that are being supported and receiving care from various GCHSCP Services require access to social housing in Glasgow. There is demand for social housing across the city and RSLs have to manage both waiting and internal transfer lists. Protocols such as Section 5 referral, Housing

[16] Chartered Institute of Housing

Solutions and Adaptations and Young Person Leaving Care all depend on RSLs providing tenancies for people that have a range of housing needs.

RSLs significantly contributed towards meeting the needs of homeless households and other care groups during the Covid-19 pandemic. GCHSCP has asked for support from all RSLs operating in Glasgow to continue and provide 60% of their total lets during 2023/24 to meet the needs of homeless households through the section 5 process. Further information relating to the challenges relating to preventing and responding to homelessness is outlined in Section 8.2.

RSLs and GCHSCP Services have identified that there is significant demand for social rented housing and there are challenges in relation to meeting the needs of existing tenants, people on waiting lists and referrals from GCHSCP Services through the various established pathways.

8.2 Strategic Challenge 2 – Preventing and Responding to Homelessness

GCHSCP continues to face challenges in preventing and alleviating homelessness, particularly in relation to:

- Responding to the housing needs of homeless households.
- Preventing homelessness.
- Health and homelessness.
- Having access to a sufficient supply of temporary accommodation.

<u>Responding to the Housing Needs of Homelessness Households</u>

As shown in Figure 2, the number of homeless presentations increased by 29% when comparing data relating to 2017/18 and 2022/23. There were 5,311 homeless households that had a live application with GCHSCP. Data relating to the reasons why households became homeless is outlined in Figure 3.

Figure 2 – Homeless Presentations in Glasgow[10]

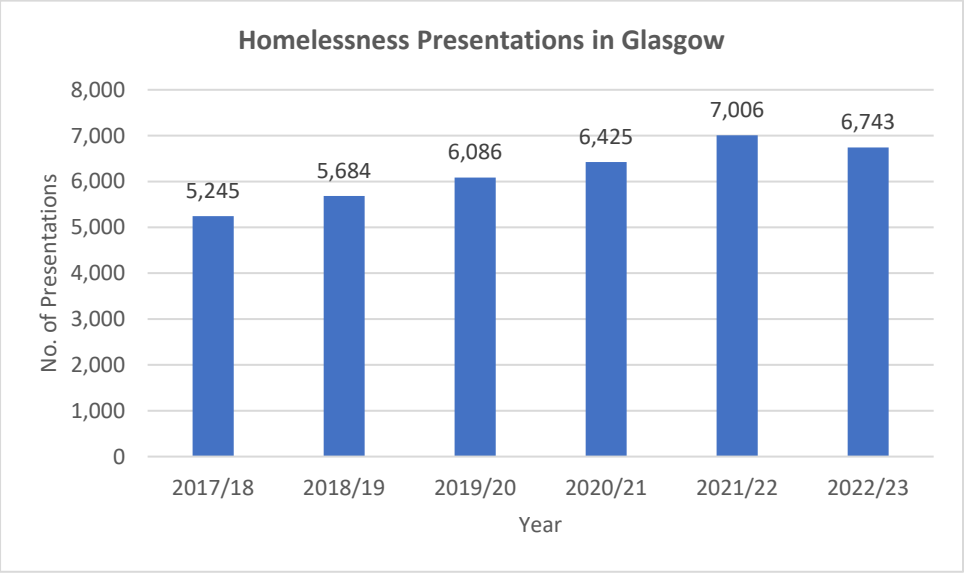
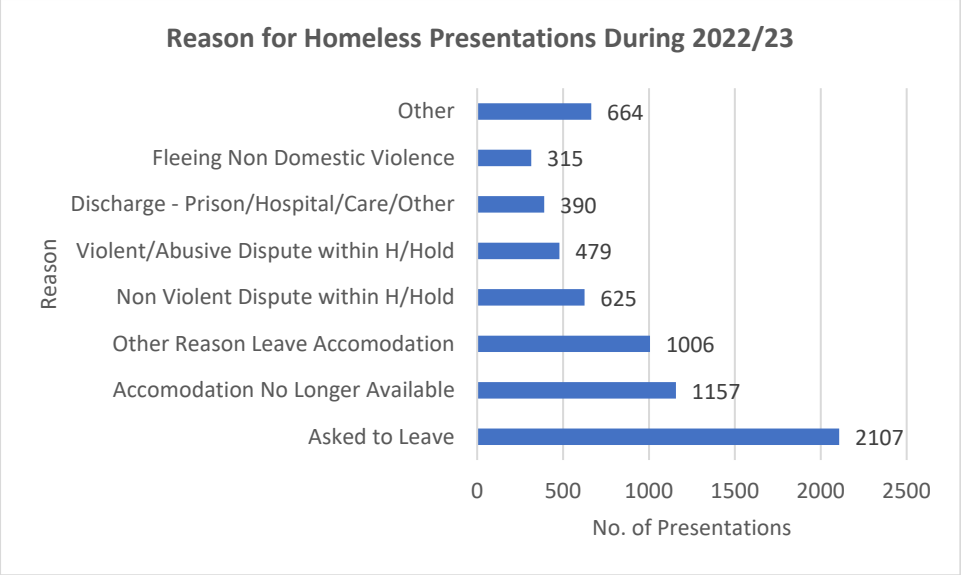


Figure 3 – Reasons for Homeless Presentations 2022/23[10]



Glasgow is experiencing a range of significant housing and homeless pressures. The pressures relate to:

- A reduction in available lets across both the social rented and private rented sectors due to less households moving home
- Longer void periods due to issues with supply chains within the construction sector and utility providers.
- The introduction of changes to the Unsuitable Accommodation Order and the abolishment of the local connection requirement for homeless households. Whilst it is difficult to forecast the actual extent of any impact, it is likely that Glasgow will experience a disproportionate increase in homeless applications due to the metropolitan nature of the Local Authority area.
- Issues relating to affordability, which have become more significant because of high inflation and the cost-of-living crisis.
- Welcoming and supporting refugee households in Glasgow. Whilst Glasgow has previously participated in various refugee resettlement schemes and been a dispersal area for people seeking asylum since 2000, there has been an increase in the number of refugee households requiring access to support and housing from GCHSCP.

Homelessness Services are facing major financial challenges as a consequence of continued high demand for services and resultant high use of emergency accommodation and inflationary pressures. There were 750 households accommodated in emergency accommodation as of May 2023. As part of the public health response to the Covid-19 pandemic, there was a rapid expansion and increased use of bed and breakfast accommodation. Funding was provided by the Scottish Government during the pandemic until 2022/23 and this is no longer available. There are also associated cost increases in managing temporary accommodation across the city.

Despite the various support measures being implemented by national and local governments. The cost-of-living crisis has also impacted on the number of homeless households seeking support from GCHSCP.

In Glasgow, the majority of homeless applications continue to be from single person households. As of April 2023, there were 1,875 households who required access to a 1 or 2 apartment property. A proportion of RSLs do not allocate housing to households that would under occupy. In some areas of the city there is an insufficient supply of 1 bedroom (2 apartment) properties available. This can increase the time taken for RSLs to offer housing to homeless households particularly in certain areas of Glasgow.

Families that become homeless spend long periods of time living in temporary accommodation. This is due to the low turnover of family housing (particularly housing with 4 bedrooms +) and the demand from families that are:

- Homeless.
- On RSL waiting lists.
- Overcrowding.
- At risk of becoming homeless.

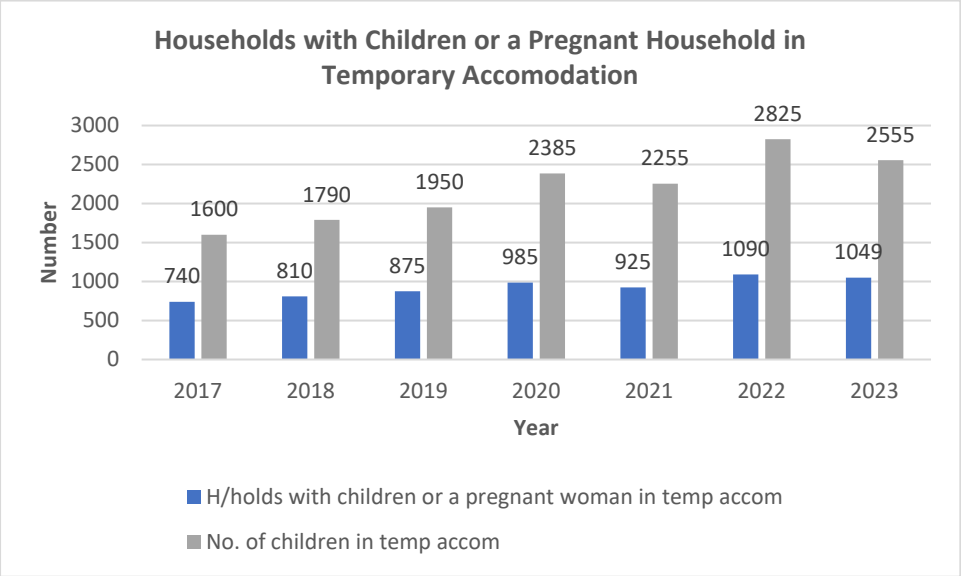
Data relating to the number of children and pregnant household that lived in temporary accommodation between 2017 and 2023 is outlined in Figure 4. As of March 2023:

- There were 1,049 households (20% of households living in temporary accommodation) that lived in temporary accommodation and had a child/children or a household that was pregnant.
- There were 436 households that had 3 or more children living in temporary accommodation

When comparing the datasets for 2017 and 2023:

- The number of households living in temporary accommodation that included a pregnant household or a child/children increased by 42% (309 households).
- The number of children living temporary accommodation increased by 60% (955 children) when data for both years is compared.

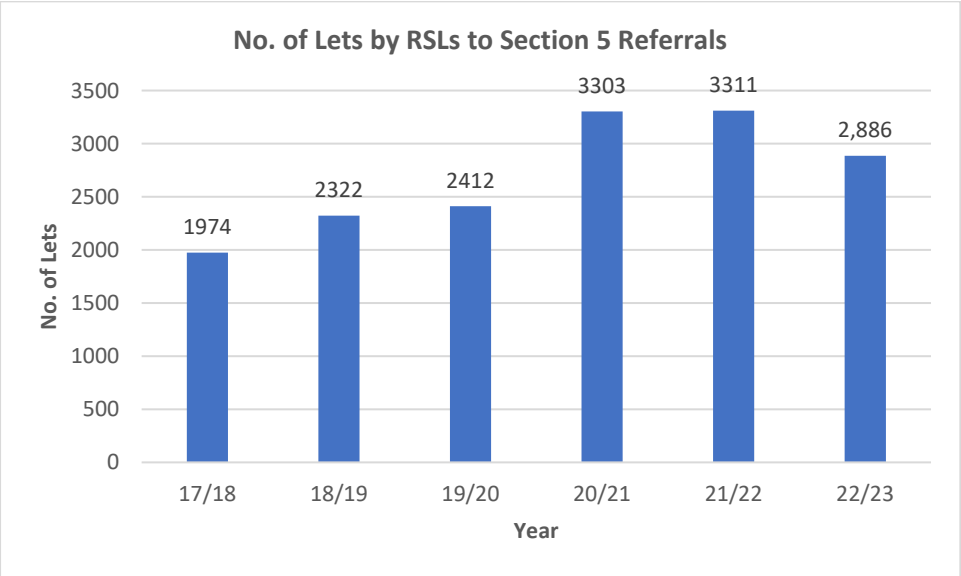
Figure 4 – Households with Children or a Pregnant Household that Lived in Temporary Accommodation[10]



A summary of the number of lets by RSLs to households referred through the Section 5 process is outlined in Figure 5. During the previous three years, RSLs have provided 9,500 lets to homeless households through the Section 5 process. The total lets provided by RSLs through the Section 5

process during 2022/23 was being verified at the time of writing the HCS. However, the total number of lets by RSLs during 2022/23 is expected to be lower at circa. 2,886 lets than the previous two years.

Figure 5 – Number of RSLs Section 5 Referral Lets Between 2017/18 and 2022/23[10]

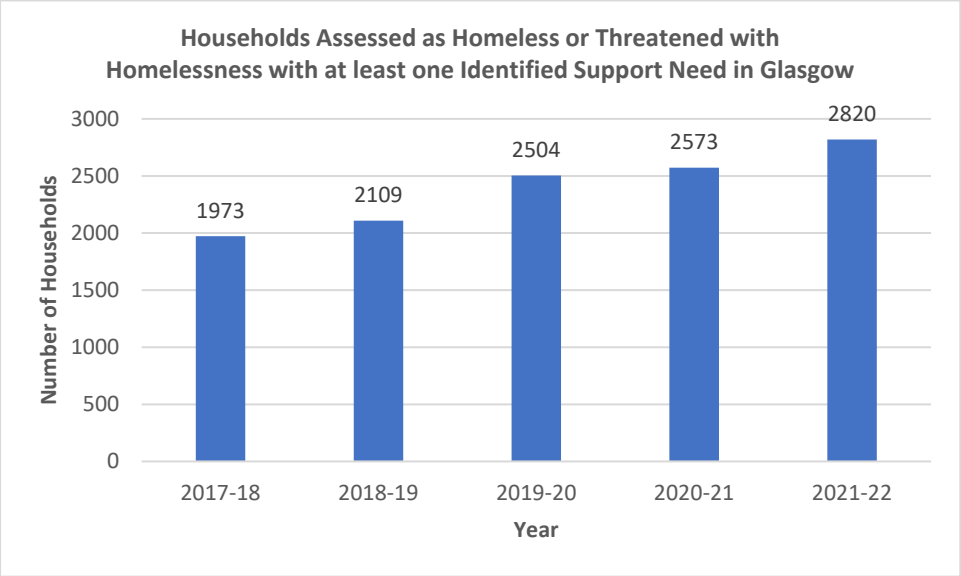


In December 2022, NRS engaged with RSL partners to consider any trends in tenancy management and allocations from April 2022. Various RSLs indicated that the turnover of properties during 2022/23 would be lower than previous years. Factors influencing this trend include less tenants moving due to the cost-of living crisis as well as the successful impact of tenancy sustainment measures. The reduction in available lets has had an impacted on the availability of properties for homeless households.

Despite the challenge, strong joint working continues between GCHSCP, RSLs and NRS. GCHSCP has set out a case to RSLs to secure approximately 60% of lets for 2023/24 (or circa. 4,500 lets of all available social housing). Continued close working between partners will be required to ensure that the number of households experiencing homelessness and the time people spend living in emergency/temporary accommodation is reduced.

Figure 6 outlines data that relates to the number of households assessed as homeless or threatened with homelessness with at least one identified support need in Glasgow between 2017/18 and 2021/22. The number of households assessed as either homeless or threatened with homelessness with an identified support need increased by 42.9% (847 households) when data for 2017/18 and 2021/22 is compared.

Figure 6 – Households Assessed as Homeless or Threatened with Homelessness with at least one Identified Support Need in Glasgow Error! Bookmark not defined.



Glasgow's RRTP identified prison leavers as a key priority group. Prison leavers are more likely to experience repeat homelessness, lose contact after the initial homelessness assessment, and less likely to have a settled housing outcome of a Scottish Secure Tenancy with a Registered Social Landlord. GCHSCP has a Prison Casework Team located in HMP Barlinnie that works with people leaving prison to determine their housing needs. Glasgow's Housing First Service works with homeless people with complex support needs, which includes people with experience of living in institutions, including care homes, secure hospitals and prison.

Partners across the city have worked together to ensure that refugees and asylum seekers are able to access housing, health and social care services. The majority of refugee households that are homeless (on average 75%) access social housing in Glasgow through the Section 5 referral process. Due to the ongoing conflicts that currently taking place internationally, it is likely that Glasgow will continue to provide housing and support to refugees going forward. There will be challenges for GCHSCP and partners to ensure that Glasgow is adequately resourced to continue to support people seeking asylum and refuge from war and persecution.

The challenges in meeting the housing needs of homeless households relate to:

- Improving access to affordable housing in the city for households that are homeless. At present. there are pressures that relate to availability of housing in the social rented sector, particularly family housing.
- Increasing the supply of affordable housing that exists in the city (both through developing new and acquiring existing homes). It can be difficult to deliver new affordable housing at the AHSP grant benchmark and within the required private finance contribution from RSLs.
- Working within the allocation policies of RSLs to meet the needs of homeless households.
- Reducing the use of emergency accommodation. This is a key priority for GCHSCP including an aim to end the use of the bed and breakfast accommodation during the next 3 years
- Strengthening the housing led approach to the resettlement of homeless households and on mitigating the likely social and economic impact of the public health emergency and cost of living crisis. Whilst the original RRTP principles remain, the impact of the Covid-19 pandemic, cost of living crisis and response to the crisis in Ukraine have had a significant influence on Glasgow's ability to deliver previous objectives.

Prevention of Homelessness

Glasgow's RRTP identified a need to shift public resources towards prevention, access to housing and housing sustainment and away from accommodating households for extended periods in temporary accommodation. Tenancy sustainment activity (both in the social and private rented sectors) is also key to supporting the prevention of homelessness in Glasgow.

Good progress has been made in enhancing access to prevention services for homeless households in Glasgow. Data shows that the average cost of private rents across the city has increased by 73% between 2011 and 2022. Glasgow's Private Rented Sector Housing and Welfare Hub continues to support families that are at significant risk of becoming homelessness and the model is a successful example of prevention activity. However, demand and the need to support families continues to increase and the service requires longer term funding going forward. Due to the type of housing stock that exists in Glasgow and the low turnover/availability of large housing, families that become homeless are faced with lengthy stays in temporary accommodation. This highlights the importance of preventing families from becoming homeless.

Photograph 10 – Commonwealth Games Village[8]



The key challenge relating to preventing homelessness in Glasgow is funding the upscaling of resources to deliver the required services. Whilst GCHSCP has increased resources towards undertaking services that focus on preventing homelessness, it is recognised additional long-term funding is required to increase support to households going forward. Preventing homelessness will remain a key response as the city manages the increased demand for social housing and supports households severely impacted by the cost-of-living crisis. RSLs have also highlighted that there has been an increase in the requirement for staff to support tenants with the appropriate measures to maintain their tenancy.

Health and Homelessness

As outlined in Glasgow's RRTP, there is an interdependent relationship between ill-health and homelessness presentations. Around one in five service users (18%) have multiple or complex needs and require in-depth support.

Data outlined in Glasgow's RRTP shows that:

- 16% of homeless households had poor mental health.
- 16% homeless households had a drug/alcohol dependency.
- 8% homeless households had a physical disability.

Health inequalities are likely to exist between people that have experienced homelessness and those who have not. Homelessness Services will be required to meet the needs of an ageing population, which is forecast to increase during the medium term. This challenge will be particularly acute with older people that have health issues including complex needs. A key aspect of enabling homeless people to successfully sustain settled housing is the focus on delivering flexible, tailored support to meet their health, care and housing needs. Sufficient funding will be required to ensure services such as Housing First can continue and expand to meet demand from various care groups. Homelessness Services advised NRS that there is need to ensure that funding continues to be provided towards adapting properties so that homeless households can access housing that meets their health needs. This includes continuing to develop new wheelchair adaptable homes.

Case Study – Glasgow's Housing First Programme

Housing First provides permanent, mainstream accommodation as the first response for people experiencing homelessness who have multiple and complex needs including experiences of trauma, mental health problems and addiction. It is a simple but radically different approach to tackling homelessness. The approach allows people to be rapidly rehoused with a tenancy and bespoke outreach support package available, which includes:

- Helping the person adjust and settle into their home and their community.
- Assisting and enabling day to day tasks.
- Help with money management.
- Help with appointments and linking with the recovery network and other community activities.

This support helps ensure the person is in a better position to:

- Sustain a permanent tenancy.
- Access community support, health care and social benefits.

Up until July 2022, a total of 264 Housing First tenancies have been provided by RSLs in Glasgow.

Case Scenario – The Housing First team assisted a gentleman that had a history of drug and alcohol related health issues and previously lost his RSL tenancy due to anti-social behaviour. As a result, the gentleman became homeless and slept rough before being admitted to the Glasgow Drug Crisis Centre for a detox. He responded well to the support provided and developed good relationships with health services. Following this support, he moved on from the supported accommodation, which caused significant anxiety and worry.

The gentleman was referred to the Housing First Service and was allocated a tenancy with a RSL in the City. He was introduced to Housing First staff and was supported to manage his anxiety and health related issues. Multiple services worked together to support the gentleman and he has managed to integrate into the local community where he stays.

Throughout his journey, the gentleman expressed a fondness for animals and he began to volunteer and work with the Dogs Trust. This opportunity was supported by his Housing First support worker and he continues to volunteer. Through the support provided, he has improved his confidence and health and continues to live in his home.

<u>Having Access to a Sufficient Supply of Temporary Accommodation</u>

Glasgow's RRTP outlines that the length of time spent in temporary accommodation is one of the biggest negative factors reported by homeless people transitioning to settled housing. As of March 2023, the average stay in temporary accommodation was 41 weeks.

Decreasing the time in temporary accommodation reduces the impact on people's health and wellbeing. It is therefore imperative that rapid rehousing in Glasgow substantially reduces the length of time spent by homeless households in temporary accommodation by accelerating the time taken to access settled housing.

GCHSCP has developed a Temporary Accommodation Strategy. The Temporary Accommodation Strategy is aligned to the RRTP objectives and sets out how GCHSCP will work with the Alliance to End Homelessness to reduce the use of emergency accommodation and ensure that provision is aligned to the needs of homeless households. Given the scale of the challenges and the service redesign involved in the delivery of the Temporary Accommodation Strategy, it is envisaged that delivery will be during the next 5 years. The Temporary Accommodation Strategy sets out to end the use of bed and breakfast accommodation over three years.

A key consideration and challenge for GCHSCP is ensuring that there is sufficient temporary accommodation for homeless households in Glasgow going forward. This will assist in reducing the use of emergency (bed and breakfast) accommodation. As previously outlined, working with partners to identify housing and support that will result in homeless households spending less time living in temporary accommodation is a key objective.

8.3 Strategic Challenge 3 – Tackling Deprivation and the Cost-of-Living Crisis

Living in poverty is one of the main causes of poor health and contributes towards the inequalities that exist in communities across Glasgow. The demand for housing, increase in the cost of housing and in work poverty are all areas that contribute towards the levels of deprivation that exist in Glasgow. It is recognised that the cost of housing has increased in the city, particularly in the private rented sector.

The cost-of-living crisis and increase in inflation has and will contribute towards creating challenges for households that are living in poverty. The energy price cap has continued to significantly increase since October 2021, which has contributed towards higher inflation and create affordability challenges for many households living in Glasgow. Data shows that 25% of Glasgow's population experienced fuel poverty during 2019/20, however, this is likely to have increased since the energy price cap rise.[6]

Households that are unable to afford to effectively heat their home may develop poorer health due to living in colder/damp conditions. Issues relating to dampness, mould and condensation in housing can impact on people's health and wellbeing and the condition of their property. GCC, GCHSCP and partners are working to investigate reported problems relating to dampness, mould and condensation in Glasgow's housing stock and resolve such issues. Partners are engaging with tenants to provide the appropriate support and action, which helps reduce such issues in their homes and improves their living conditions.

NRS discussed services that support households living in Glasgow with RSLs. Such services delivered by RSLs included measures associated with supporting households with access to foodbanks or food pantries. Due to the cost-of-living crisis that is households living in the city are experiencing, there is a range of concerns that relate to the impact on households being able to afford to pay for food, heating, housing costs (such as rent) and other essential items. There is potential that the cost-of-living crisis could impact on both physical and mental health of households.

Case Study – Glasgow Helps

Glasgow Helps is a confidential service set up to work directly with the people of Glasgow. The service offers free support, information and advice for citizens on a wide range of issues and aims to connect citizens to the right support, at the right time, in the right place. Glasgow Helps engages in holistic person-centred conversations with the aim of creating a joint understanding of the issues that matter most to citizens, before agreeing the best way forward. These discussions identify and secure agreed support pathways and referrals with touch points built into the customer journey to case-manage outcomes and help citizens achieve their aspirations. The aim is to provide immediate assistance but also work alongside the citizen to build their resilience long term.

Glasgow Helps can be contacted to seek support on a range of issues including:

- Food Support
- Employability
- Mental and Physical Health
- Fuel Support
- Local activities and classes
- Housing issues

Whether citizens require general advice or information about the support available in their community, or help with things like food and fuel, Glasgow Helps places the citizen right at the heart of the service. By working with partners from across the city we can improve outcomes and provide that assistance that can make the difference. Further information relating to Glasgow Helps can be accessed here.

The effects of child poverty can have a lasting impact on health and wellbeing of people throughout their lives. It is estimated that a three-year-old living in a household with an income below £10,000 is two and a half times more likely to suffer chronic illness than a child living in a household with an income above £52,000. There are also strong links between child poverty and poor mental health with studies from the Joseph Rountree Foundation and Audit Scotland highlighting that children living in a low-income household are almost three times more likely to suffer from poor mental health than children from more affluent households.

NRS, GCHSCP and RSLs will continue to work together to address the housing and health challenges that exist in relation to deprivation and ensure access to good quality, affordable, warm, safe housing that meets the needs of Glasgow's citizens.

8.4 Strategic Challenge 4 – Recovering from the Covid-19 Pandemic

It is still very early to say with certainty what the lasting effect of the Covid-19 pandemic will be on health and social care within Glasgow. However, GCHSCP has identified that:

- Disabled people faced greater ill-health and higher mortality rates related to Covid-19 and were more likely to be socially and digitally excluded during the pandemic.
- There has been an increase in children, young people and their families experiencing mental health and emotional wellbeing issues. During the pandemic, children waited longer than adults to start mental health treatment across Greater Glasgow and Clyde.
- There was an exacerbation of existing inequalities and issues within the city.
- Increased isolation and (digital) exclusion were caused by the requirement to close, reduce or alter services.
- Mortality rates amongst those living in the most deprived 20% data zones were more than double those living in the least deprived areas.
- There were higher mortality rates among black and minority ethnic groups.

GCHSCP is also trying to understand elements of the changes made to services that are working well and should be retained and which are not working so well and should be reversed or modified when it is appropriate to do so.

The pandemic has impacted on the number of people that require:

- Care and support from GCHSCP services.
- Access to social housing.

There are funding pressures during a time when demand for services and support has and continues to increase. The construction sector has also experienced significant challenges both during and the recovery period of the pandemic. Such challenges relate to an increase in the cost of materials and labour, which NRS continues to monitor through regular engagement with developing RSLs, and delays to the delivery of projects. It is important that partners continue to work together to ensure that the existing services and networks provided by the housing, health and social care sectors are utilised whilst Glasgow continues to recover from the Covid-19 pandemic including the associated impacts.

GCHSCP is working to try and reduce the number of people that are awaiting treatment and access to care. GCHSCP and RSLs have highlighted concerns in relation to the increase in demand from people to access services associated with housing, homelessness, mental health, children and families and complex needs since the Covid-19 pandemic.

Photograph 11 – Laurieston 1C (New Gorbals HA)[8]



8.5 Strategic Challenge 5 – Meeting the Housing, Health and Social Care Needs of Asylum Seekers and Refugees Living in Glasgow

Glasgow City Council, GCHSCP and a range of partners including Mears and RSLs provide a range of housing, health and social care services to support asylum seekers and refugees living in Glasgow.

As previously outlined, there has been an increase in the demand for housing across Glasgow. Mears work closely with GCHSCP and GCC and other partners to ensure that the housing health and social care needs of asylum seekers are met in a co-ordinated and managed way.

Most people that receive leave to remain (refugee) status access support from Homelessness Services in Glasgow. RSLs provide housing to refugees through the Section 5 referral process and there has been increase in the number of families that require access to social housing.

NRS is working with RSLs to access funding through the Scottish Government's Ukraine Longer Term Resettlement Fund. The fund was established to allow RSLs to apply for grant that could be used to undertake works to void properties that met the Scottish Government's criteria and be improved to a lettable standard for Ukraine Displaced Persons. There is potential for at least 231 RSL properties to be improved and let to Ukraine Displaced Persons through the funding support from the Scottish Government. RSLs are continuing to explore other potential projects that could be submitted to the Scottish Government for consideration as part of the fund.

There are strong partnerships in place across the city, however, due to on-going conflicts occurring across the world, there is a need to increase resources and access to housing for asylum seekers and refugees living in Glasgow going forward.

8.6 Strategic Challenge 6 – The Proposed Implementation of a National Care Service in Scotland

The purpose of the National Care Service (Scotland) Bill, which was published by the Scottish Government during June 2022, is to improve the quality and consistency of social services in Scotland. The Bill sets out principles for the National Care Service and also states that it is the duty of the Scottish Ministers to promote a care service designed to secure improvement in the wellbeing of the people of Scotland.

Scottish Ministers would have the power to establish and abolish bodies to be known as local or special care boards, which can be given legal responsibilities to provide services to individuals. The National Care Service would therefore not be a single legal entity but an umbrella term encompassing the care boards and the Scottish Ministers insofar as they are acting under powers or duties they would have because of the Bill. Local care boards would have responsibility for geographical areas and together will cover the whole of Scotland.

The Bill does not include the Housing (Scotland) Acts of 1987, 2001 or 2006, which are included in the functions which can be delegated to Integration Authorities on a voluntary basis under the Public Bodies (Joint Working) (Scotland) Act 2014. Functions in relation to homelessness are considered to fit more appropriately with housing functions rather than be incorporated within the Bill. However, it is recognised that the National Care Service would need to work closely with housing and homelessness services to ensure people's needs are met. It is expected that the National Care Service would be involved in joined up planning to tackle homelessness and will be subject to the shared prevention duty that the Scottish Government is committed to develop under the Ending

NRS, GCHSCP and RSLs will work closely to ensure that services meet the strategic health and social care priorities of Glasgow and Scotland as the proposed implementation of the National Care Service is be considered and progresses.

Homelessness Together Action Plan.

8.7 Strategic Challenge 7 – The Provision of Funding and Resources to Meet the Housing, Health and Social Care Needs of Glasgow's Citizens

An overarching challenge is the ability of GCC, GCHSCP and RSLs to provide the required financial and staff resources to meet the housing, health and social care needs of Glasgow's citizens during the next three years. A range of challenges outlined in the HCS relate to the increasing demand from Glasgow's population for housing, health, care and support services.

There has been a considerable increase in the:

- Demand for social housing (both from people applying for housing and who are being supported/receiving a service from GCHSCP).
- Number of people requiring and likely to require support and care in the future from GCHSCP.
- Cost of developing new affordable housing in the city due to a range of factors (including the price of labour, materials, delays to construction programmes and inflation). Due to the design requirements, the cost of developing particular needs and family housing is higher.
- Role of RSL staff in delivering tenancy sustainment and welfare rights support to tenants that have health and social care needs and are at risk of becoming homeless.
- Need to expand services to ensure households receive support and to address the deprivation and poverty that exists in communities across Glasgow. This is being carried out through a range of services.
- Number of families that require assistance from the PRS (Housing and Welfare) Hub that is delivered by NRS.

To address the challenges outlined in this section and to support the housing sector's contribution, additional funding and/or resources will be required to meet the health and social care needs of Glasgow's citizens going forward.

9. The Integration Joint Board Strategic Plan for Health and Social Care: Partnership Priorities

9.1 The Integration Joint Board Strategic Plan for Health and Social Care: Partnership Priorities

NRS has considered the six priorities that are outlined in the IJB Strategic Plan for Health and Social Care during the development of the HCS. The planned contribution from the housing sector towards meeting the health and social care priorities is outlined in Section 10.

Partnership Priority 1: Prevention, early intervention and well-being

GCHSCP is committed to working with a wide range of partners across the city to improve health and well-being and prevent ill-health and social isolation among the people of Glasgow wherever possible. This includes meeting the challenges of poverty and financial insecurity, increasing healthy life expectancy and reducing health inequalities. This will be done by supporting communities to shape and deliver services where they are needed most and where they will make most impact.

GCHSCP will continue to promote positive health and well-being through prevention and early intervention, and by promoting physical activity or other ways of building social connections, strength and resilience in communities. This is part of GCHSCP's commitment to fostering a healthy start to life for people and improving their physical, mental and emotional health. GCHSCP will seek to ensure people get the advice and support they need at the right time to maintain their independence and engage with services only when their preferred options have been exhausted.

Partnership Priority 2: Supporting greater self-determination and informed choice

GCSCP is committed to listening to what those who use services and their carers tell us about the lives they can and want to live. GCHSCP will support them to identify and understand the options available to them and empower them to actively participate in and take responsibility for decisions about how they will live their lives and achieve the outcomes they identify.

By working with people to identify and understand their needs and options, GCHSCP will support them to make informed decisions about the supports they choose to receive where it is safe and appropriate to do so.

Partnership Priority 3: Supporting people in their communities

GCHSCP will work together with partners and stakeholders, across all types of care, to provide the conditions required to enable people to remain living at home safely for as long as possible with the right support in place for them, and for their carers if they have them. GCHSCP will encourage, support and empower people to live healthy, independent, meaningful and more personally satisfying lives as active members of their community.

With partners, GCHSCP will continue the move away from traditional service models to services and supports that are closer to people. This doesn't mean living without any support at all – it's about living as independent a life as people can, making choices about the things that matter, to live as full a life as possible, with support when people need it. This will require ambition and innovation to develop community-based services that empower people to live independently with the right supports, in the right place at the right time.

Partnership Priority 4: Strengthening communities to reduce harm

GCHSCP will work in partnership with communities and other services to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately. GCHSCP accepts that not all risk can be avoided entirely and, in some cases, GCHSCP will be required to provide protective interventions to keep people safe and in order to meet the public protection responsibilities of the HSCP. However, risk of harm can be reduced through integrated and partnership working, and risk can be managed effectively through good public protection practice, shared learning and reflecting collectively to keep people safe. By developing stronger communities GCHSCP aims to reduce harm and safeguard and protect vulnerable people and communities.

Photograph 12 – Former Ruchill Primary School (Wheatley Homes Glasgow)[8]



Priority 5: A healthy, valued and supported workforce

GCHSCP will develop and retain a workforce that is suitably skilled, trained and supported to deliver the highest standard of service to the city's people. By having a workforce that feels engaged, valued and highly trained, GCHSCP can ensure that staff are ready to meet the challenges and opportunities of delivering health and social care services and are confident in the value placed on their own health and wellbeing. GCHSCP will identify the investments to overcome the recruitment and retention challenges facing the sector and ensure a flexible, supported, resilient and sustainable workforce that can adapt to changing demands and opportunities placed on the service.

Priority 6: Building a sustainable future

GCHSCP will work with partners to meet the challenge of delivering a sustainable model of health and social care within a challenging environment, characterised by financial constraints, increasing demand and recruitment and retention challenges. GCHSCP will be ambitious, but also realistic when planning services with partners to ensure we do not over-promise and under-deliver, and to ensure the health and social care system is sustainable, even if that means sometimes having to acknowledge that there will be things GCHSCP will be unable to do. At all times, GCHSCP will seek to use resources effectively, including finances, workforce and other resources to achieve value for money and ensure a strong and reliable health and social care services. Not just now, but for future generations too.

10. Housing's Contribution

10.1 Housing's Contribution

This section of the HCS outlines the contribution of the housing sector towards meeting the priorities that are outlined in IJB Strategic Plan for Health and Social Care. A summary of each contribution is provided and further details are outlined in Table 23.

Deliver Glasgow's Affordable Housing Supply Programme

IJB Strategic Plan for Health and Social Care – Priorities 1, 3, 4 and 6.

In line with the SHIP, NRS will continue to work with RSLs to develop new affordable housing across Glasgow. Increasing the supply of affordable housing will assist in meeting the health and social care needs of Glasgow's citizens. This includes the development of housing that will be designed to meet general and particular needs and assist in working towards reducing homelessness in the city. Increasing the supply of affordable housing will contribute towards reducing the effects of poverty through designing homes to a high energy efficient standard for social rent.

RSLs will continue to follow place making principles such as developing new homes within a 20-minute walk to key amenities such schools, retail, greenspace, leisure, health and public transport services. Large regeneration initiatives (such as the Transformational Regeneration Areas) will continue deliver health and wellbeing outcomes for communities through improving the physical built environment and associated infrastructure/services. NRS will continue to work closely with GCHSCP to identify opportunities for including health and social care facilities and services as part of housing led regeneration programmes.

Invest in Maintaining and Improving Existing Housing including Reducing the number of Long-Term Empty Homes

IJB Strategic Plan for Health and Social Care Partnership Priorities – 1, 2, 3, 4 and 6.

Investment programmes funded by NRS and RSLs that deliver improvements to housing across affordable and private sectors will continue during the period of the HCS. Key contributions include:

- Investing in affordable housing through RSL maintenance programmes.
- Working in partnership to improve the condition of pre-1919 tenement housing across all tenures.
- Improving the condition and energy efficiency of private sector housing through both the Private Sector Housing Grant and Area Based Scheme Programme.
- Develop research on improving the energy efficiency of Glasgow's housing across all tenures and stock types, including pre-1919 tenemental stock.
- Delivering Glasgow's Care and Repair Service.
- In line with the LHS, deliver the 10-point Empty Homes Action Plan and work towards bringing 1,800 empty properties back into use during 2023 to 2028.

Provide Funding and Deliver Adaptations to Housing

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4 and 6.

NRS, GCHSCP and RSLs will continue to work in partnership to fund and deliver adaptations to existing housing across Glasgow. This will support people to live in their homes and communities across all housing tenures.

Deliver Glasgow's Rapid Rehousing Transition Plan

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4 and 6.

GCHSCP, NRS, RSLs and support partners will continue to work towards delivering actions that meet the outcomes outlined in the RRTP. The actions are focussed towards:

- Preventing homelessness wherever it is possible to do so.
- Ensuring that all homeless households in Glasgow access settled housing quickly and effectively.
- Upscaling Housing First as the optimum model for homeless households with complex needs.
- Working with Alliance partners to reduce the scale of temporary accommodation in the city.
- Investing in resources to deliver person-centred housing support services.

Implement Glasgow's Digital Housing Strategy

IJB Strategic Plan for Health and Social Care – Priorities 1, 3, and 4.

Glasgow's Digital Housing Strategy outlines a range of actions that can contribute towards improving the delivery of positive health and social care outcomes. This includes the tackling digital exclusion, enhancing the use of technology and using data to inform and deliver improved services. NRS is working with RSLs and GCHSCP to progress actions that will contribute towards these outcomes.

Actions within the strategy that relate to housing, health and social care include:

- Developing a Online Common Housing Register for Glasgow.
- Exploring the potential of developing a Digital Housing Data Framework with RSL partners.
- Investigate the potential to implement technology that will improve the housing conditions. health of our citizens and deliver services including supporting independent living.
- Expand the provision of online housing services for all RSLs tenants.

Prepare Housing Research and Develop Policy

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4 and 6.

As part of GCC's role as the Strategic Housing Authority, NRS will continue to investigate challenges relating to improving access and the condition of housing in Glasgow. Research relating to housing, homelessness, health and social care will be undertaken as required in accordance with the Housing Strategy.

Provide Housing to People Engaging with Services Provided by Glasgow City Health and Social Care Partnership

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4 and 6.

RSLs will continue provide affordable housing and assist people that are engaging with services provided by GCHSCP. The services include:

- Homelessness.
- Children, Young People and Families.
- Older People.
- Adult Services (people with physical and learning disabilities).
- Mental Health.
- Complex Needs.
- Maximising Independence.

Provide Housing Options Advice

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4 and 6.

RSLs will continue to offer options advice to people that require advice and support in relation to their housing circumstances. Funded through the Integrated Care Fund, the Housing Options for Older People approach offers personalised housing advice for older people in hospital, intermediate care or in the community and assesses the individual circumstances, their housing and personal needs and choices.

Photograph 13 – Firhill Timber Basin (Queens Cross HA)[8]



Provide Housing and Support to Asylum Seekers and Refugees

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4 and 6.

GCHSCP, Mears, RSLs and NRS and other partners will continue to work together to ensure the housing, health and social care needs of asylum seekers and refugees living in Glasgow are met going forward.

Support People who Experience Domestic Abuse

IJB Strategic Plan for Health and Social Care – Priorities 1, 3, 4 and 5

The housing sector and GCHSCP provide an important role in supporting people experiencing domestic abuse. At the time of preparing the HCS, a total of 26 RSLs that operate in Glasgow have signed up to the Chartered Institute of Housing's Make a Stand pledge. Going forward, NRS will engage and encourage all RSLs that own housing stock in Glasgow to sign up to the pledge. GCHSCP will continue to implement the Domestic Abuse Strategy 2023 – 2028, which will also contribute towards providing the relevant support and services during the period of the HCS.

Provide Wider Role Services to Tenants and Communities

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, and 3.

As highlighted within the HCS, RSLs provide a range of important wider role services to tenants and members of the communities that they operate in. Key services included the provision of welfare rights advice and support to reduce the effects of food/fuel poverty and social isolation.

Ensure the Efficient and Effective Delivery of Housing, Health and Social Care Services

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4, 5 and 6.

GCHSCP, RSLs, NRS and partners will continue to work together to deliver services that meet the housing, health and social care needs of Glasgow's citizens. This will continue to ensure that partnerships are efficient and available resources (both funding and staff) are used effectively. Relevant funding opportunities will also be explored by partners. NRS will continue to facilitate the Housing, Health and Social Care Group.

Monitor and Respond to the Proposed Implementation of a National Care Service

IJB Strategic Plan for Health and Social Care – Priorities 1, 2, 3, 4 and 6.

GCHSCP will monitor and respond to the implementation of the National Care Service including any changes that affect the housing sector. Both NRS and RSLs will continue to work with GCHSCP towards the priorities outlined in the IJB Strategic Plan for Health and Social Care and as they emerge, the outcomes of the National Care Service. The role of the housing sector in the delivery of a National Care Service will be considered and established during this period.

Table 24 – Housing' Contribution Towards Meeting Priorities in the IJB Strategic Plan for Health and Social Care

ACTION	IJB STRATEGIC PLAN PRIORITIES	HCS STRATEGIC CHALLENGE	KEY PARTNERS	KEY ACTIVITIES	FUNDING AND COMMENT
Deliver Glasgow's Affordable Housing Supply Programme	1, 3, 4 and 6.	1, 2, 3, 4, 5 and 7.	NRS, RSLs and GCHSCP.	Increase the supply of general and particular needs housing.	AHSP and RSL finance. Estimated Resource Planning Assumption and RSL funding: 23/24 Total £195.426m (AHSP £103.638m RSLs £91.788m) 24/25 Total £196.110m (AHSP £104.001m RSLs £92.109m) 25/26 Total £199.359m (AHSP £105.724m RSLs £93.635m)
Invest in maintaining and improving existing housing including reducing the number of long-term empty homes	1, 2, 3, 4 and 6.	1, 2, 3, 5 and 7.	RSLs and NRS.	Invest in improving the condition and energy efficiency of existing housing. Work to bring empty properties back into use (a total of 1,800 empty properties between 2023 and 2028).	Estimated Funding: RSL Maintenance/Improvement Programmes – Unknown Private Sector Housing Grant (excluding adaptations and Care and Repair funding) - £5.802m per year (Total £7.802m) Area Based Scheme Programme - £6.000m per year (estimate) Care and Repair Service - £0.320m (£0.160m – NRS and £0.160m – GCHSCP) per year Empty Homes – Existing staff resources. Housing Advice – Existing staff resources (RSLs, NRS and GCHSCP).
Provide Funding and Deliver Adaptations to Housing	1, 2, 3, 4 and 6.	1 and 7.	NRS, GCHSCP and RSLs.	Fund and undertake adaptations to existing housing in line with need.	NRS Funding towards adaptations is estimated as follows: AHSP - £3.000m per year Private Sector Adaptations - £1.500m per year EquipU (Private Sector) - £0.500m per year
Deliver Glasgow's Rapid Rehousing Transition Plan	1, 2, 3, 4 and 6.	1, 2, 5 and 7.	GCHSCP and RSLs.	Deliver actions outlined in the RRTP.	RRTP funding for 2023/24 and future years to be confirmed.

Implement Glasgow's Digital Housing Strategy	1, 3 and 4.	1, 3, and 4.	NRS, RSLs and GCHSCP.	Implement the DHS Action Plan.	Funding to deliver actions outlined in the Digital Housing Strategy to be confirmed. RSLs are likely to fund specific actions and other finance could be sourced via other funding sources/projects.
Prepare Housing Research and Develop Policy	1, 2, 3, 4 and 6.	1, 2, 3, 4, 5 and 7.	NRS and RSLs.	Undertake research in relation to housing challenges relating to homelessness, health and social care.	Existing staff resources.
Provide Housing to People Engaging with Services Provided by Glasgow City Health and Social Care Partnership	1, 2, 3, 4 and 6.	1, 2, 3, 4, 5 and 7.	RSLs and GCHSCP.	Through existing partnerships and protocols, provide housing to people engaging with GCHSCP.	Existing resources, services and funding provision from RSLs and GCHSCP.
Provide Housing Options Advice	1, 2, 3, 4 and 6.	1, 2 and 5.	RSLs and GCHSCP.	RSLs and GSHCP provide Housing Options advice to people requiring support.	A range of partners (RSLs, GCHSCP Services and NRS) provide advice to people seeking support in relation to identifying their housing options in Glasgow. Funding for the PRS Housing and Welfare Hub and HOOP services is temporary and will be required to be secured from 2023/24 onwards (Estimated costs are circa. £0.500m per year).
Provide Housing and Support to Asylum Seekers and Refugees	1, 2, 3, 4 and 6.	1 and 5.	GCHSCP, Mears and RSLs.	Provide support relating to homelessness, health and social care and housing.	Mears provide housing for asylum seekers that live in Glasgow through the Asylum Accommodation and Support Services Contract. Existing resources provided by GCHSCP Services (Homelessness and Health) will continue to offer associated services. RSLs will also continue to offer housing and welfare advice to refugees living in Glasgow.

Support People who Experience Domestic Abuse	1, 3, 4 and 5	1	NRS, RSLs and GCHSCP.	Supporting people experiencing domestic abuse. Encourage RSLs to sign up to the Chartered Institute of Housing's Make a Stand pledge. Support the delivery of GCHSCP's Domestic Abuse Strategy.	Existing staff resources.
Provide Wider Role Services to Tenants and Communities	1, 2 and 3.	1, 3, 4, 5 and 7	RSLs.	Provide a range of services that reduce food and fuel poverty, deliver welfare rights advice and activities for communities that deliver health and wellbeing outcomes.	RSLs will continue to deliver wider role services to tenants and communities across Glasgow. These services will be funded through RSLs own finance/resources and third sector/charities.
Ensure the Efficient and Effective Delivery of Housing, Health and Social Care Services	1, 2, 3, 4, 5 and 6.	1, 2, 3, 4, 5 and 7.	GCHSCP, RSLs and NRS.	Maintain and improve existing partnerships that exist in Glasgow to deliver housing, health and social care services.	No additional costs confirmed at this stage. The contribution relates to sharing information and developing partnerships to improve services.
Monitor and Respond to the Proposed Implementation of a National Care Service	1, 2, 3, 4 and 6.	1 and 6.	GCHSCP.	Work with the Scottish Government to implement the National Care Service and changes outlined in legislation.	No additional resources required at this stage. Existing staff resources will be required to respond to legislative changes and the implementation of the National Care Service. The role of the housing sector in the service has to be identified.

Item No: 13

Meeting Date: **Wednesday 28 June 2023**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer**

Contact: **Duncan Goldie, Performance Planning Manager**

Phone: **07917 040856**

Annual Performance Report 2022/23

Purpose of Report:	To present and seek approval of the Annual Performance Report for the Health and Social Care Partnership for the year 2022/23.
Background/Engagement:	The IJB have previously agreed that an Annual Performance Report would be produced and presented to them each year. There have been six previous Annual Performance Reports, covering the financial years 2016/17 to 2021/22.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐
Recommendations:	The Integration Joint Board is asked to: a) approve the attached Annual Performance Report for 2022/23;

	b) note that some final year-end figures will be included once available; c) approve that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Chief Officer; and d) note that a glossy version and summary version will also be produced and published, as has been done previously.

Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan and reviews performance against agreed local and national performance indicators.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	HSCP activity and performance within the report is mapped against the Partnership's strategic priorities and the 9 National Health and Wellbeing Outcomes ensuring that performance management activity within the Partnership is outcomes focused.
Personnel:	Activity and Performance in relation to Human Resources is included in the report.
Carers:	Activity and Performance in relation to Carers is included in the report.
Provider Organisations:	None
Equalities:	An Equalities section is is included in the report.
Fairer Scotland Compliance:	Not applicable
Financial:	None
Legal:	This Annual Performance Report (APR) is required to be published within 4 months of the end of each reporting year (by 31 July) in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1 The purpose of this report is to present and seek approval of the Annual Performance Report (APR) for the Health and Social Care Partnership for 2022/23.

2. Background - Scottish Government Performance Guidance

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board 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 Annual Performance Report is required to be published within 4 months of the end of each reporting year (by 31 July).

2.2 Guidance on these Annual Performance reports was produced by the Scottish Government in March 2016 and has recently been reviewed. This indicates that APRs are for HSCPs to provide an assessment of performance in planning and carrying out the integrated functions for which they are responsible. It states that they are to be produced for the consideration of the Partnerships themselves and it is primarily their responsibility to act upon the information and recommendations within them. It also indicates that the reports should be made available online with consideration given to making them accessible to the public.

3. Recommendations

3.1 The Integration Joint Board is asked to:

a) approve the attached Annual Performance Report for 2022/23;
b) note that some final year-end figures will be included once available;
c) approve that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Chief Officer; and
d) note that a glossy version and summary version will also be produced and published, as has been done previously.

DRAFT ANNUAL PERFORMANCE REPORT 2022/23

Version 3

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FOREWORD

To Be Added

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 seventh report for the Glasgow City Integration Joint Board (IJB) and within it we look back upon the last year (2022/23). We consider progress in delivering the priorities set out in our Strategic Plan, with key service developments and achievements from the last twelve months highlighted.

Within this report, we also review our performance 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**).

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.

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 at April 2023, the Health and Social Care Partnership has a workforce of 11,366 Whole Time Equivalent (WTE) staff, made up of 6,373 WTE employed by Glasgow City Council and 4,993 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 143 GP practices providing general medical services to their practice populations. There are also 162 community pharmacies, 117 optometry practices and 159 dental practices which include 6 orthodontic practices.

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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 care of the population and includes further data on population and households, health, lifestyles, poverty and deprivation, in addition to the high-level information shown here. The profile also covers topics not included below such as social care, social health/capital, education or participation in learning/employment and crime/criminal justice. Additional information sources where further information can be found are listed in **Appendix A**.

Population

Glasgow has a population of 635,130. It is densely populated with 3,635 people per km^2 with the majority living in flats (67.8%). This is very different from the Scottish average of 70 people per km^2 with most people living in houses (65.8%). (NRS Small Area Population Estimates (SAPE) 2021; Scottish Household Survey 2019).

Glasgow is a diverse city. 77.5% of people living in Glasgow were born in the UK with the remaining 22.5% born outside the UK. This compares with 88.8% and 11.2% respectively for Scotland, which has less than half the Glasgow rate of those born outside the UK (NRS SAPE 2021 and Scottish Survey Core Questions (SSCQ) 2019).

88.5% of Glasgow's total population has a White ethnic background and 11.5% has a Black or Minority Ethnic (BME) background. The proportion of Glasgow local authority school pupils with a non-White ethnic background is 26.3% - more than double the BME percentage of the total population. By comparison, Scotland's overall population is 96.0% White and 4.0% BME, with 10.1% of local authority school pupils having a

non-White ethnic background (NRS SAPE 2021; Scotland's Census 2011; Scottish Government Pupil Census Supplementary Statistics 2022).

Projected Population

The overall population of Glasgow is expected to grow by 1.2% between 2023 and 2028, 2.3% between 2023 and 2033, and 4.1% between 2023 and 2043.

Within the overall increase between 2023 and 2033, the child population (0-17 years) of Glasgow is forecast to decrease by 5.6%. The adult (16-64 years) population is expected to increase by only 0.2% and the older people (65+) population is expected to increase by a far greater proportion of 22.5%.

Scotland's population is also expected to grow overall, by 0.8% between 2023 and 2028, by 1.2% between 2023 and 2033, and by 1.4% between 2023 and 2043.

Within this small overall increase between 2023 and 2033, are expected decreases in both the child and adult populations (7.3% and 2.3% respectively) and a large increase of 19.7% in the older people population (NRS Population Projections 2018).

Life Expectancy

The Life Expectancy (LE) and Healthy Life Expectancy (HLE) indicators shown below illustrate that on average, Glasgow people live fewer years in good health from birth and die younger than Scotland's people. In addition, the Life Expectancy and Healthy Life Expectancy of Glasgow males are shown to be lower than those of Glasgow 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 of age
- 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 of age
- 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 3.6 years, to 76.6 years of age
- A Glasgow female is expected to live to 78.0 years of age (LE) compared to a Scottish female who is expected to live a further 2.8 years, to 80.8 years of age

Glasgow has higher than average death rates for deaths attributable to many causes. This is demonstrated by the rate of deaths from all causes for people under 75, which is 651 per 100,000 population for Glasgow, 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

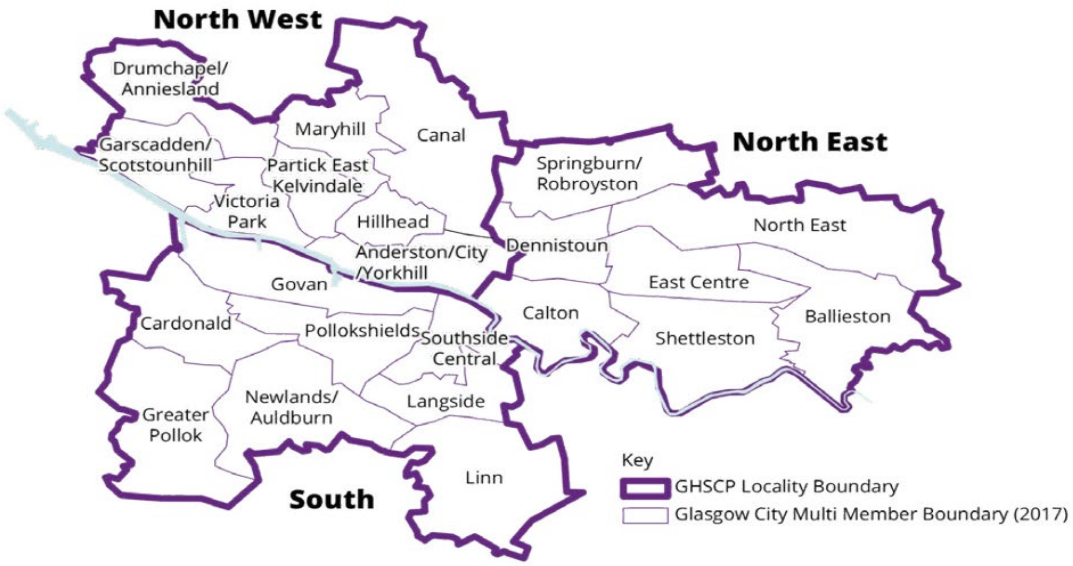
The following high level indicators illustrate some key aspects of the health of, or factors that may impact on the health of, Glasgow's people. More detailed information on these and other related indicators can be found in the Demographics Profile:

- 73.0% of Glasgow adults rated their health positively (NHSGGC Adult Health and Wellbeing Survey – Glasgow City 2017/18)

- 59.4% of Glasgow secondary school pupils rated their health positively (NHSGGC Schools Health and Wellbeing Survey – Glasgow City 2019/20)
- 10.5% of Glasgow adults said their health was bad/very bad, compared to 8.1% of Scottish adults (Scottish Survey Core Questions (SSCQ) 2019)
- 28.6% of Glasgow adults have a limiting condition or illness (NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18)
- 9.0% of Glasgow secondary school pupils have a limiting illness or disability (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 23.0% of Glasgow adults have common mental health problems, scoring 4+ on GHQ12a, compared to 19.0% of Scottish adults (Scottish Health Survey (SHeS) 2017 to 2021 exc. 2020)
- 30.0% of Glasgow secondary school pupils have a WEMWBS well-being score indicating probable depression (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 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 adults (SHeS 2016 to 2019)
- 30.0% of Glasgow adult males and 19.0% of Glasgow adult females are current smokers (NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18)
- 3.1% of Glasgow secondary school pupils are current smokers (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 27.0% of Glasgow adult males and 15.0% of Glasgow adult females have hazardous/harmful levels of alcohol consumption. Both percentages are lower than for Scotland overall (32.0% males, 16.0% females) (SHeS 2017 to 2021 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)
- 14.4% of Glasgow adults provide unpaid care to others (NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18)
- 87.0% of Glasgow households have home internet access – similar to the national average of 88.0% (Scottish Household Survey (SHS) 2019)
- 98.5% of Glasgow secondary school pupils have home internet access (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 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)
- 31.8% of Glasgow children aged 0-15 are living in relative low income families compared to 20.8% of Scotland's children (UK Gov Children in Low Income Families Statistics 2021/22 (provisional))

1.4 LOCALITIES

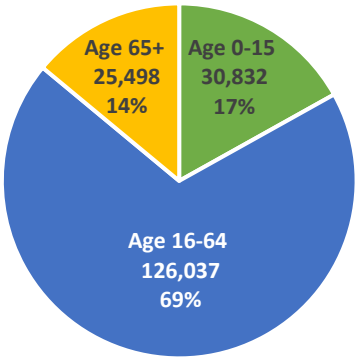
Glasgow is divided into three areas, known as localities, to support operational service delivery and to enable planning to be responsive to local needs. To ensure consistency in local service delivery with key partners, the Glasgow City Health and Social Care Partnership has adopted the same strategic 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 following wards:

- Calton
- Dennistoun
- Springburn/Robroyston
- East Centre
- North East
- Shettleston
- Baillieston

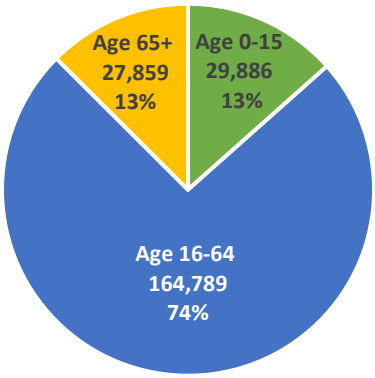
The total population of North East Glasgow is 182,367 people and a breakdown by age is shown on the pie chart.



North West Locality
North West Locality covers the following wards:

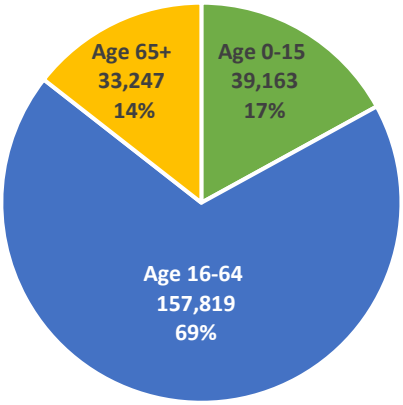
- Anderston/City/Yorkhill
- Hillhead
- Canal
- Maryhill
- Partick East/Kelvindale
- Victoria Park
- Garscadden/Scotstounhill
- Drumchapel/Anniesland

The total population of North West Glasgow is 222,534 people and a breakdown by age is shown on the pie chart.



South Locality
The South Locality covers the following wards:

- Greater Pollok
- Cardonald
- Govan
- Pollokshields
- Newlands/Auldburn
- Southside Central
- Langside
- Linn



The total population of South Glasgow is 230,229 people and a breakdown by age is shown on the pie chart above.

Locality Management Arrangements

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 health and well-being. Individual care group management teams in each locality are responsible for overseeing their own service's activity and delivery. 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.

Community Planning

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. At a neighbourhood level, locality teams support the development of Thriving Places with Community Planning partners and others, as described in more detail in later sections of this report.

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 our local primary care groups and our city wide strategy group. Primary care contractors are involved also in our transformation and service improvement programmes.

The 143 general practices within Glasgow City have been grouped into 'clusters' to take forward the quality agenda in primary care. There are 21 GP clusters, with an average patient population of approximately 34,000. Each of the clusters has identified a Cluster Quality Lead and each practice has a Practice 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. To support this activity cluster intelligence reports and quality improvement

supports were distributed in 2019 and were well received but the future development of Scotland-wide cluster intelligence is being discussed by Scottish Government and national agencies. There is also on-going work at a national level to understand how primary care can be supported to take forward quality improvement following the pandemic.

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 stakeholders, mainly patients, service users and carers from local communities. 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. LEFs have continued to meet online over the course of the last year and papers for their respective meetings can be found on the HSCP website. Topics covered in both locality and city wide LEF sessions in the last year have included Hospital at Home, Primary Care, Welfare Benefits, Power of Attorney, Anticipatory Care Plans and the Draft HSCP Strategic Plan.

Locality Plans

Each locality has developed a Locality Plan, which details how they are taking forward the IJB's Strategic Plan and responding to locally identified needs and priorities. Locality plans are aligned with the overarching Strategic Plan and cover the same time period. Locality plans detail:

- Health and social care needs and demands
- Key service priorities, informed by the IJB's Strategic Plan
- Current performance against key targets, identifying good performance and areas for improvement
- Resources available including staffing, accommodation, and locality budgets
- Community engagement mechanisms and development
- Equalities activity and priorities

Implementation of locality plans is monitored on an ongoing basis and reported to locality and citywide management teams, as well as to the Integration Joint Board.

1.5 STRATEGIC VISION AND PRIORITIES

Our Current Strategic Plan (2019-23)

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 current Strategic Plan sets out the Vision and Priorities for health and social care services in Glasgow set out below. It was initially intended to cover the 2019-22 period, but due to recent factors impacting the health and social care sector, the IJB decided to extend it for a further year. Within this Annual Performance Report which

looks back on performance in the previous year (2022/23), we therefore capture some of our key achievements in relation to delivering the following Priorities and Vision from this current Plan, as well as the nine National Health and Wellbeing outcomes (See **Appendix B**).

Our Current Vision

Our medium to long term vision within our current plan is that the City'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. We believe that stronger communities make healthier lives, and we will seek to achieve these by:

- being responsive to Glasgow's population focussing on reducing health inequalities
- supporting and protecting vulnerable people and promoting their independence and social wellbeing
- working with others to improve physical, mental and social health and wellbeing, and treating people fairly
- designing and delivering services around the needs, talents, aspirations and contributions of individuals, carers and communities using evidence from what we know works
- showing transparency, equity and fairness in the allocation of resources and taking a balanced approach by positively allocating resources where health and social care needs are greatest, with decisions based on evidence of what works and innovative approaches, focussed on outcomes for individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- developing a competent, confident and valued workforce
- striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology
- evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- developing a strong identity
- focussing on continuous improvement, within a culture of performance management, openness and transparency

Our Current Priorities

The highest priority for the Glasgow City Health and Social Care Partnership is delivering transformational change in the way health and social care services are planned, delivered, received and experienced in the city. We believe that more of the same is not the answer to the challenges facing Glasgow, and we will strive to deliver on our vision through the following strategic priorities:

- Prevention, early intervention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public protection

Our New Strategic Plan

During 2022/23, work has been undertaken to review the current Strategic Plan and develop a new one for 2023 onwards, with an extensive programme of engagement taking place with service users, the wider public, staff and key partners. Once finalised and approved by the IJB, the new Strategic Plan will outline how integrated health and social care services will be planned and delivered within the city going forward. Our next Annual Performance Report (2023/24) will reflect the revised priorities and commitments from this new Plan.

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1.6 PERFORMANCE MANAGEMENT ARRANGEMENTS

A comprehensive Performance Framework is in place and routine performance management arrangements established within the Partnership, which facilitate scrutiny of performance in relation to delivery of our Strategic Plan and against a range of local and national Key Performance Indicators (KPIs).

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 HSCP Senior Management Team and is presented to the Integration Joint Board's Finance, Audit and Scrutiny Committee. At each of these meetings, specific service areas are focused upon and relevant strategic leads are invited to discuss performance and demonstrate how they are impacting upon the HSCP's Strategic Priorities.

The IJB and HSCP Management Teams also regularly receive updates upon delivery of our Strategic Plan commitments through individual service reports, as well as financial updates upon budgetary performance and the delivery of agreed savings programmes. They will also review and respond to any reports produced by NHS/Council Internal Audit teams, Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate and the Ministerial Strategic Group for Health and Care.

In addition to service performance, the health improvement team, in partnership with the wider public health intelligence community, also undertakes periodic population surveys, analyses and tailored needs assessments, in order to compare population health and well-being trends and inform future planning. These include the Adults and Schools Health and Wellbeing Surveys which are featured within the HSCP's Demographics Profile.

There are, therefore, a range of mechanisms in place within the Partnership to monitor and scrutinise performance on an ongoing basis and to consider longer term demographic and health and wellbeing trends.

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1.7 COVID-19 AND THE HSCP RESPONSE AND RECOVERY

During 22/23 the HSCP continued to be impacted by the COVID-19 pandemic which it has been actively responding to since early 2020. Throughout this period, we have had business continuity and planning structures in place to respond to the initial impact of COVID-19 and to plan for the recovery and renewal of community-based services. These have been overseen by the HSCP's Executive Group, which was extended to include all of the HSCP's most senior managers.

As reported in last year's Annual Performance Report service delivery arrangements have adapted over time in response to the challenges posed by the pandemic. Initially, face-to-face provision of many community-based services was reduced, and alternative models of delivery were adopted which included telephone and online service provision. Over time, as the HSCP's Recovery Strategy has been implemented, further services have been reinstated to varying degrees and face-to-face contacts have increased, although there have been recurring challenges experienced such as staff absences, which have affected the nature and speed of service responses and the degree to which service recovery plans have been able to be implemented. Detailed and up to date information on recovery responses and progress for all HSCP service areas, could be found in the COVID-19 updates which were regularly published on a dedicated section of the HSCP website from the start of the pandemic until Summer 2022.

As part of the recovery process, services across the HSCP have identified opportunities to consolidate the most effective practices adopted during the pandemic and incorporate these going forward within mainstream service delivery in order to offer greater flexibility for service users and improve service efficiency.

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1.8 STRUCTURE OF THE REPORT

Chapters 3 to 9 of this report are structured around the HSCP's strategic priorities and within it we highlight some of the key achievements and 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 over the last 12 months 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 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 internal audit and evaluation activity undertaken within the HSCP.

In chapter 11, we provide a summary of our financial performance for 2022/23. 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 2023/24 considered.

2. DELIVERING OUR KEY PRIORITIES

Chapters 3 to 9 are structured around the HSCP's Strategic Priorities:

- Prevention, early intervention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public Protection
- Staff Development and Engagement
- Equalities

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

Indicators where performance has shown the greatest improvement over the past 12 months are highlighted. Areas where we would like to see improvements over the next year are also identified and key actions to achieve this are summarised. Progress going forward 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 service surveys as well as our performance in relation to the National Integration Indicators (**Appendix C**). These were produced by the Scottish Government to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing Outcomes (**Appendix B**) and as they are derived from national data sources, allow comparisons to be made with the Scottish average.

Key

Within Chapters 3 to 9, **Performance Status** has been classified as Red, Amber or Green (RAG) and the key below explains these categories. The **Status** is provided for the end of 2022/23 and the previous 5 years. The **Direction of Travel** details whether the current figure (2022/23) is better or worse in comparison with i) the previous year (2021/22) and ii) 5 years ago (2017/18).

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
▶		Maintaining
▼		Worsening

3 PREVENTION, EARLY INTERVENTION AND HARM REDUCTION

In tackling this Strategic Priority, we have continued to work with a wide range of partners across the City to improve overall health and wellbeing, prevent ill-health and increase healthy life expectancy. This work is underpinned by agreed priorities for Health Improvement, which focuses on reducing health inequalities and changing the culture in relation to health behaviours in the city. Additional information on the range of health improvement activity being undertaken in the city can be found within the Health Improvement Annual Report.

The activities described in this section have contributed to a range of the 9 national Health and Wellbeing Outcomes, most notably those shown below. Other related activities including those addressing poverty, are described in later sections of this report in relation to other Strategic Priorities.

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 5
Health and social care services contribute to reducing health inequalities

3.1 KEY DEVELOPMENTS/ACHIEVEMENTS

3.1.1 EARLY YEARS AND YOUNG PEOPLE

Perinatal Mental Health

Health Improvement have worked with clinical and third sector staff over the last year to organise Conversation Workshops which aimed to help foster working relationships and develop pathways of mental health support for parents during the 'perinatal' period before and after birth. They also developed the Glasgow City Staff Guide which provides information on organisations and resources that offer mental health and wellbeing support to new and expectant parents and their families. Work was also commissioned to improve understanding of partner organisations' experiences of engaging with Black and Minority Ethnic women and their families during the perinatal period, with the evaluation Report making a number of recommendations on how to better support and respond to their mental health and wellbeing needs.

Breastfeeding

In the last year, HSCP Health Improvement staff have supported the launch of the national Breastfeeding Friendly Scotland Scheme (BFS) which aims to help mothers feel confident when breastfeeding in public areas. Businesses and organisations are encouraged to sign up to the scheme and promote their involvement to let mums know they will be welcomed in a warm and supportive environment. In August, HSCP staff helped Clyde College to become Scotland's first Further Education institution to obtain BFS accreditation.

Staff have also continued to support the Breastfeeding Telephone Support Pilot which offers mums peer volunteer support before and after their birth. Overall, since it started in 2021, over **280** families have been supported by the service. Approximately **38%** of volunteers are from ethnic minority groups, enabling mums to be offered support from someone who shares a similar culture and primary language. **22%** of families seen in the last year were from ethnic minority groups, with **21%** from a SIMD 1 area.

User/Carer Feedback

- *96% of mums agreed that the support from the Pilot had helped them to breastfeed for as long as they wanted and helped them feel more confident about breastfeeding their baby.*

Gender Friendly Nurseries

The Gender Friendly Nursery (GFN) is an early years training and awareness raising programme on gender inequality and its links to issues such as gender-based violence, homophobia, transphobia, and mental health and suicide. Early Years nursery staff are supported to consider current practice and identify areas for development through use of an audit tool and action plan, which leads to Gender Friendly Nursery accreditation. An evaluation of the programme was completed in October 2022 and highlighted a range of benefits including the impact on play activities and books in early years settings; and the increased ability of staff to talk to each other and children about gender equality issues. Opportunities for further development were also identified which will be explored going forward with Glasgow City Council Education services.

Thrive Under 5 Pilot Project

The Thrive Under 5 Pilot Project is a Scottish Government funded initiative and aims to help children under five years of age and their families to eat more healthily and maintain a healthy weight. Networks were established across the city and have now been extended to Inverclyde, following a positive evaluation by the Glasgow Centre for Population Health. These networks involve local families and organisations in identifying and overcoming barriers to healthier eating including low family income, limited access to affordable fresh food, and a lack of cooking knowledge and skills.

Case Study

Client B is a refugee who lives with her husband and 3 children. Her husband works limited hours but she cannot work due to childcare responsibilities and personal health issues. She was referred to the Thrive Under 5 project by a local community organisation and outcomes for her have included fuel poverty support and a Personal Independence Payment award. She also received an 8 week recipe pack delivery service from East End Flat Pack Meals and 12 vouchers for her local pantry. This enabled the family to try new meals, better manage their food budget and through contact with local services, feel more connected to their local community.

Youth Health Service (YHS)

A short video was produced to promote the *'A&E (Accident and Emergency) Intoxicated Young Persons' Pilot'* to hospital staff, along with a leaflet on alcohol harm targeted at young people, which was co-produced by their peers. The Pilot involves the establishment of a referral pathway to the Youth Health Service (YHS) for young people who present at A&E with alcohol or drug intoxication. Young people referred to

the YHS through this route are offered health and wellbeing advice and are supported to make more positive lifestyle choices.

A&E Leaflet for Young People



Adobe Acrobat Document

More generally in the last year, the Youth Health Service has also launched its own YHS Instagram page to better promote the range of services on offer to its target audience.

Togetherall

In the last year, the Togetherall service has been made freely available to anyone aged 16-24 with a Glasgow postcode. This offers a 24/7 online peer-to-peer mental health community, as well as access to related evidence-based resources. Members join the community anonymously and can be supported on a wide range of mental health and wellbeing issues, from anxiety, depression and isolation, to relationship issues and lifestyle challenges. 'Wall Guides' who are trained mental health professionals, moderate the service and ensure everyone accessing the community remain safe and supported.

Health and Wellbeing App

A new Health and Wellbeing App aimed at Education staff was also launched in the last year, which shares quality assured materials and offers a 'one stop shop' where staff can access a range of health improvement resources. It was developed by our Health Improvement Team and a range of partners following the launch of Glasgow City Council's Digital Strategy, which led to the introduction of digital teaching resources such as Apple iPads for teaching staff and pupils across the city.

3.1.2 ADULTS AND OLDER PEOPLE

Physical Activity

During the last year, care home staff have commissioned weekly Virtual Gym Sessions that are broadcast within all five of the HSCP's care homes. These classes are in line with the aims of the Care Inspectorate's 'Care about Physical Activity' (CAPA) programme and engage residents in interactive chair-based exercises, which are intended to improve their mobility, reduce their risk of falls, and improve their confidence and mental health and wellbeing.

Mental Health

Wave after Wave Suicide Awareness Training

This training was commissioned in response to an earlier scoping study which recommended making suicide bereavement information and training available for those supporting, or coming into contact with, people bereaved by suicide. It aims to ensure participants have an understanding of the complexity and impact of a suicide bereavement and are able to provide a compassionate response. Glasgow Association

for Mental Health developed the training along with other partners and involved staff and individuals with lived experience in its development.

Case Study

'After losing my husband Chris to suicide in 2017, I found myself wanting to honour his memory as best I can by raising awareness of suicide prevention and bereavement from suicide. Being able to contribute to the Wave after Wave training using my lived experience was extremely important to me, as unfortunately, suicide remains a taboo subject which can often hold back the healing of those grieving. I hope I can make Chris proud by trying to help others who may find themselves struggling with suicide and all of its complexities. This training was developed very delicately; honouring our loved ones and our personal experiences beautifully.'

Contagion

Concerns over the death by suicide of a looked after young person and the associated risks of suicide contagion led to a number of pieces of work being progressed over the last year. These included social media work with professional football teams, their Supporters Liaison Officers (SLO) and fan groups. This has been successful in getting key messages out to a much wider audience than before, showing the importance of using key influencers when communicating public health messages. Suicide awareness training has also been offered to all staff in the city's children's houses, with work being undertaken to develop a mental health and wellbeing policy for these houses and each supported to develop their own associated action plans.

Distress Collaborative

The Multi Agency Distress Collaborative identified the requirement for the development and delivery of training packages focused on distress and mental health awareness for HSCP Support Workers. During the last year, activity has included delivery of SAGE & THYME training which teaches participants how to use a structured approach to engage in conversations with someone who is upset or distressed and provide basic psychological support. Anxiety and Depression Awareness (ADA) Training has also been developed following feedback from residential, day centre and care at home staff who highlighted the need for clear, practical information on the symptoms, causes and impact of anxiety and depression. During the last year, over 320 have attended SAGE & THYME training, with over 350 attending ADA training. Both have been evaluated positively by participants, who felt they helped improve their own wellbeing, as well as help develop their professional practice.

Staff Feedback

'*Well delivered, very insightful. Made me think about my practice and possible ways to improve, I think this is a good tool to help me communicate.'*

'Session was well presented, allowed for reflective practice regarding how mental health impacts on patients, general public, colleagues and self.'

Sexual Health

Awkward Moments

In June 2022, the Sexual Health Improvement Team launched a sexual health campaign called *'Awkward Moments'*, which ran on various social media platforms. The campaign aimed to help young people recognise what good consensual intimate experiences can look like and increase their confidence to start conversations around positive and mutual consent. The campaign was co-produced by young people and included five short films which were based around the barriers they face when communicating within sexual situations. These materials have now been included in national teaching resources on Relationships, Sexual Health and Parenthood (rshp.scot).

GlasGOw GetTested

The Sexual Health Improvement Team also worked in partnership with the Terrance Higgins Trust (THT) to develop a targeted social marketing intervention, *'GlasGOw GetTested,* along with a GlasGOw GetTested hub page. This was designed to encourage Gay, Bisexual and other men who have sex with men (GBMSM) to test for HIV at a frequency based on their levels of sexual risk and was developed in response to evidence of the need for improved testing levels amongst these groups. The campaign was run across a number of social media platforms and used a tool to enable people to assess their own risk and connect to the Sandyford online booking site. Post campaign evaluation showed levels of engagement with the target audience was exceptionally strong, with results also suggesting it had led to an increase in the number of tests booked.

Learning Disabilities and Sexual Health

Following a Staff Training Needs Assessment in 2021, Sandyford Sexual Health Service hosted an engagement event with stakeholders to plan and prioritise a programme of work to support adults with learning disabilities on their relationships and sexual health. This new programme of work aims to build HSCP staff knowledge and confidence in these areas and topics covered include*; what is a healthy relationship; how to seek help if you're in an abusive relationship; how to give and gain consent; what is contraception; and when would you go to a service*.

Postnatal Contraception

The Sandyford Sexual Health Service was also involved along with NHS Lothian in producing a short animation encouraging women to think about postnatal contraception. The animation explains why it's beneficial for expectant women to consider postnatal contraception as part of their routine birth plan and highlights how the timing of decisions around contraception can help plan for healthy future pregnancies, given evidence that an inter-pregnancy interval of less than 12 months is associated with an increased risk of pre-term birth and low birth weight.

3.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
% of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks. (Outcome 4)	NE 93% ✓ NW 96% ✓ South 96% ✓	NE 98% ✓ NW 99% ✓ South 99% ✓	NE 98% ✓ NW 95% ✓ South 96% ✓	NE 96% ✓ NW 96% ✓ South 99% ✓	NE 97% ✓ NW 97% ✓ South 97% ✓	95%	NE 96% ✓ NW 88% ● South 98% ✓ (All Jan 23)	NE ▲ NW ▼ S ▲	NE ▼ NW ▼ S ▲
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks (Outcome 9)	93.6% ●	86.4% ●	51.9% ●	60.8% ●	59.4% ●	100%	74.5% ●	▼	▲
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) (Outcome 1)	93.9% ✓	92.3% ▲	93.2% ✓	94.2% ✓	93% ✓	95%	92.4% ▲ (Q3)	▼	▼
Mumps, Measles & Rubella (MMR) Vaccinations: (% Uptake at 5 years) (Outcome 1)	96% ✓	96% ✓	96.5% ✓	96.3% ✓	94.8% ✓	95%	96% ✓ (Q3)	►	▲
Psychological Therapies: % of people who started treatment within 18 weeks of referral. (Outcome 9)	NE 88.3% ✓ NW 87.1% ▲ S 96.5% ✓	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% ●	90%	NE 58% ● NW 90.7% ✓ S 79.2% ●	NE ▼ NW ▲ S ▼	NE ▲ NW ▼ S ▼
% service users commencing alcohol or drug treatment within 3 weeks of referral (Outcome 7)	92% ✓	98% ✓	98% ✓	99% ✓	95% ✓	90%	94% ✓ (Q3)	▲	▼

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Alcohol Brief Intervention Delivery (Outcome 4)	6470	5055	4,394	4,269	7,749	5,066 per annum	8,966	▲	▲
Smoking Quit Rates at 3 months from the 40% most deprived areas. (Outcome 5)	1,398	1,412	1,389	1,280	1260	Q3 Target -886 Year End Target -1,217	702 (Q3)	**TBC**	**TBC**
Women smoking in pregnancy (general population) (Outcome 1)	10.6%	10.4%	9.8%	8.2%	9.5%	<11%	8.4%	▲	▲
Women smoking in pregnancy (most deprived quintile) (Outcome 5)	18.7%	18.9%	14.6%	12.4%	16.7%	<15.5%	13.9%	▲	▲
Exclusive Breastfeeding at 6-8 weeks (general population) (Outcome 1)	26.9%	30.4%	31.8%	29.6%	28%	33%	28.7% (Q3)	▲	▲
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones). (Outcome 5)	20.3%	21.2%	24.9%	21.9%	20.6%	24.4%	18.8% (Q3)	▼	▼

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		2021/22	2022/23
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks		59.4%	74.5%
Mumps, Measles & Rubella (MMR) Vaccinations: % Uptake at 5 years		94.8%	96% (Q3)
Alcohol Brief Intervention Delivery		7,749	8,966
Women Smoking in Pregnancy	- General Population	9.5%	8.4%
	- Most Deprived Quintile	16.7%	13.9%

AREAS FOR IMPROVEMENT

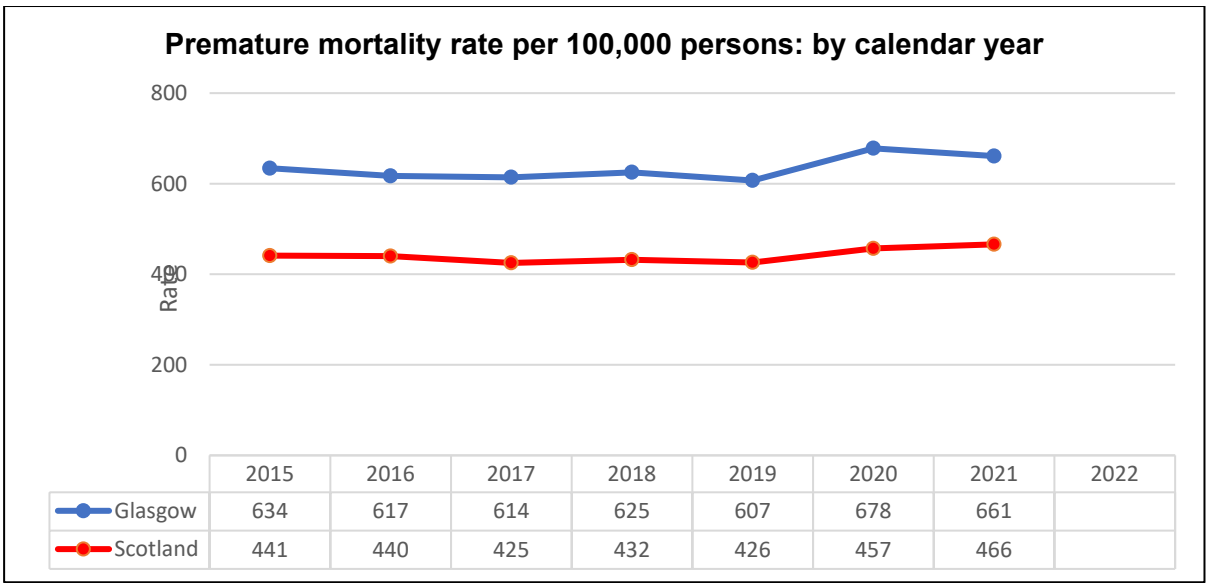
Ongoing improvement is sought across all services. KPIs relating to this Strategic Priority which we would specifically like to improve within the next 12 months are:

INDICATOR	PERFORMANCE ISSUES AND ACTIONS
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks **Target:** 100% **Actual:** 74.5%	**Performance Issues** • Teams continue to experience increasing demand on the duty system and an increase in the number of emergency presentations, which both reduce the ability of CAMHS teams to allocate children with the longest waits. **Actions to Improve Performance include:** • Work is continuing to orient the system towards assessing and supporting children who require an urgent response. • Providing increased flexibility in how children and their families access appointments to minimise the risk of missed appointments. • Additional appointments being made available through overtime and/or bank shifts. • Tier 1 and 2 community mental health services will continue to support families with children on the CAMHS waiting list. • Ongoing work analysing the needs of children accepted into the service will inform future service developments and improve service delivery.
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) **Target:** 95% **Actual:** 92.4% (Q3)	**Performance Issues** • Vaccine uptake varies across geographic areas and socio-economic groups. • 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:** • Continue to focus on areas where uptake is lowest. • Continue to recall and chase up families who have not attended for vaccines. • Videos have been produced for use with marginalised communities to help improve uptake. • Work is being carried out with public health colleagues to undertake ‘tests of change’ to improve uptake. • Use of the mobile vaccine bus to help increase the accessibility of vaccines.
Psychological Therapies: % of people who started treatment within 18 weeks of referral **Target:** 90% **Actual:** North East Locality 58.0%	**Performance Issues** • The initial service reaction to the Covid-19 outbreak created a large cohort of people waiting to start a Psychological Therapy (PT) and the longer-term effects of the pandemic continue to have an impact. • The capacity to deliver PTs has been affected by staff turnover and resulting vacancies, as well as episodes of sick leave and extended leave. • Recruitment to some posts resulted in no applicants, highlighting the national shortage of clinically trained professionals.

South Locality 79.2% *(N.B. This indicator is reported at locality level, rather than city-wide.)*	**Actions to Improve Performance include:** • Waiting list initiatives continue to target patients with the longest waits. • Digital alternatives to face-to-face approaches continue to be used to reduce waiting times. • Continued delivery of cCBT (Computerised Cognitive Behavioural Therapy) for people with long term conditions. • Ongoing focus on staff recruitment. • Routine monitoring of team performance.
Smoking Quit Rates at 3 months from the 40% most deprived areas **Target:** 1,217 **Actual:** 702 (Q3)	**Performance Issues** • Continuing issues with pharmacy capacity and unavailability of several products including varenicline which has been unavailable since June 2021 and was the most popular and effective product. • Following the pandemic, clients continue to present at the Quit Your Way (QYW) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. These require an increased amount of time and intensity of intervention which has impacted capacity. • The service has also been significantly impacted by staff absences and vacancies, operating with 76% of the staffing complement pre-pandemic. **Actions to Improve Performance include:** • Our Community QYW staff are engaging with Public Health and Local Pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. • The impact of these solutions will be monitored on an ongoing basis by the Health Board wide Tobacco Planning Implementation Group and Smoking Cessation Manager's Group, as well as the City Tobacco Group.
Exclusive Breast feeding at 6-8 weeks: **General population** **Target:** 33% **Actual:** 28.7% **15% most deprived data zones** **Target:** 24.4% **Actual:** 18.8%	**Performance Issues** • The Board Infant Feeding Team has been impacted for the last year by reduced capacity due to long term sickness. **Actions to Improve Performance include:** • A mix of face-to-face and online appointments are being offered by the Board team to meet the needs of families, prioritising those experiencing feeding issues. • Funding has been agreed for the continuation of Breastfeeding Telephone Support Pilot until March 2024 (see section 3.1 above). • Additional Breastfeeding Support Groups are being set up across the city, targeting areas where uptake is lower. • Focus for volunteer activity upon engaging minority communities, young mothers and those in the most deprived areas, with rates traditionally lower amongst these groups. • Roll out of the Breastfeeding Friendly Scotland Scheme (BFS) in the city (see section 3.1 above). • Infant feeding training will continue for Health Visiting and Family Nurse Teams who support mothers as part of their Universal Pathway visits. • Pilot projects in Springburn and Thornliebank will be evaluated.

3.3 NATIONAL INTEGRATION INDICATORS OFFICIAL

National Integration Indicator 11*



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

*Information for 2022 is still to be published.

- Glasgow consistently higher than the Scottish average
- Decrease in 2021 in Glasgow after an increase in 2020

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4. PROVIDING GREATER SELF-DETERMINATION AND CHOICE

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Providing Greater Self-Determination and 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 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

4.1 KEY DEVELOPMENTS/ACHIEVEMENTS

4.1.1 SELF DIRECTED SUPPORT

Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013, aims to provide people with greater choice and control over the support they receive. At the end of March 2023, a total of **3,178** adult service users were in receipt of a personalised social care service – a decrease of **2%** since March 2022 (**3,244**). Children with disabilities in receipt of personalised services rose by just over **5%** over the same period (from **382** to **402**).

The overall proportion of service users who chose to receive their personalised budget as a direct payment increased to **21%** from **19%**. This varied between client groups with **72%** of children with disabilities receiving a direct payment compared to **15%** of adults. Trends over time in respect to these indicators are provided below:

Number of service users in receipt of personalised services (end of March)							
Client Group	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Adults	2,828	2,994	3,208	3,163	3,063	3,244	3,178
Children	133	184	266	272	291	382	402
% receiving Direct Payments (end of March)							
All Users	15%	15%	15%	17%	19%	19%	21%

A Self-directed Support (SDS) Policy and Practice review was initiated in the last year within the context of the national SDS Standards Framework and the publication of My Support My Choice: People's Experiences of Self-directed Support and Social Care in Glasgow. A wide range of engagement has taken place with key stakeholders including the delivery of presentations to over 200 frontline social work staff; focus groups with third sector representatives, people with lived experience and social care providers; practitioner forums to share learning and good practice; and staff briefings.

Key priorities for improvement have been identified from this engagement and will be progressed going forward. These include the development of best practice approaches; producing a staff learning and development plan; identifying how we can best facilitate outcomes-focused conversations with service users in a risk-enabling way that maximises the opportunity for independent living; and where necessary, refreshing our SDS/personalisation policies and procedures, ensuring they are available in an accessible format.

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). These provide a link to the governance structures of each Locality and the wider Partnership including the IJB Public Engagement Sub-Committee. They provide a mechanism for disseminating information and gathering feedback from patients, service users and carers, with the aim of ensuring that health and care services in the city reflect the priorities and needs of our local communities.

Children's Rights Service

The Children's Rights Service (CRS) support children and young people to have their voices heard, by providing advocacy and information on rights for children and young people who live with foster or residential carers, as well as those in continuing care and aftercare. In the last year, the CRS have received increased requests for support and have also been involved in a range of other activities, including the planning of the 'Care-Chella' arts based festival, as part of Care Leavers Week, which young people were supported to attend and contribute to. The CRS have also involved young people in the recruitment of a new Children's Rights officer, from drawing up the person specification, to defining the interview questions and sitting on the interview panel. They have also worked to disseminate the key messages from research into the experiences and opinions of care experienced young people on mental health services in the city which were published in February 2022.

User/Staff Feedback

'I have always felt really well supported by Children's Rights Service, you have been a great help.'

'I feel in such a better place, and it is all down to you guys.'

'Thank you for asking me to take part in the interviews, it was so good.'

Glasgow's Promise

In February 2020, the Promise was launched, which was Scotland's national response to an Independent Care Review that gathered the views of those with experience of living and working in and around the childrens' care system. In response to this, Glasgow's multi-agency Care Experienced Board have produced their own Promise Plan, which set out commitments to improve the experiences of children involved in the care system. In the last year 4 Promise Participation Workers have been recruited, who will support delivery of our Plan by ensuring that the voices of children, young

people and families are at the heart of service design and by holding partners to account for delivery of their Promise commitments.

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 to allow a child or young person to complete a questionnaire online prior to a meeting about their care. A working group has involved care experienced young people in the development of new, shorter strengths-based questionnaires which could be completed through the Viewpoint MyView app on personal phones or other devices. The new questionnaires have now been piloted and 29 children and young people provided feedback. They indicated that they wanted to be offered the opportunity to use an online system to give their views, as long as this was reliable, accessible and the questions were streamlined and strengths based. This feedback will be used to amend the questionnaires and social workers will encourage and support children and young people to use them going forward, in order to enable them to contribute their views at meetings about their care.

Review of Continuing Care and Aftercare services

During the last year the HSCP commenced a Strategic Review of 16+ accommodation and support services, within the context of national evidence that care experienced young people have a substantially higher risk of becoming homeless and experiencing poorer outcomes in adulthood. The outcomes of the Review will influence the future commissioning and delivery of accommodation and support services, with the aim of ensuring that they support all of our young people to thrive and reach their full potential, living as independently as possible within their own homes and communities. Young people's participation has been central to this exercise and they have been engaged with in a number of ways and are represented on the Steering Group overseeing the Review.

Family Connections

A key aim within the Promise and a focus for our Family Group Decision Making and Family Support teams, is to enable families to stay together and children keep living at home, or with people that our services know are important to them. Work has been undertaken in the last year to develop the Family Connections Assessment and Plan, which helps practitioners to understand what the important relationships are for children and young people with care experience, in order to ensure they remain connected to those people they identify as most important. To support this, our Independent Reviewing Officers, who oversee Childrens' Care Plans, have responsibility for whole family groups which helps maintain their focus on close family relationships. Brothers and sisters are supported to contribute to one another's plans and attend each other's meetings, along with other family members, social workers and foster families where relevant.

This Family Connections approach is being evaluated by CELCIS and will help inform the work of the national 'Staying Together and Connected' Implementation Group. Glasgow is a significant contributor to the work of this group including the national 'Staying Together and Connected: Getting It Right for Sisters and Brothers' National Practice Guidance, which features good practice examples from the city.

Supporting Decisions About Care

Care Services have worked closely with the Scottish Social Services Council (SSSC) to co-design a suite of filmed learning tools on Dementia (Lady In A Room) which are part of the Changing Times, Changing Perspectives resource on the SSSC website. These are intended to raise awareness and understanding of people's experiences with dementia and the impact it has on those around them, and to support staff in making good decisions about people's care throughout their dementia journey.

4.1.3 EMPLOYABILITY

Mental Health

Employability has been a core activity of Mental Health Services (MHS) for several years and the HSCP currently fund a range of directly managed and commissioned mental health and employability services. These aim to promote and facilitate recovery, create volunteering opportunities and increase access to further education and employment. One such initiative, Project Restart, which supports around 250 people each year, provides recovery-based support to those living with severe and enduring mental health conditions. Participants are given the opportunity to take part in various vocational training activities to increase self-belief, build resilience and provide a greater sense of hope for the future.

Case Study

A had schizophrenia and was referred to Project Restart by their Occupational Therapist who wanted to build their social network and provide meaningful activity and interests which would help provide a structure for them. A had a business degree and had various jobs previously but was unsure of the kind of employment he would like to pursue. After discussions about his interests, he decided he would like to get involved in catering. He registered for a Level 6 Community Achievement Award, where he was given the opportunity to plan, deliver and lead catering sessions. He did exceptionally well and his confidence has greatly improved. He has now started a voluntary placement at a local charity where he has completed his Food Hygiene Certificate and is focused on and hopeful of gaining employment in the near future.

Young Person's Guarantee Programme

The Young Person's Guarantee programme has continued to be developed over the course of the last year, with employability coaches located within various HSCP services. These coaches carry out a strengths-based assessment and offer 12 months of intensive personalised learning and support to young people, with the aim of improving their skills and helping them to secure a positive destination such as employment, training or a modern apprenticeship.

Case Study

B is 16 and when first referred to the Young Persons Guarantee Programme, they stated they had ambitions of joining the construction industry. However, it became clear that they felt pressure to move into this industry due to criminal behaviour in the past, which they felt would limit their future career choices. After discussions with staff about options, their confidence has improved and they have been able to recognise they have a wider choice of future careers and are now considering shipbuilding or the merchant navy.

4.1.4 FINANCIAL INCLUSION

Financial Inclusion Partnership

The HSCP is a key funding partner with Glasgow City Council for Financial Inclusion services across the City. This supports community-based NHS staff to make direct referrals for patients who have money worries, to a range of dedicated Money Advice providers. In Q1 to Q3 of 2022/23, NHS staff made **5,560** referrals and **3,693** individual clients engaged with Financial Inclusion services. **44%** (**2,435**) of these referrals were made by staff engaging with families with children under 5 years old, therefore helping to mitigate child poverty. To date, financial gains of approximately **£4.3m** have been achieved and **£957k** of debt managed.

Welfare Advice & Health Partnerships (WAHPs) programme

Scottish Government funding is supporting the delivery of an embedded Welfare Advice and Health Partnerships Programme (WAHPs) in 84 GP Practices in the most deprived parts of city. This builds upon the Deep End Money Advice Project and enables each practice to host a dedicated adviser one day per week. Evidence shows this has a positive impact on patient health, poverty and health inequalities, while also freeing up time for Practice staff for clinical care. In the last year, there have been **3997** referrals made by WAHP Practice Staff across Glasgow, with just over **£3.3m** in financial gains achieved and over **£1.1 m** in debt managed.

Welfare Rights Social Work Service

Social Work also operate a welfare rights service for clients and during 2022/23, they represented **340** clients at social security appeal tribunals. In total, **£2.79m** (£2.14m in ongoing benefits and £ 656K in backdated benefits) has been generated in successful claims for service users who receive a chargeable non-residential care service.

Case Study

A Service user with significant mental health issues and reduced vision had disengaged from the benefits system because of health issues and failed to attend a tribunal to appeal a refusal of Personal Independence Payment (PIP). Significant efforts were made to encourage them to attend a new tribunal and it was identified that her anxiety prevented her from attending in person, so their welfare rights officer arranged for a telephone hearing instead and provided written and oral submissions on their behalf. The appeal was successful, and the total weekly financial gain was ***£156****, with a backdated award of* ***£9,000****.*

Winter Help for Vulnerable People and Families

In winter 2022/23, the IJB increased foster carer fees by £15 per week and allocated £2.6m to 6,500 vulnerable children and families in the form of a one-off £400 winter payment, to help alleviate the effects of the cost of living crisis. Working in partnership with the Red Cross, the HSCP also launched a new referral pathway to support those identified as being at risk of food poverty, which involved supplying essential food parcels and signposting recipients to other community-based services and organisations for ongoing support.

4.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2020/21	Direction of Travel since 2021/22
No. Anticipatory Care Plan (ACP) conversations (Outcome 2)	N/A	N/A	N/A	264	208	ACP conversations held **200**	345	▲	▲
No. ACP summaries completed and shared with the patient's GP (Outcome 2)	N/A	N/A	N/A	69	50	Summaries completed and shared with GPs **50**	276	▲	▲
% of young people currently receiving aftercare service known to be in employment, education or training. (Outcome 4)	67%	74%	68%	80%	80%	75%	80%	▲	►

Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets. No comparable target prior to 2020/21.

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 annual service user consultation on the Home Care service was carried out in the spring of 2023. Some of the headline figures for the 2023 survey in relation to our Strategic Priority of Self Determination and 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.	91%	Outcome 3
My home carers have enough time to support me in the way I prefer.	79%	Outcome 4
If I am not happy with my support, I am listened to and can make changes.	70%	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.	87%	Outcome 4
I feel confident I can communicate changes to my PSP (Personal Support Plan) and that these are acted on.	85%	Outcome 3

*Figures are currently provisional.

Carer Feedback

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

Question	% Carers Responding Positively
Did you feel valued and respected by the worker?	99%

KEY ACHIEVEMENTS

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

INDICATOR		2021/22	2022/23
Anticipatory Care Plans (ACPs)	- Number of conversations	208	345
	- Summaries completed and shared with GP	50	276
Number of Children in Receipt of a Personalised Service		382	402
% of Service Users Receiving Direct Payments		19%	21%

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	2021/22 Survey Results (19/20 results shown in brackets)				Direction of Travel Since Last Survey (19/20)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above / Below	
3. % adults supported at home who agreed that they had a say in how their help, care or support was provided	3	**71.1%** (75.5%)	**70.6%** (75.4%)	✓	▼

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5. SHIFTING THE BALANCE OF CARE

Transformation Programmes have been delivered across HSCP services in recent years, with the balance of care shifting away from institutional, hospital-led services, towards those that support people more in the community and which promote recovery and greater independence wherever possible. Progress in delivering these Programmes is overseen by the Integration Transformation Board, chaired by the Chief Officer and within this section, we profile some of the key developments which have been able to be progressed over the last year and consider performance in relation to KPIs associated with this theme. Within this section, we consider the range of Transformation Programmes delivered across Children's, Adult, Older People and Primary Care. 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 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

5.1 TRANSFORMATION PROGRAMMES

5.1.1 OLDER PEOPLE'S AND CARE SERVICES

Through the Transformation Programme for Older People, the HSCP is aiming to support a shift in 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 a system-wide Unscheduled Care Commissioning Plan and Delivery Plan as part of the Moving Forward Together programme. Some of the key developments progressed in the last 12 months include:

Hospital at Home Service

A new Hospital at Home Service has been in operation over the last year in the South of Glasgow with a view to potentially expanding it city and Health Board wide following evaluation. This aims to keep patients out of hospital by providing the same level of high-quality multi-disciplinary care that they would receive as inpatients and in doing so, help reduce admissions and relieve pressures on acute hospital beds. Eligible patients are identified either through their GP or from the acute receiving wards and the service is discussed with the patient and their family, who are involved in making a shared decision on referral into the service. Approximately **300** patients have been seen by the service over the year, saving in the region of **1,500** hospital bed days.

User/Carer Feedback

'My mother took unwell again and was referred for the second time to Hospital at Home Team. Once again, they provided a first-rate service, every member of the team was courteous, professional and friendly. They understood fully the issues and problems and dealt with these promptly giving reassurance to my mother at all times.' (Family Member)

Home First

The Home First Service has also been introduced which involves the establishment of community led multi-disciplinary frailty teams, led by advanced frailty practitioners, at the front doors of the Queen Elizabeth University Hospital (QEUH) and Royal Alexandra Hospital in Paisley (RAH). A hub and spoke service model with each of the 6 HSCPs in Greater Glasgow and Clyde is operated by these teams, who ensure rapid and seamless access to community services for those frail patients that could be managed better in a homely setting rather than an acute bed. For the Glasgow City HSCP hosted QEUH team at end of week twenty two of its operation, **201** patients had been identified and assessed of which **78** (**39%**) had been discharged home directly from the Emergency Department with **56 (57%)** of those patients referred to community teams for further assessment and support.

Hospital Discharge Team

The Social Work Hospital Discharge Team support all complex discharges for over and under 65's. On average, the team have been averaging **80-90** referrals per week, with approximately **30%** of their caseload being AWI (Adults With Incapacity). To support the intensive requirements of these clients, two additional solicitors have been recruited which has given the GCC legal team a resource to engage with and support private solicitors dealing with complex AWI cases. From September 2022 to March 2023, this has resulted in a significant improvement in the numbers of AWI patients delayed, dropping from a high of **82** down to **41**. This has been recognised nationally in the Scottish Government's Discharge Without Delay programme.

5.1.2 PRIMARY CARE

A key aim of Glasgow's Primary Care Improvement Plan (PCIP), in line with the new GP contract, is to enable GPs to divert work that can best be done by others, leaving them with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams. Updates on progress in implementing this Plan are regularly reported to the IJB and are available within Regular Bulletins on the HSCP website. Over the last twelve months, work has been undertaken to refresh the PCIP and a significant engagement exercise has been completed which will inform the new updated Plan that will be published this year.

Other achievements over the last year have included the following:

North East Hub

Building work on the new Parkhead Hub started on site in March 2022. Programme is progressing well and anticipated to reach practical completion on the main building in July 2024 with the building fully operational from 2025. The Hub will bring together a number of community health and social care services which are currently located at nine different sites, including GP, pharmacy and dental services. The facility will also provide community spaces including bookable rooms, the relocated Parkhead library

and a community café. A programme of public engagement activities to keep the local community informed as to progress continue, along with a creative arts programme, which provides people with the opportunity to have their artwork displayed in the Hub. Artists have also been invited to apply to design and install two large scale art commissions at the site.

Health and Care Centre Improvements

In addition to the above, over the last year, there has been an investment of £4.4 million to improve six of Glasgow's community health and care centres in Baillieston, Bridgeton, Shettleston, Govan and Elderpark, Govanhill and Thornliebank. This will create additional consulting and treatment rooms, as well as agile office accommodation and will help to facilitate the expansion of multi-disciplinary working by enabling a wider range of professionals to operate within them.

Immunisation and Injections team

Responsibility for vaccinations in Glasgow has been transferred from General Practice to a new HSCP Team. This has been established to deliver non-routine vaccinations in older people and adult care homes, as well in the homes of people with learning disabilities and those unable to attend community vaccination clinics. The range of vaccinations offered by them is expanding, with Covid-19, Flu, Shingles and Pneumococcal vaccinations currently being administered. Over **7,000** Spring Covid-19 boosters were administered by the team, along with over **11,000** Flu And Covid-19 winter immunisations.

Pharmacist Consultant

A new Pharmacist Consultant Post, the first of its kind in Scotland, has been appointed by the HSCP, focusing on improving the care of people living with frailty. This new post is a collaborative initiative between us, Renfrewshire HSCP, and NHS Greater Glasgow and Clyde's (NHSGGC) Pharmacy Services. As well as service improvement and research and evaluation, the post will support the development and delivery of training to multidisciplinary teams, with the aim of optimising pharmaceutical care and advancing practice in the city in relation to frailty.

5.1.3 ADULT SERVICES

The Adult Services Transformation Programme sets out the aim of shifting the balance of care away from high cost inpatient, residential and 'buildings' based services and delivering more effective community based alternatives. The Recovery Model of Care has also been introduced across a number of services which seeks to support greater self-determination and choice.

A number of strategies have been developed underpinned by these principles including the Sexual Health Transformation Programme; the Rapid Rehousing Transition Plan; and the Mental Health Strategy (2018-23). Work has recently commenced to refresh the latter, with its scope expanding to encompass older people, learning disability, forensic, Child and Adolescent Mental Health, and alcohol and drug recovery services. Key achievements over the last year across Adult Services have included**:**

MENTAL HEALTH

Compassionate Distress Response Service

The Compassionate Distress Response Service (CDRS) supports individuals who feel overwhelmed or unable to cope but who don't require a medical or specialist psychiatric assessment. Referrals come from a variety of partners and staff work with individuals to agree a tailored plan, which will include coping strategies and self-management techniques. The service has been evaluated in the last year and findings indicate that the CDRS is perceived to be much-needed; to provide an excellent level of care; and to make a positive difference to service users and referrers, including time/cost savings for the latter. The CDRS have also been working over the last year with the national Distress Brief Intervention (DBI) Programme Team and from Spring 2023, it will be provided in partnership with this DBI Programme, ensuring CDRS can benefit from national resources available to support DBI, including training, database support and evaluation.

User/Referrer Feedback

'At the start I needed to get a lot off my chest but I could slowly see progress. By the time we had the last call I felt great! We usually spoke for an hour or an hour and a half, but that lasted only 15 minutes. I had nothing to say, I just felt really good.' (CDRS Client)

'The real benefit comes from being listened to by someone who cares. It helps them process their emotions in their time of crisis. CDRS has the time to do it, so I refer to them first and follow up later. I don't have the time required to deliver a service like that, to be a compassionate ear and de-escalate things.' (Primary Care Referrer).

Borderline Personality Disorder Pathway

People with a primary or secondary diagnosis of Borderline Personality Disorder (BPD) occupy an average of 24 adult acute inpatient admission beds across the system at any given time. During the last year, we have developed a BPD pathway to deliver community based therapy, alongside provision of coordinated clinical care (CCC) training, to community and crisis mental health service staff. Early evidence suggests a definite reduction in inpatient bed usage by people with BPD and this impact will be monitored going forward.

HOMELESSNESS

Homelessness Outreach Services

The Glasgow Alliance to End Homelessness, along with the HSCP, has concluded an extensive review of existing outreach provision. *'Your Outreach Unified (YOU): Future of Outreach'* lays out a new vision for outreach services based upon this review. The necessary governance, procurement and operational infrastructures to support it are continuing to be developed and the Alliance have a regular open forum to engage with providers and the sector as it is progressed. The Alliance have also continued their '*Get Help Glasgow'* campaign, to raise awareness of available support for people rough sleeping in the city.

Housing First

The Housing First Service engages with those affected by multiple and complex needs and is underpinned by the assumption that housing should be provided rapidly, with intensive support provided in tandem to address health or any other issues which may threaten the person's ability to sustain that tenancy eg mental health or addictions issues. The service has supported **290** households to date to gain their own tenancy, including an additional **34** in the last year.

Housing First's Mental Health Test of Change at Stobhill Hospital, which focuses on those in a long-term cycle of hospital admission and discharge to homelessness accommodation, has now evaluated positively and will be rolled out across other sites. Work has also been undertaken via a pilot with Alcohol and Drug Recovery Services focussing on complex cases in temporary homeless accommodation, with a group of service users involved travelling to take part in a national football tournament in Manchester.

Complex Needs Service

The Complex Needs Service provides a single point of access to a vulnerable, transient and high-risk population, with a fully integrated and specialised team rapidly providing a range of trauma informed health and social care interventions for individuals with multiple and complex needs. The new model, which operates on an assertive outreach approach, officially launched in March 2022 and despite still being at a developmental stage, is demonstrating positive outcomes which will be the subject of ongoing evaluation. The service was shortlisted as a finalist in the SSSC Awards 2022/23 demonstrating Excellence in Adult Services.

Homelessness Prevention

The Rapid Rehousing Transition Plan is based upon increased prevention activities and it is positive that, in the face of increased demand (approx. 15%), the number of homelessness applications will be lower this year than in 2021/22.This is due to the investment in Senior Housing Options Workers within the Community Homelessness Teams and a continued focus on homelessness prevention. In October 2022, as reported in more detail in Chapter 6, we also launched Health and Social Care Connect (HSCC) which offers a highly accessible, multidisciplinary homelessness prevention service which works closely with other HSCP services. We also continue to fund the Private Rented Sector (PRS) Hub which provides holistic, multi-agency support to vulnerable households, particularly those with children and has the aim of homelessness prevention at its core.

Accommodation Supply

The Covid-19 public health crisis saw a rapid expansion in the use of emergency accommodation and the continued demand upon Homelessness Services has meant its use - particularly Bed and Breakfasts (B&B) - has remained stubbornly high, rising from **461** at the start of the year to **623** at the end of March. An operational group has been established, with staff from across a range of services working with households in emergency accommodation to ensure they have access to relevant health and social care support and have a 'resettlement/move on' plan in place.

Homelessness Services have also published a Temporary Accommodation Strategy, which sets out how partners will work together over the next 5 years to deliver a temporary accommodation model, that will be the catalyst for the transformation of homelessness services and will end the use of B&B accommodation in the city. To

support this, Homelessness Services continue to work closely with Registered Social Landlords (RSLs) in the city, with the aim of increasing the number of available settled lets. Work has also been undertaken with Vanguard Scotland Consultants to deliver a more streamlined approach when homeless households secure an offer of settled accommodation, allowing them to move into it more quickly and in doing so, increase the turnover of temporary accommodation.

Ukrainian Displaced Persons (UDPs)

The Ukrainian Crisis Response Team was created to support Ukranians who have come to Glasgow as a result of the war. Staff within the team support people in hotels and onboard the ship MS Ambition which is docked in Glasgow. They provide advice and a range of assistance, including GP registration, enrolment with education, pathways into employment, opening bank accounts and access to English language classes. The team have also matched individuals to sponsors in the community who have supported UDPs in their own homes and work is underway with RSL's to reinstate 210 long term void properties across the city for them. This team won Team of the Year in GCHSCP's Staff Awards for Excellence in October 2022.

5.1.4 CHILDREN'S SERVICES

Glasgow's Transformation Programme for children's services aims to deliver a sustainable shift in the balance of care for Glasgow's children. Key aims are to enable children looked after within other local authorities to be supported locally while reducing the number of families requiring statutory support. The savings generated are being reinvested in prevention and earlier intervention work and in increasing the availability, accessibility and quality of family support services, as set out in Glasgow's Family Support Strategy.

This Strategy sets out a joint commissioning framework for 'Early Intervention and Prevention Family Support' (EIPFS) (0-12 years); and 'Intensive Family Support' (GIFSS) (aged 12 and above). These both adopt a strengths-based approach and seek to ensure families have a voice and take ownership of their own lives and journey, with a range of interventions offered to support them including home based practical help, emotional and wellbeing support, conflict resolution, parenting skills and support to improve family relationships and dynamics. During the last year, over **150** families have been supported by EIPFS and more than **250** by GIFSS. A range of positive outcomes from these services have been identified through service monitoring as illustrated by the feedback below.

User/Carer/Staff Feedback

Reduction in risk/levels of harm
'Home life has settled. I have no concerns currently about their behaviour in the community or within school. There have been no incidents or crises within the family since the service began' (Referrer)

Improved family relationships
'Child reported feeling positive about returning to the care of their birth mum. She had built better relationships, felt her mum and partner listened to her more and was enjoying quality time with mum and partner on 'adventures'. She now felt included in the family' (Worker)

Increased confidence in parenting ability
'I went into his room at 1am to discover he was watching YouTube on his phone. I reminded him of the rules and asked him to switch it off, which he did and handed it over to me. I nearly cried, if this had been last year, he would have smashed his room up. Thanks for all your support with him' (Carer)

Improved learning and education attainment
'On exit from the service, their school attendance has risen from 50% to 80%' (Worker)'

Improved physical, mental health and wellbeing
'…and sometimes that's the best bit about the support, just having a little laugh or a smile. Sometimes even just having someone to talk to. For me as a parent who was struggling a lot, I feel the difference now compared to 6 months ago' (Mother).

Improved life skills and greater resilience to mitigate poverty
'I hadn't heard of the service but I thought they were brilliant. You helped me out when I didn't know things. The book you gave me helped me with my own experiences. I also really appreciated the food vouchers when I had nothing' (Service user).

Greater support networks and supportive relationships
'P is loving the Cadets, I think you may have saved his life, I was so emotional when I saw him my heart was bursting" (Mother).

5.2 KPI PERFORMANCE

Children's Balance of Care/Performance Indicators

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Number of out of authority placements (Outcome 4)	N/A	N/A	N/A	N/A	N/A	30	30 	N/A	N/A

Note: the scope of the target has been adjusted this year so no historical data is shown.

Looked After and Accommodated Children (LAAC)*								
Year End	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**Direction of Travel since 2018**	**Direction of Travel since 2022**
Total LAAC	**1,078**	**960**	**899**	**801**	**733**	**657**	**down**	**down**
Children Looked After at Home (LAC)*								
Looked After at Home	469	443	539	436	365	330	**down**	**down**
Kinship Placements	1,125	1,100	1,064	1,087	1,044	964	**down**	**down**
Total LAC	**1,594**	**1,543**	**1,603**	**1,523**	**1,409**	**1,294**	**down**	**down**
Overall Total (LAAC/LAC) *								
LAAC/LAC Total	**2,672**	**2,503**	**2,502**	**2,324**	**2,142**	1,951	**down**	**down**
Unaccompanied Asylum Seekers*								
Unaccompanied Asylum Seekers	23	52	87	33	16	15	**down**	**down**

The totals shown above for LACC include foster placements as well as Out of Authority Placements, with trends in relation to these components shown below:

Foster Care								
Year End	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**Direction of Travel since 2018**	**Direction of Travel since 2022**
Purchased	232	206	182	168	144	134	**down**	**down**
Provided	608	550	511	487	444	397	**down**	**down**
Total	**840**	**756**	**693**	**655**	**588**	**531**	**down**	**down**

Note: There are no targets for the numbers shown in the tables above and hence performance direction arrows have not been added.

Adults and Older People Balance of Care/Performance Indicators

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Shift since 17/18	Shift since 21/22
A&E Attendances									
New Accident and Emergency attendances (18+). MSG 3 (Outcome 9)	156,783 13,065/ month	162.600 13,542/ month	159,916 13,326/ month	113,513 9459/ month	139,920 11,660/ month	153,791 12,816/ month	141,729 11,811 month	▲	▼
Hospital and Bed Days									
No. Emergency Admissions (18+) MSG 1 (Outcome 9)	62,725 5227/ month	63,898 5325/ month	63,324 5277/ month	54,947 4579/ month	59,194 4933/ month	66,624 5552/ month	55,372* 4614/ month	▲*	▲*
No. Unscheduled Hospital Bed Days - Acute (18+) MSG 2 (Outcome 9)	506,792 42,232/ month	496,071 41,339/ month	497,641 41,470/ month	438,871 36,572/ month	521,169 43,431/ month	453,866 37,822/ month	494,048* 41,171/ month	▲*	▲*
No. Unscheduled Hospital Bed Days- Mental Health (18+) MSG 2 (Outcome 9)	185,816 15,485/ month	191,810 15,984/ month	196,689 16,390/ month	179,235 14,936/ month	176,049 14,671/ month	181,371 15,114/ month	162,793* 13,566/ month	▲*	▲*
Delayed Discharges									
Total no. of Acute Delays (Outcome 9)	60	59	77	103	136	120	142	▼	▼
Total no. Bed Days Lost to Delays (All delays, all reasons 18+). MSG 4 (Outcome 9)	29,897 2,491/ month	38,656 3,238/ month	45,318 3776/ month	49,902 4159/ month	64,853 5404/ month	39,919 3327/ month	74,875 6,240/ month	▼	▼
Acute (AWI) (Older people 65+): Average no. days delayed per patient	N/A	N/A	N/A	N/A	N/A	155 days	99.8	N/A New KPI 22/23	N/A New KPI 22/23
Older People Mental Health (AWI): Average no.days delayed per patient	N/A	N/A	N/A	N/A	N/A	120 days	82	N/A New KPI 22/23	N/A New KPI 22/23
Total number of Adult Mental Health delays (Outcome 9)	21	13	19	25	26	0	24	▼	▲

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Shift since 17/18	Shift since 21/22
Intermediate Care									
Intermediate Care: % users transferred home. (Outcome 2)	21% 	24% 	19% 	25% 	15% 	30%	29% 	▲	▲

*Provisional
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		2021/22	2022/23
Number of Emergency Admissions (18+)		4,933 per month (Annual Total-59,194)	4,614 per month* (Annual Total-55,372*)
Number of Unscheduled Hospital Bed Days (18+)	- Acute	43,431 per month (Annual Total-521,169)	41,171 per month* (Annual Total-494,048*)
	- Mental Health (18+)	14,671 per month (Annual Total-176,049)	13,566 per month* (Annual Total-162,793*)
Intermediate Care: % Users Transferred Home		15%	29%

*Provisional

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:

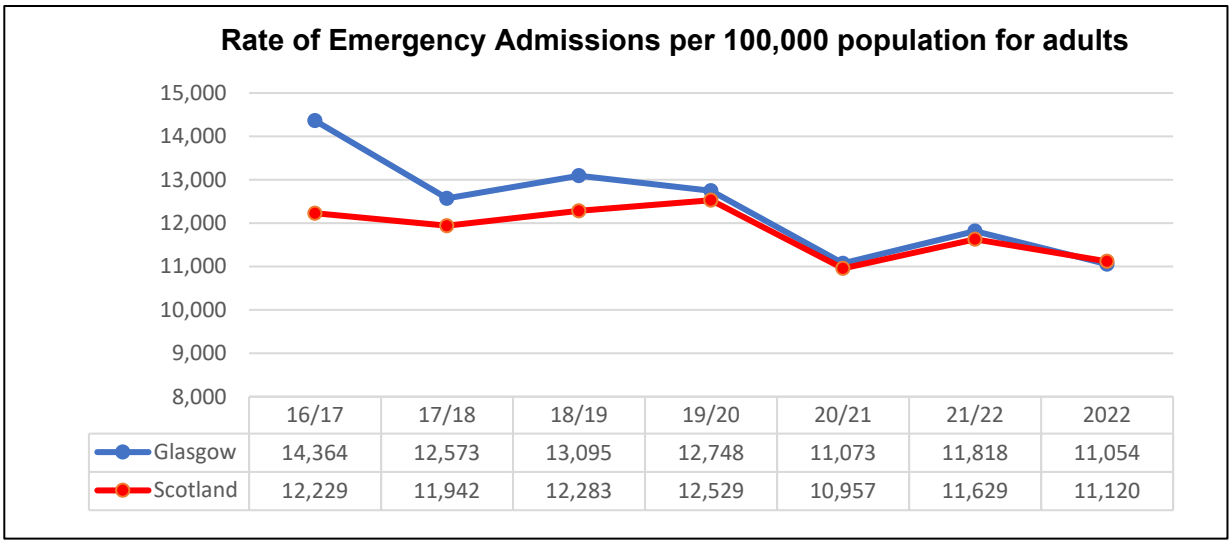
Total number of Acute Delays and Bed Days Lost to Delays (All delays, all reasons 18+) ***Delays*** **Target:** 120 **Actual:** 142 ***Bed Days Lost*** **Target:** 39,919 (Total) 3,327 per month **Actual:** 74,875 (Total) 6,240 per month	**Performance Issues** • Closure of hospital wards and care homes due to COVID and other public health outbreaks. • Care Homes staggering admissions due to staffing pressures. • Wards not arranging timely and appropriate discharge arrangements ie. transport, medication, paperwork • Staffing pressures within the Hospital Social Work Team. • Guardianship issues around patients who lack capacity (AWI). **Actions to Improve Performance include:** • Continued work to identify opportunities to prevent or reduce delays and mitigate their impact. • Continued use of the Discharge to Assess pathway to improve outcomes for patients and prevent delays. • Initiatives such as the introduction of 'Planned Date of Discharge' and 'Discharge by Lunchtime' which aim to enable patients to get them home at the earliest opportunity and without delay. • Development of an AWI Action Plan including the provision of a ward at Gartnavel Hospital to target resources on the management of AWI patients. • Recruitment of two additional solicitors enabling the council legal team to offer greater support around AWIs / Delays. • Regular meetings with commissioning colleagues to progress complex cases and improve the interface with care homes. • Further Power of Attorney promotional campaigns to encourage their uptake.
No. Unscheduled Hospital Bed Days – Acute (18+) **Target:** 453,866 (Total) 37,822/month **Actual:** 494,048* (Total) 41,171*/month	**Performance Issues** • The increase in delayed discharges has contributed to the rise in the level of unscheduled bed days. • Adults with Incapacity (AWI) remain a challenging issue and also has impacted unscheduled bed days. **Actions to Improve Performance include:** • Work has been undertaken to prevent unnecessary hospital admissions, including delivery of the Home First and Hospital at Home programmes. • See actions above relating to Delayed Discharges/Bed Days Lost.
Total number of Adult Mental Health delays **Target:** 0 **Actual:** 24	**Performance Issues** • Staff vacancies and absence continue to affect the day-to-day running and planning of Adult Mental Health wards. • Wards continue to face significant pressures with increased admission rates and some ward closures. • The complexity of presenting patients' needs is placing further significant pressures on the system. **Actions to Improve Performance include:** • A group has been set up to review and improve discharge systems and processes.

	• All potential discharge placement opportunities are being explored. • Regular meetings are held with commissioning colleagues to discuss discharge destinations for the most complex patients.

*Provisional

NATIONAL INTEGRATION INDICATORS

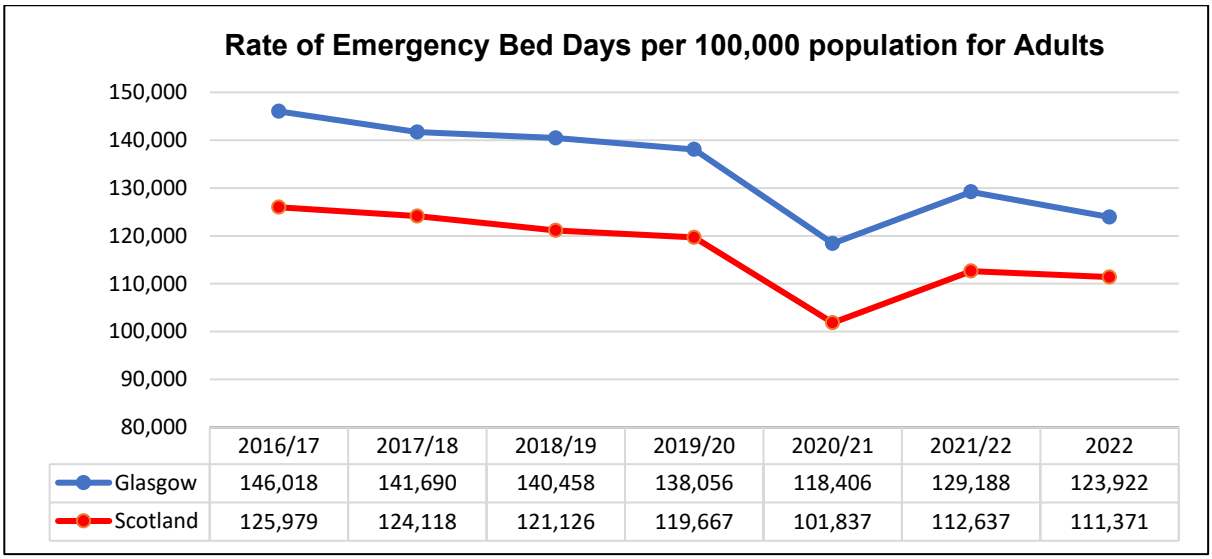
National Integration Indicator 12



	16/17	17/18	18/19	19/20	20/21	21/22	2022
Glasgow	14,364	12,573	13,095	12,748	11,073	11,818	11,054
Scotland	12,229	11,942	12,283	12,529	10,957	11,629	11,120

- Reduction over the period shown and decreased again in the last year after an increase in 2021/22 in both Glasgow and nationally
- Glasgow now slightly below the Scottish average having been above in 2016/17

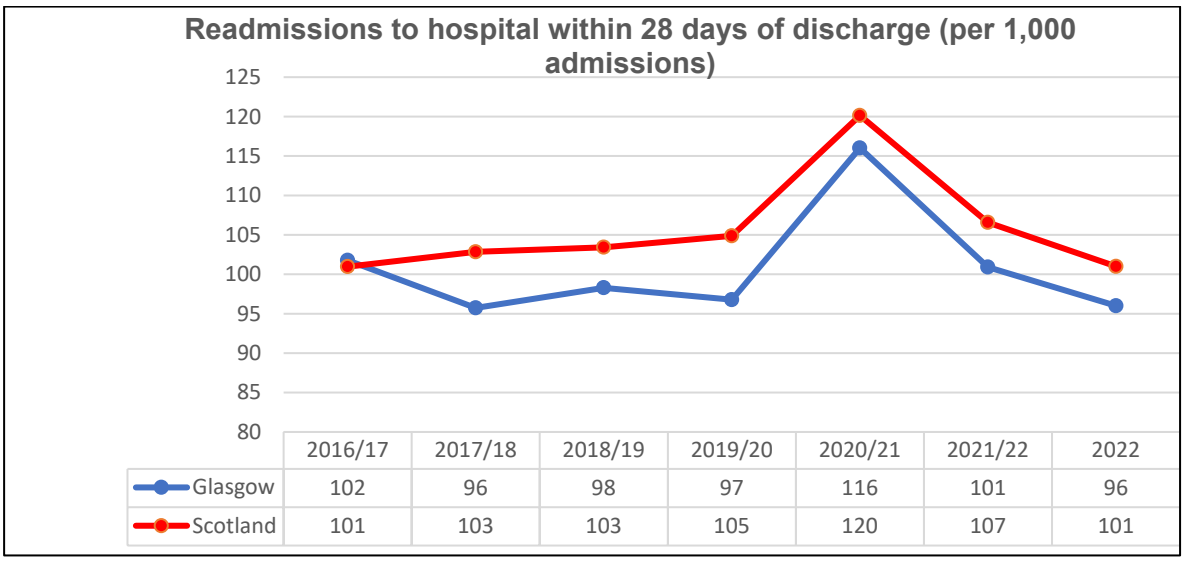
National Integration Indicator 13



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	146,018	141,690	140,458	138,056	118,406	129,188	123,922
Scotland	125,979	124,118	121,126	119,667	101,837	112,637	111,371

- Reduction over the period shown and decreased again in the last year after an increase in 2021/22 in both Glasgow and nationally
- Glasgow continues to be higher than the Scottish average although the gap has been narrowing over the period shown

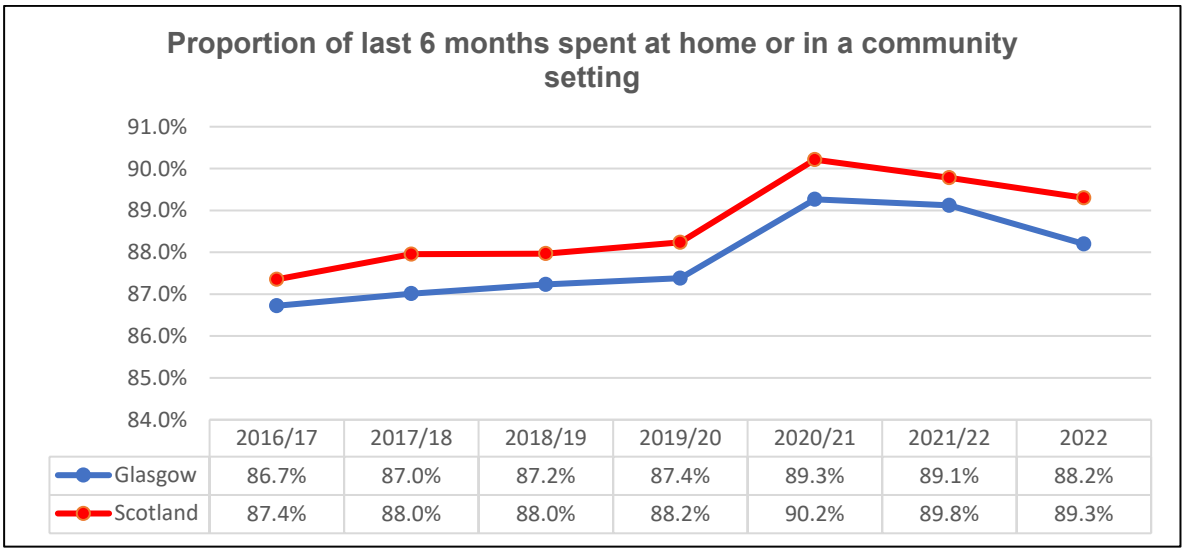
National Integration Indicator 14



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	102	96	98	97	116	101	96
Scotland	101	103	103	105	120	107	101

- Decrease in the last two years after a large increase in 2020/21 in both Glasgow and nationally. Now below levels of 2016/17 in Glasgow.
- Glasgow has remained lower than the Scottish average since 2017/18

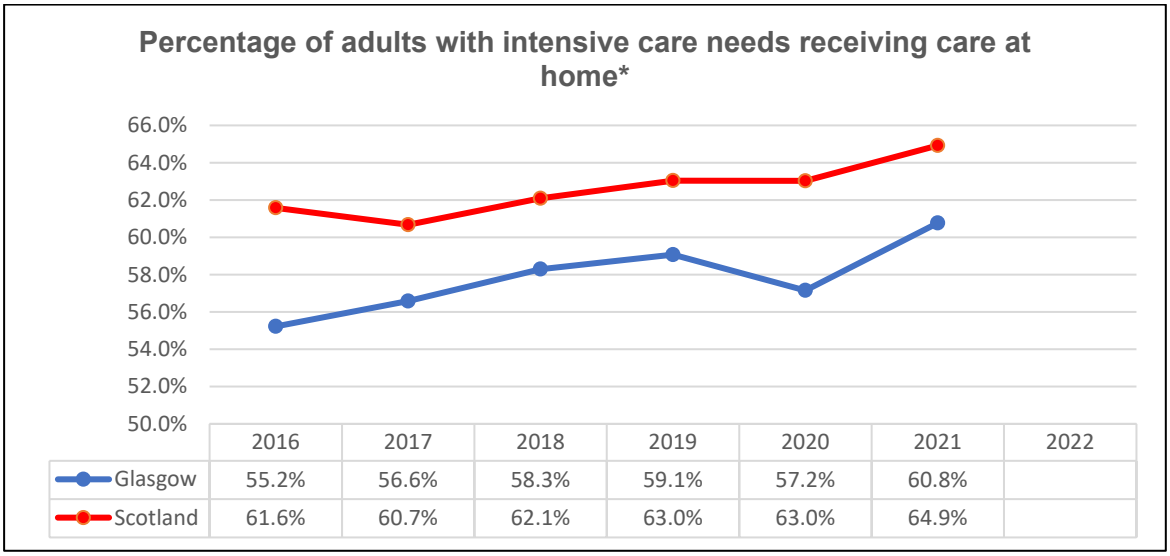
National Integration Indicator 15



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	86.7%	87.0%	87.2%	87.4%	89.3%	89.1%	88.2%
Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.8%	89.3%

- Increase over the period shown in Glasgow and nationally although there was a decrease in the last two years most significantly in Glasgow
- Glasgow lower than the Scottish average over the period shown with the gap increasing over the period shown

National Integration Indicator 18

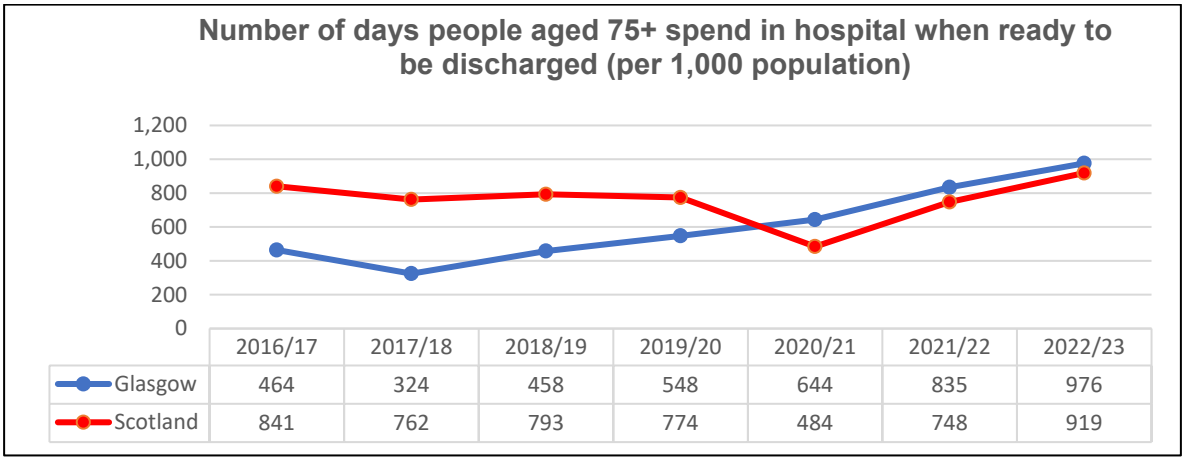


	2016	2017	2018	2019	2020	2021	2022
Glasgow	55.2%	56.6%	58.3%	59.1%	57.2%	60.8%	
Scotland	61.6%	60.7%	62.1%	63.0%	63.0%	64.9%	

*Data for 2022 not published yet

- Increase over the period shown in Glasgow and nationally with Glasgow increasing again after a decrease in 2020
- Glasgow lower than the Scottish average over the period shown

National Integration Indicator 19



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Glasgow	464	324	458	548	644	835	976
Scotland	841	762	793	774	484	748	919

- Significant increase in Glasgow over the period shown with Scotland wide figures also going above their 2016/17 levels in the last year
- Glasgow higher than the Scottish average since 2020/21 having been lower prior to that for the period shown

Note

Please note that calendar year 2022 is used for indicators 12-15 as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Using more complete data should improve the consistency of reporting between HSCPs.

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6. ENABLING INDEPENDENT LIVING FOR LONGER

Work has continued to be progressed across all care groups to support and empower people to live healthy, meaningful and more personally satisfying lives as active members of their community, for as long as possible. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Enabling Independent Living for Longer 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 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.

KEY DEVELOPMENTS/ACHIEVEMENTS

Maximising Independence

Glasgow City HSCP is taking forward the Maximising Independence programme which aims to change the way health and social care services support people. Key principles of this approach include putting people at the centre of care; using the existing assets of individuals and communities; embracing new technology; taking early action to prevent problems developing into crises; working closely with the community and voluntary sectors; and ensuring the right support is available and easy to find in the right place at the right time. During the last year, the HSCP organised a People's Panel to hear from service users, staff and partners on how we can best communicate with them on the implementation of this programme going forward.

Health and Social Care Connect

Health and Social Care Connect (HSCC) was launched in November and aims to make it easier for people to get in touch with the HSCP when they need advice or want to request a service, by providing a single point of contact (telephone and online). HSCC is supporting the Maximising Independence approach with HSCC staff assessing callers' needs in order to determine whether they require statutory services or could have their needs met better via community, 3rd sector or commissioned services, thus enabling people to be matched to the 'right service at the right time.'

Supporting Carers

During Carers Week in June, a range of activities were undertaken to celebrate the role of unpaid carers and promote the support available to them, including peer support opportunities and free training on a range of topics including dementia. The new Glasgow Carers Strategy 2022-25 was also launched, alongside the Carer Eligibility Criteria and Short Break Services Statement. During the last year, work was also undertaken across the HSCP to raise awareness of unpaid carers with the aim of enabling them to be identified and signposted for support at an earlier stage. The Carer Information Pages on the Glasgow Your Support Your Way website were also updated, informed by feedback from the Carer Strategy Consultation.

Carer Feedback

'I found the dementia training to be invaluable. It helped me better understand my mother's situation and I felt buoyed by the unending support of the trainer and the other carers on the course.' (Carer).

'The feeling of relief was immediate when I joined the course, here were other people like me, trying to navigate a way through the darkness of dementia. I didn't feel so alone, unable to cope and not having a clue where to find help.' (Carer).

Free Personal Care

Following an amendment to the Community Care (Personal Care and Nursing Care)(Scotland) Act, free personal care (FPC) for under 65s was introduced in April 2019, bringing parity with older people. This means that everybody who has been assessed as requiring personal care no longer have to make a financial contribution towards its costs. The HSCP's Social Care Charging Policy was updated to reflect this major change in legislation. At the end of March 2023, there were **2,369** adult service users under 65 in receipt of free personal care; an increase of **5%** in comparison to the March 2022 figure (**2,257**). **94%** of current service users under 65 in receipt of FPC have either a Learning Disability (**42%**), a Physical Disability (**38%**) or a Mental Health issue (**14%**).

Technology Enabled Care and Support

The HSCP offers Technology Enabled Care and Support (TECS) to help people live their lives as independently as possible in their own home. During the last year, new videos were launched to promote the service which covered how the social work assessment process works and the support options available, along with an accompanying Easy Read Booklet. These are all available on the TECS section of the Glasgow Your Support Your Way website.

The Community Alarms & Telecare service currently support approximately **9,000** service users. Over the course of the last 12 months, they have received approximately **530,000** incoming alarm calls; made approximately **146,000** outbound calls; and responded to approximately **34,000** onsite requests for assistance. In October, the service was independently audited by the TEC service association and re-accredited to their Quality Standard Framework, with the auditor recognising the resilience of the service; its business continuity arrangements; and how well the service was valued across the HSCP. Investment of over £5m has been agreed by the IJB to support the service to make the transition from analogue to a new digital

platform in light of the decommissioning of analogue phone lines and work to achieve remains on track.

Day Care Recovery

A key area of service recovery from Covid-19 during 2022/2023, was the successful re-opening of day services for older people. Due to physical distancing measures, these services were initially limited in operation and could only operate to one third of their capacity to allow for distancing in the centres and on transport to them. This ended with the removal of COVID-19 restrictions in September, which enabled day care services to also resume outings, social activities and engagement with their local communities. Occupancy rates have since increased and centres are continuing to promote their services to further increase uptake.

Socially Connected Strategy

In June, the HSCP launched the Socially Connected Glasgow Strategy which was co-produced with Impact Funding Partners (IFP) and local community members. It addresses the issues of isolation and loneliness, focusing on the importance of mental health and wellbeing within the context of our recovery from the pandemic. It examines what is working well in the city and identifies ways in which partners can work better together, to help people become more socially connected to their local communities. Recommendations for improvement are made across a number of areas including health, support for carers, transport, volunteering, sustainable funding and communication.

Case Study

Daytime Discos for over 50s were extended across the city in the last year. The sessions have been set up by Weekday Wow Factor, working in partnership with HSCP Local Area Coordination (LAC) Teams and Health Improvement staff. The sessions give people a chance to get out and socialise with others in their local communities and aim to enhance physical, mental and social health and help reduce loneliness and isolation.

User Feedback

"I came alone and have made so many new friends who I spend weekends with and I get fit and have fun in the process, it's changed my life." (Daytime Disco Participant).

'I'm here to make new friends and spend time with my old friends.' (Daytime Disco Participant).

Community Link Workers

Community Link Workers (CLW) are embedded within 80 GP practices across the city in areas of deprivation. They adopt a person-centred approach, working with patients to find out what is important to them and what issues they may need help with. They then identify what support would be of assistance and signposting them as required to local services, groups and resources. City wide thematic posts have also been established who have specific expertise in responding to the needs of a number of vulnerable groups including asylum seekers, homelessness and vulnerable adults.

Case Study

S is a 53 year old parent of two who was referred to the CLW team by the CAMHS service who were supporting her 18 year old son - who had been diagnosed with ADHD, autism and epilepsy – and had been discharged from an inpatient unit and was transitioning into adult mental health services. The CLW established that managing her son's behaviour was affecting her physical and mental health and worked with her to identify areas where she could benefit from additional support. This led to her attending a NHS weight management service and local walking group. She was also referred to other local voluntary organisations, including one which provides peer support and training to parents of children with additional support needs, and one providing a range of complimentary alternative therapies. When S completed her final evaluation, she identified improvements across all aspects of her wellbeing including social support and physical and mental health. She indicated that she had made improvements in her daily living and that the CLW 'helped me to see clearly and make informed choices'.

6.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Number of Clustered Supported Living tenancies offered to Older People (Outcome 2)	N/A	N/A	N/A	N/A	84	75 per annum	83	N/A	▼
% service users who receive a reablement service following referral for home care **from hospital** (Outcome 2)	72.8%	75.8%	68.9%	70.9%	71.7%	70%	70.1%	▼	▼
% service users who receive a reablement service following referral for home care **from the community** (Outcome 2)	78.2%	74.8%	75.5%	81.5%	72.5%	70%	79.6%	▲	▲
Has the Carer's Service improved your ability to support the person that you care for? (Outcome 6)	N/A	N/A	87%	90%	97%	70%	87%	▲ **(since 2019/20)**	▼
Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement (Outcome 6)	1,942	1,984	1,932	1,928	2,391	1,900 per annum	2,533	▲	▲
Telecare: Standard (Outcome 2)	2,771	2,706	2,723	2,326	2,771	2,000	2209	▼	▼
Telecare: Enhanced (Outcome 2)	1,222	1,337	1,565	444	672	760	1034	▲	▲

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

6.3 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 annual service user consultation on the Home Care service was carried out in the spring of 2023. Some of the headline figures for the 2023 survey in relation to our Strategic Priority of Enabling Independent Living for Longer 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.	94%	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.	74%	Outcome 3
My home carers are helpful and friendly.	96%	Outcome 3
The home carers are familiar faces.	83%	Outcome 3
If I telephone the service, I receive a prompt response.	77%	Outcome 3
Overall, I am satisfied with the service.	93%	Outcome 4

**Figures are currently provisional.*

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 this Strategic Priority of Enabling Independent Living for Longer.

Question		% Carers Responding Positively during 22/23
Has the Carers Service…	improved the quality of life for the person you look after?	77%
	improved your quality of life?	84%

KEY ACHIEVEMENTS

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

INDICATOR	2021/22	2022/23
% Service Users who Receive a Reablement Service Following Referral for Home Care From the Community	72.5%	79.6%
Number of New Carers Identified During the Year That Have Gone on to Receive a Carers Support Plan or Young Carer Statement	2,391	2,533
Telecare Referrals: Enhanced	672	1,034

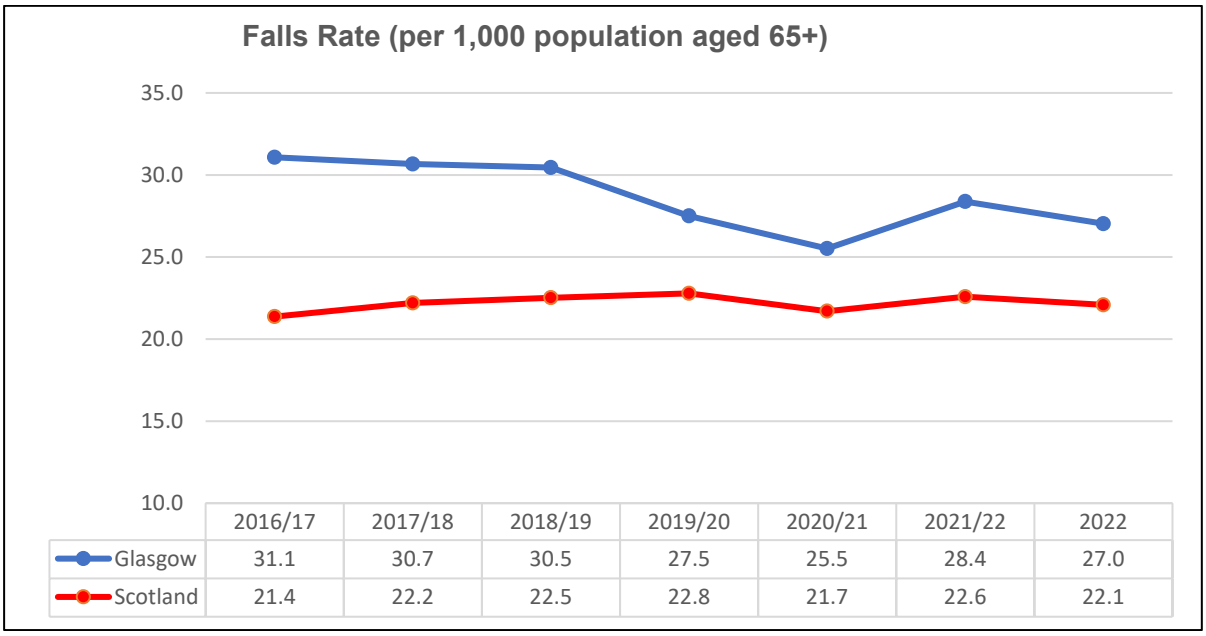
AREAS FOR IMPROVEMENT

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.

6.4 NATIONAL INTEGRATION INDICATORS (see Appendix C)

National Integration Indicator	2021/22 Survey Results (19/20 results shown in brackets)				Direction of Travel Since Last Survey (19/20)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above ✅ Below 🛑	
1. % adults able to look after their health very well or quite well	1	**88.1%** (89.7%)	**90.9%** (92.9%)	🛑	▼
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	**80.3%** (81.5%)	**78.8%** (80.8%)	✅	▼
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	**70.1%** (74.8%)	**66.4%** (73.5%)	✅	▼
5. % adults receiving any care or support who rate it as excellent/good	3	**74.9%** (78.9%)	**75.3%** (80.2%)	🛑	▼
6. % people with positive experience of the care provided by their GP practice	3	**71.4%** (83.1%)	**66.5%** (78.7%)	✅	▼
7. % adults supported at home who agree that their services/support had impact on improving /maintaining their quality of life.	4	**79.6%** (79.2%)	**78.1%** (80.0%)	✅	▲
8. % carers who feel supported to continue in their caring role	6	**33.7%** (35.8%)	**29.7%** (34.3%)	✅	▼
9. % adults supported at home who agreed they felt safe	7	**81.0%** (81.6%)	**79.7%** (82.8%)	✅	▼

National Integration Indicator 16



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	31.1	30.7	30.5	27.5	25.5	28.4	27.0
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.1

- Reduction over the period shown in Glasgow while the figure for Scotland has increased slightly
- Glasgow higher than the Scottish average over the period shown although the gap has been reducing

Notes

Please note that calendar year 2022 is used for indicator 16 as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Using more complete data should improve the consistency of reporting between HSCPs.

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7. PUBLIC PROTECTION

A continued emphasis has been placed on promoting health and well-being, as part of our focus on safeguarding and protecting our most vulnerable children, adults and older people and helping to ensure that they are kept safe from harm.. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Public Protection 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 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

7.1 KEY DEVELOPMENTS/ACHIEVEMENTS

7.1.1 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.

Performance

ASP data continues to demonstrate an upward trend in relation to referral numbers and complexity. The most recent Annual Government return (for year ending 31 March 2023) noted that there had been a **23%** increase in ASP referral rates, rising to **10,329** referrals from **8,431** the previous year. Police Scotland were the main source of referrals, amounting to **26%.** The percentage of ASP referrals going on to ASP investigation decreased by **15%** from **506** the previous year, to **428** in 2022/23. The principal harm noted in ASP investigations during this time period was ‘Neglect’.

ASP Data reporting and analysis is also being strengthened by work driven by the National ASP Improvement Plan, including the anticipated roll-out of a new minimum data set by Spring 2023, which we are currently involved in discussions about implementing. This will help to achieve a robust data collection process that supports more meaningful comparison, identification of trends and forward planning.

Inspection

Glasgow City Partnership (involving Health/Social Work and Police) were subject to inspection of their ASP arrangements by the Care Inspectorate last year, which focused on ASP processes and Strategic Leadership. This involved the scrutinising of records between May 2020 and May 2022, a period which spanned the unprecedented challenges caused by the pandemic. The extensive inspection included analysis of supporting documentary evidence; a comprehensive staff survey (431 responses); scrutiny of health, police and social work records (involving 90 adults at risk of harm); and staff focus groups (involving 47 staff members across 4 focus groups).The Joint Inspection Report was published in October 2022 and concluded that our ASP key processes are **effective** (with clear strengths supporting positive experiences and outcomes) and that our strategic leadership arrangements are **very effective**, based on the following findings:

- Evidence of robust procedures to manage the high volume of ASP referrals.
- ASP Inquiry work completed to a high standard.
- Collaborative and robust risk assessments helped to ensure that almost all adults experienced improvements in their circumstances.
- The HSCP has a clear vision for ASP underpinned by a strong commitment to trauma informed practice.
- Evidence of robust audit activity driving improved practice.
- Most areas of ASP work completed to a high standard with evidence of effective management oversight.

The Inspection noted two areas for improvement:

- The quality of chronologies alongside the consistency of decision making around progressing investigations to case conference.
- Aspects of the Case Conference including more accurate recording of attendees including detailing the reasons for any non-attendance of the adult.

In response, an Improvement Plan has been developed which identifies actions to help support the recording of chronologies, adult participation, and a collaborative approach to ASP.

Self-Evaluation

The above Improvement Plan will be monitored via self-evaluation including a Tripartite Audit in early 2023 (again also involving Health/SW Police), placing particular emphasis on the themes arising from the Joint Inspection. The Tripartite Audit will also involve staff Focus Groups, as part of a drive to better embed frontline staff in improvement planning and ensuring they inform service delivery.

Our commitment to self-evaluation is also reflected in the development of a new Learning Review Protocol and the publication of two Significant Case Reviews in the last year. The learning from these cases has resulted in a multi-agency Action Plan which we are currently progressing to help drive practice improvements, alongside the development of key learning pack materials which have been used for staff briefings across partners. The external Joint Inspection of our ASP processes commented positively on our approach to Significant Case/Learning Reviews, noting that we adhere to national guidance and effectively evidence learning. We are making efforts to expand on this approach and ensure that key learning derived from self-evaluation and audit activity, helps to inform service delivery.

Code of Practice

Work is also underway to help align our ASP processes to the revised Code for Practice, which provides guidance to help implement ASP legislation. The guidance has been updated to ensure consistency with the legislative and policy framework and it highlights the need for a trauma informed approach; places increased importance on adult participation; and promotes the need for effective collaboration with relevant agencies, families, and adults at risk of harm, to help offer effective support and protection.

We are actively involved in the National Implementation Group that has been set up to help guide and support any local changes and it is anticipated that local areas will require a period of around 18 to 24 months to assess, plan and implement them. On this basis, the Priority areas for improvement activity for ASP will be:

- Implement and monitor the effectiveness of the multi-agency ASP Improvement Plan (submitted to the Care Inspectorate as part of the Joint Inspection outcome).
- Commitment to robust Self-Evaluation and Audit activity – this includes the recommencement of the Tripartite Annual Audit (paused because of the pandemic) and implement/monitor the progress of multi-agency Action Plans linked to the recent Significant Case (Learning) Reviews.
- Strengthen the collection of ASP data – including supporting the roll-out of the new national minimum data set.
- Involvement in the National Implementation Group regarding the revised ASP Code of Practice – to help inform local changes required to help align to the updated guidance.

7.1.2 CHILD PROTECTION

Trends over time in respect to child protection data are shown below:

Year	March 18	March 19	March 20	March 21	March 22	March 23	Direction of Travel since 2018	Direction of Travel since 2022
No. on CP Register	314	388	401	342	302	302	**down**	***no change***
	17/18	**18/19**	**19/20**	**20/21**	**21/22**	**22/23**	**Direction of Travel since 17/18**	**Direction of Travel since 20/21**
New Registrations	415	517	495	423	369	346	**down**	**down**
De-Registrations	587	443	482	482	409	346	**down**	**down**
Average Time on Register before De-Registration (Days)	315	285	255	333	306	284	**down**	**down**

Note: There are no targets for the numbers shown in the tables above and hence performance direction arrows have not been added.

At year-end 2023 **52%** of the children on the CP register were aged 0 to 4; **34%** were 5 to 11; and **14%** were 12 to 15. The proportion of children aged 0 to 4 rose since March 2022 (**46%**) while the proportion decreased in the 5 to 11 (**38%**) and 12 to 15 (**16%**) age groups. There were no children 16 and over registered during the year.

In 2022 the most used categories of registration were Domestic Abuse (**47%**), Neglect (**44%**) and Non-Engaging Families (**36%**). **79%** of Child Protection Registrations were in SIMD1 areas in the city.

Audit

The centralised Child Protection (CP) Team is well established and has a clearly defined strategic, practice and policy development role in the protection of children and young people at potential risk of significant harm. The key functions of the team include the responsibility for ensuring direction of flow between respective CP 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.

The priorities of the CP team in 2022/2023 focused on the implementation of the revised National Guidance for Child Protection (2021); the rewrite of Glasgow's Social Work Services Child Protection procedures; and preparation for the anticipated inspection of Children's Services. In addition to this, a comprehensive and wide ranging audit of Child Protection practice within the city (reporting in April 2023) is currently being undertaken by the Practice and Audit Team, which aims to quality assure our approach to child protection based on extensive case sampling. Aspects which are being looked into are the factors which may explain the significant and sustained reduction in Child Protection registrations; as well as the use of categories and practitioners understanding of risks within the wider context of the family's circumstances.

Learning and Development

The CP team also remain committed to the ongoing learning and development of CP practice within the city, with the areas of priority:

- 6 monthly CP multi-agency CP Practice Development Forums in each locality.
- 3 Development days for all grade 8 staff across Children's services.
- Development of a CP Training Pathway for locality based Qualified Social Workers, Team Leaders and Service Managers.
- Membership of national working groups including child exploitation, child trafficking, National Referral Mechanism (trafficking).
- Leading, in partnership with Children's Services, on implementation of the Scottish Child Interview Model (SCIM) and the development of the 'Children's House' in Glasgow.
- Ensuring the interface arrangements with locality based children's teams remains robust following the introduction of Health and Social Care Connect.

How Nurturing is our Children's House? Programme

How Nurturing is our Children's House?' is a multi-agency project between HSCP and Educational Psychology Services. This programme has a focus on relationships, care and love and is aiming to adapt the approach of practitioners within children's houses, in order to better support and nurture the children within them. The programme was initially tested in one house and has since been rolled out to day staff in all 19 children's houses in the city. It has been received positively by young people and their carers and has had a positive impact on reducing violent behaviour and staff work related stress levels. As part of its implementation, nurture rooms have been created; nurturing principles adopted in house processes; and staff have been given a range of related development opportunities. Going forward, the next phase will involve developing digital materials and training to support new staff and those that missed the roll out; and the launch of the 'Nurture at Night' programme, a blended approach specifically for night shift carers.

7.1.3 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:

Domestic Abuse Strategy

The need for a more joined up and explicit response across the HSCP to domestic abuse and its impact was identified in early 2020 and during the Covid-19 pandemic. In response, effective joint planning arrangements and a clear strategic direction for Domestic Abuse have been established through development and publication of the first Domestic Abuse Strategy for Glasgow city. The draft Strategy was subject to an extensive public consultation process in the last year including an online Survey as well as a range of engagement opportunities targeting key stakeholders including those with lived experience of domestic abuse. The Strategy outlines six Strategic Priorities and commits to a range of actions to improve our services for people who experience, or who are affected by domestic abuse, as well as people who cause harm through domestic abuse.

MAPPA

Glasgow MAPPA (Multi Agency Public Protection Arrangements) published its 13th Annual Report in November 2022, which reviewed performance between 2021-2022. The report evidenced that Glasgow MAPPA continued to effectively manage the risk posed by individuals subject to MAPPA and met the required performance targets. New National Guidance led to changes in the performance framework used in respect to MAPPA in April 2022 and since then performance across all indicators remains high and has been subject to ongoing review by the MAPPA Operational and Strategic Groups. A Significant Case Review (SCR) was undertaken in the last year and is in the process of being finalised, following which its findings will be shared with key partners.

The Glasgow Youth Court

The Glasgow Youth Court was introduced in 2021 to improve sentencing and outcomes for young people and is now being evaluated by the Children and Young

Person's Centre for Justice. Prior to the Youth Court being implemented, the majority of young people were made subject to Community Payback Orders (CPOs). Evidence shows they often did not complete these CPOs given their duration and the often strict requirements associated with them, which could lead to them receiving further convictions. Through the Youth Court, Structured Deferred Sentences (SDS) are increasingly being offered, which provide young people convicted of an offence with a period of time between conviction and sentencing. During this time, Youth Court staff link with HSCP services and voluntary sector partners to deliver a person-centred plan. This provides the young person with intense structured interventions aimed at addressing the issues contributing to their offending behaviour, such as addictions or mental health problems; and offers them support in areas such as employability advice or mentoring. Providing they commit no further offences, they may then receive a lowered sentence or complete admonishment.

Women's Problem-Solving Court

Glasgow HSCP justice social work services, in conjunction with the Sheriff Principal at Glasgow Sheriff Court, established a Women's Court in January 2023. This takes a problem-solving approach similar to the already established Drug, Youth and Alcohol Courts and it is hoped their success can be replicated, ensuring that women's experience of the criminal justice system is more trauma informed and person centred. This Court aims to utilise community-based disposals such as Structured Deferred Sentences, with women supported by the multi-agency Tomorrow's Women Glasgow team to address the factors contributing to their offending behaviour, whilst the court monitors their progress and engagement via regular review hearings.

Unpaid Work

Unpaid Work personal placements provide an opportunity for individuals subject to Community Payback Orders to learn, develop new skills and support local communities, by working directly with a third sector or charitable organisation. This can help the individuals involved obtain and sustain future employment opportunities, which can be vital in reducing reoffending. In the last year we have developed a personal placement action plan, which has included the commissioning of a Short Film to demonstrate the positive impact of personal placements. This film was developed in conjunction with people who have undertaken personal placements and were able to reflect on their positive impact, both in terms of payback to the community and their own improved resilience and wellbeing. This film will be used in 2023 to promote these personal placements to key stakeholders and grow the number of community agencies offering them.

Bail – Electronic Monitoring

Following the Scottish Government's introduction of Electronic Monitoring (EM) as part of bail in Spring 2022, our justice bail team now consider EM bail as part of their assessment process for service users presenting at Glasgow Sheriff Court from Police custody, providing an assessment to the court of its suitability where appropriate. The overarching aim of EM bail is to reduce the use of remand, by giving confidence to the court that people bailed in the community will be supported to comply with the conditions of bail, with any non-compliance robustly managed. Specific groups given particular consideration for EM bail are those with a high level of need/complexity that would require support to manage standard bail, including women involved in the justice system, young carers and people with mental health difficulties, learning disabilities, or substance misuse issues.

Martha's Mammies

Martha's Mammies is a multi-disciplinary service which became operational in November 2022 and works with women who have lost care of their children. The aim is to help the women stabilise their personal and social circumstances by offering practical advice and assistance, peer support, advocacy, and signposting to partners as required. The service works towards emotional wellbeing, repair and recovery and supports women to find ways of making sense of their experiences and living with their loss of care for their children. To date, the service has received over 100 referrals from a variety of HSCP services.

Early and Effective Intervention Team

A short film was launched in the last year to highlight and promote the work of the multi-agency Early and Effective Intervention (EEI) Team which takes referrals for children under the age of 12 (the age of criminal responsibility), who have come into contact with the police by displaying risky or offending behaviour. Young people referred to the voluntary programme are given advice and support, with the team working with them to identify and address the underlying causes of their behaviour and provide them with better coping strategies going forward.

Let's Get Communities Connected App

Community Justice Glasgow commissioned the *Let's Get Communities Connected* App, which was developed in partnership with Glasgow Girls Club, in a bid to reduce offending/reoffending. It is targeted mainly at people working in Community Justice, enabling them to link through the App to over 800 community-based groups and services who offer support and advice for those coming into contact with the criminal justice system. It was developed in response to evidence that if people are connected to positive influences in their community and receive the support they need at an early stage for any underlying issues which may be contributing to their offending, they are more likely to pursue positive paths and the risks of offending or reoffending can be reduced.

7.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Number of households reassessed as homeless/ potentially homeless within 12 months. (Outcome 4)	444 ✅	400 ✅	437 ✅	420 ✅	526 🛑	<480 per annum	406 ✅	▲	▲
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence (Outcome 9)	67% 🛑	66% 🛑	76% 🛑	76% 🛑	87% ✅	80%	89% ✅	▲	▲
i) % of Community Payback Orders (CPO) with a Case Management Plan within 20 days	80% 🛑	76% 🛑	85% ✅	85% ✅	93% ✅	85%	97% ✅	▲	▲
ii)% of Drug Treatment and Testing Orders (DTTO) with a Case Management Plan within 20 days(Drug Court)	N/A	N/A	N/A	N/A	N/A	85%	100% ✅	N/A New KPI 22/23	N/A New KPI 22/23
iii). % of Licences with a Case Management Plan within 20 days (Clyde Quay) (New KPI from 22/23)	N/A	N/A	N/A	N/A	N/A	85%	100% ✅	N/A New KPI 22/23	N/A New KPI 22/23

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	2021/22	2022/23
Number of Households Reassessed as Homeless/Potentially Homeless Within 12 months	526	406
% of Community Payback Order (CPO) Unpaid Work Placements Commenced Within 7 Days of Sentence	87%	89%
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days	93%	97%

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.

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8. EQUALITIES

8.1 PROGRESS UPDATE

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. During 2022/23, activity has included:

- Introducing monthly equality training communications to promote the learning opportunities available to staff and to encourage everyone to keep this information up to date. Regular equality training is important in giving staff a sound understanding of equality, diversity and human rights and providing examples of good practice to support how they interact with service users and each other.
- Working with partners to establish an HSCP Equality Peer Support Network to share good practice and improve collaborative working to advance equalities practice.
- Working in partnership with Intercultural Youth Scotland's (IYS) Mental Health Service and other local partners, to hold a Conversation to Action event in February - '*Culturally Informed, Anti-Racist Mental Health Care'*. The event followed on from the report 'Mental health and wellbeing of black and minority ethnic children and young people in Glasgow', which we produced as part of the Scottish Government's Community Mental Health and Wellbeing Supports and Services Framework. A short animated version is also available.
- Undertaking an evaluation of our Gender Friendly Nurseries Project which aims to embed gender equality in early years settings in Glasgow (see also chapter 3). Zero Tolerance worked with us to produce a briefing to highlight the evaluation's main findings, which will provide vital learning to help embed gender equality into practice in early years settings in Glasgow and beyond.
- With NHS Lothian and Public Health Scotland, we undertook an LGBT+ Health Needs Assessment. This research recognised that there are gaps in knowledge about the health and wellbeing of LGBT+ groups and sought to better inform public health approaches for LGBT+ people across the Greater Glasgow & Clyde and Lothian areas.
- The completion of 20 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.
- Produced our latest Equalities Progress report provides full details of the actions and progress to date against our Equality Outcomes.

8.2 THRIVING PLACES

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. HSCP staff, in particular Health Improvement teams, continue to concentrate their activity within neighbourhoods experiencing persistent inequalities. Much of this work has been aligned with the Community Planning Thriving Places approach which aims to facilitate collaboration between organisations and communities to make better use of existing resources.

Thriving Places activity is taken forward in 10 neighbourhoods across Glasgow, each of which are particularly affected by poverty. Each neighbourhood developed a 10-year Locality Plan in 2017 which includes a history of the area; a profile of the local population; details of local amenities and community groups; local priorities; and an action plan. Links to these plans are provided below:

North East

Easterhouse
Parkhead, Dalmarnock and Camlachie
Springboig and Barlanark

North West

Drumchapel
Ruchill and Possilpark
Lambhill and Milton

South

Gorbals
Govan
Govanhill
Priesthill and Househillwood

Over the past 10 years, the Thriving Places programme has funded Community Connectors across 10 neighbourhoods. These are people employed by local/anchor organisations who bring stakeholders together to address local priorities. As reported during 2021/22, the Pandemic had a significant impact on local/anchor organisations with the number of active Community Connectors in place to coordinate activity reduced, this affected the capacity and reach of the programme across a number of neighbourhoods. Despite this, place based work within and beyond Thriving Places continued throughout 2022/23. An example of activity undertaken within each of the localities in the past year is described below. A citywide review of Thriving Places is scheduled to complete in the Autumn of 2023 which will inform future locality planning and delivery of place based activity within the city.

North West - Community Hub (Drumchapel)

Drumchapel Community Council (DCC) invited Thriving Places (TP) to prepare and conduct a piece of research on a proposed Community Hub for Drumchapel. The Thriving Places team suggested a Participatory Action Research (PAR) approach to seek the views of people who live and work in the area on the suggested Hub, how it should operate and what they thought it should deliver. A total of 325 face-to-face interviews took place and 22 focus groups were facilitated. The detailed results of the research were published in a report in November 2022. This highlighted a general consensus that a Hub was needed and generated a number of suggestions on what it should offer, including a range of social and leisure activities, employment support and personal development opportunities. The report was sent to key stakeholders and shared with the local community at a public meeting, as well as in a special edition of Drumchapel News, which was delivered to every household in the G15 postcode. Some funding has now been accessed through the People Make Glasgow Communities programme and a local Action Group created to take forward the community's aspirations for the Hub.

South – Growing Well Together (Govanhill)

It is recognised that access to quality greenspace is a key determinant of health both in terms of increased physical activity with consequent health benefits and mental health and wellbeing. Building on the success of the Shields Community Garden which delivers garden activities and greenspace prescribing to people struggling with mental health, isolation or loneliness, work has been undertaken in partnership with Hubbub and Urban Roots to further develop greenspace activity via the Greenspace Connector & Outreach Worker Demonstration Project. This project has been engaging with local communities, community based organisations and GP practices across East Pollokshields and Govanhill, to further support greenspace prescribing and engagement in the area. It is one of four UK pilot projects and aims to create and enhance local green spaces; remove the barriers to accessing nature and growing spaces for the local community, particularly women from South Asian backgrounds; and test methods of engaging service users, staff and visitors in green spaces, in order to share the learning with other projects.

North East - Barrowfield Burn Community Garden (Parkhead, Dalmarnock and Camlachie)

Work on the Barrowfield Burn Community Garden began in Feb 2022 in collaboration with local people using a previously derelict and vacant piece of land which had become a hot spot for fly-tipping. After a community consultation, the area was cleared and developed by community volunteers who have been supported by the Thriving Places community worker and a range of partners, to apply for funding and become a fully constituted group. The aim has been to make the area an inclusive space for the whole community and features installed have included a seating area & planters, exercise and play areas, a fairy garden, paved paths to make the garden wheelchair accessible, as well as produce which has been grown and distributed locally. Activities and maintenance of the garden are community-led and since its opening day in June 2022, the garden has hosted 2 movie nights, a Halloween party and Santa's Grotto at Christmas time.

9. STAFF DEVELOPMENT AND ENGAGEMENT

9.1 KEY DEVELOPMENTS/ACHIEVEMENTS

9.1.1 SUPPORTING OUR STAFF

Workforce Plan

A new Workforce Plan (2022-25) was developed this year which takes account of the Scottish Government's requirements in the National Workforce Strategy for Health and Social Care in Scotland. It includes an associated Action Plan, with actions 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.

Recruitment

The HR Recruitment team within Social Work services have recruited approximately **900** new staff in the last year. The team have used a range of social media in all of their recruitment campaigns, made improvements to recruitment web pages and introduced more efficient systems to reduce recruitment times and improve the candidate journey.

Case Study

Care at Home services have continued to face recruitment challenges due to shortages across the health and social care sectors in Scotland. In response, a targeted values-based recruitment campaign was used across multiple mediums, including television, radio, social media and recruitment fairs, which attracted over 400 applications. They have also engaged with 'Bridges', a third sector organisation who support foreign nationals and refugees into employment, including Ukrainian nationals. Discussions have also commenced with Glasgow Clyde College to co-create a bespoke entry level course, which would include placement opportunities for students that would enable them to gain hands-on experience, with a view to supporting them to pursue a career in social care.

Staff Health and Wellbeing

A Staff Health and Wellbeing Group, with representatives from across HSCP services, has been established. It has been responsible for pulling together an Action Plan and overseeing a range of activities to promote staff wellbeing. These include the creation of a Staff Health and Wellbeing website that contains information on local activities, as well as links to local and national health and wellbeing resources. This Group is also responsible for Healthy Working Lives (HWL) activity and have established HWL coordinators and champions in each locality and continue to produce Quarterly HWL Bulletins which are disseminated widely to staff across the HSCP.

Case Study

20 Minute Care Space is a structured approach to offering Care at Home staff a reflective space during working hours, which have been developed and facilitated by a Senior Principal Clinical Psychologist. They aim to enable staff to connect with colleagues, reflect on their present circumstances and identify areas for self-care.

Feedback indicates that 85% of staff who attended these sessions felt an increased awareness of the importance of self-care, with a similar percentage saying they felt more connected to colleagues as a result of attending. 88% also stated it would be 'extremely likely' they would attend further sessions.

iMatter

iMatter is a national staff engagement questionnaire that measures staff engagement and satisfaction within teams and supports them to create an action plan to improve and build on their results. In 2022, the HSCP had a **50%** response rate and an overall HSCP Employee Engagement Index of **77**, 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, the same as in 2022. **33 %** of teams have completed an action plan to follow up on their team report, compared to **29%** in 2022.

Learning and Development

A range of learning and development opportinities are provided to staff including the Leading, Managing and Caring course provided though the Open Uiversity. We have 19 managers due to complete the award in June 23 and a further 18 starting in August 2023. Coaching conversation half-day courses for managers have also been made available in the last year and are scheduled again during 2023

Trauma Informed Organisation

Trauma is defined as 'an event, series of events or a set of circumstances that is experienced by an individual as being physically or emotionally harmful or life threatening'. Trauma can be experienced at any stage in a person's life and they can then find it difficult to trust people, cope with life and be safe. The Scottish Government, COSLA and partners have a shared ambition to develop a trauma-informed and responsive workforce across Scotland, to support the resilience and recovery of people affected by trauma. Glasgow has been selected as one of the pilot areas in a Scottish Trauma Informed Organisation approach and will roll out Trauma Informed Training to relevant staff across a range of care groups including Addictions, Mental Health and Homelessness.

Supporting Attendance

A number of activities to support wellbeing and attendance have been undertaken in the last year. These include the rolling out of 90 minute training for managers across the HSCP entitled '*Maximising Attendance & Employee Wellbeing'*. Training has also been delivered for managers on the NHS and Council's 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.

9.1.2 AWARDS

Internal Awards

Glasgow City HSCP's (Health and Social Care Partnership) Staff Awards for Excellence 2022 took place as a virtual event in October. The Awards recognise and celebrate individual staff, teams and projects who have 'gone the extra mile' in their work in a number of categories. This year's awards were hosted by our HSCP's Chief

Officer (Susanne Millar), and the Chair (Councillor Chris Cunningham) and Vice Chair (Simon Carr) of our Integration Joint Board (IJB). Awards made were as follows.

Team of the Year: The Ukrainian Crisis Response Team
Commendation: The Residential Older People's Services Team

Leader of the Year: Anna Toland, Team Leader, Older People's Services
Commendation: Eileen McDade, Team Leader, Counselling and Support Services at Sandyford

Employee of the Year: Ian Ferguson, Social Worker, Mental Health Team
Commendation: Jean Carson, NHSGGC Prison Healthcare

Volunteer of the Year: The Peer Naloxone Programme Team Champions
Commendation: Mark Howie, Senior Officer, Business Development

Innovation of the Year: Older People Residential and Day Services and Care Home Liaison Psychology Service
Commendation: Abortion Care Team at Sandyford

External Awards

Nominations were also submitted for external awards, with a number of winners or recognitions:

- Housing First Programme - Finalist, Excellence in Adult Services category, **Scottish Social Services Awards 2022.**

- Phil Donnelly, Midlock Medical Centre - Winner, Social Prescribing Link Worker of the Year Award, **National Association of Link Workers UK Awards 2022**.

- Lorna Robertson, (Drs Duffy and Morgan, Drumchapel Health Centre) - Finalist, **National Association of Link Workers UK Awards 2022.**

- Keppoch Medical Practice (Possilpark Health and Care Centre) - Finalist, Social Prescribing Partnership of the Year Award, **National Association of Link Workers UK Awards 2022.**

- Design in the Dale landscape public artwork commission at Leverndale Hospital - Finalist, Design for Good category**, Scottish Design Awards 2022.**

- Kenna Campbell, Farhat Khan and Sandra Barber, Health Improvement Team - Winner, 'Digital Initiative' category, **UK Public Health Register Awards 2022.**

- GlasGowGetTested Campaign (Sandyford Sexual Health Services) - Finalist, Best Use of Technology in Healthcare Award, **Herald Digital Transformation Awards 2022.**

- Older People Mental Health Physiotherapists (Leverndale Hospital) - Finalist, Better Health Award, **NHSGGC Excellence Awards 2022.**

- Tracy Brown, Prescribing Support Pharmacist (Govanhill) - Finalist, Better Health Award, **NHSGGC Excellence Awards 2022.**

- Barr Street Community Assessment Centre, Finalist - Better Workplace Award, **NHSGGC Excellence Awards 2022.**

- Gorbals Health Centre Treatment Room - Finalist, Nursing Award **NHSGGC Excellence Awards 2022.**

- Creating Cancer Animations Poster (Health Improvement Team) - one of the top three in the Health of the Population category, **NHS Scotland 2023 Annual Event.**

- Peer Naloxone Training Programme - Winner, Volunteer of the Year Award and Innovation of the Year Award, **NHSGGC Public Health Directorate Excellence Awards 2022.**

9.1.3 COMMUNICATIONS

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

- Reviewed, refreshed and relaunched the HSCP's Your Support Your Way website to improve its design, content, accessibility and user experience.

- Further development and usage of the HSCP's social media channels to increase the ways the HSCP communicates and engages with internal and external audiences, including: Facebook, Twitter and YouTube.

- Continued promotion of accessible communications guidance with staff to support more consistent best practice across the HSCP.

- Made further improvements to a range of HSCP websites to ensure that they are more accessible and compliant with web accessibility regulations and standards and improved the content of a range of webpages including IJB Committee webpages and news articles.

- Continued the bi-monthly publication of Partnership Matters to keep a range of internal and external audiences up to date on some of the key work happening across the HSCP with partners.

- Provided a range of communications support to the development, planning and launch of Health and Social Care Connect (HSCC), including regular email/briefing updates; the development of webpages and online forms; and print and digital public information to promote the service via a range of communication channels.

- Supported the HSCP's ongoing recruitment campaign to attract people to work for the HSCP across a number of roles.

- Continued communications support to the HSCP's business continuity and recovery planning arrangements, and our responses to COVID-19 including briefings, posters, videos, emails, webpages and social media.

- Provided communications support to a number of programmes, projects and campaigns, including: the IJB's Strategic Plan 2023 - 26; the Domestic Abuse Strategy; the Parkhead Hub; the Power of Attorney campaign; and a range of Health Improvement campaigns.

- Provided graphics support to design a range of print and digital publications and branding for projects and programmes, including the IJB's Strategic Plan 2023 – 26; the IJB's Annual Performance Report; the IJB's Annual Accounts; the Property Strategy; HSCP social media branding; Health and Social Care Connect; and Martha's Mammies.

- Developed a range of videos to promote the work of the HSCP and partners, as well as videos to support staff training, some of which are available on the HSCP's YouTube channel.

- Supported a number of events, including: the HSCP's Staff Awards for Excellence, Care Leavers Open Day, Foster Carer's Summit and the Social Care Provider Event.

Activity

- As at 31 March 2023, the HSCP's Twitter profile had **5,392** followers (up from 4,789 last year), and 814 Tweets were made during 1 April 2022-31 March 2023.

- As at 31 March 2023, the HSCP's Facebook profile had **1,819** followers (up from 1,189 last year), and 733 posts were made during 1 April 2022-31 March 2023.

- During 1 April 2022-31 March 2023, there were **84,644** visitors to the HSCP's website, and there were **251,132** page views.

- As at 31 March 2023, the HSCP's YouTube channel had **237** subscribers.

9.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
NHS Sickness Absence rate (%) (Outcome 1)	5.42%	6.23%	6.37%	5.1%	6.39%	4%	7.03%	▼	▼
Social Work Sickness Absence Rate (Average Days Lost) (Outcome 1)	12.1 ADL	14.5 ADL	15.7 ADL	15.9 ADL	19.7 ADL	ADL per employee per annum 10.2 ADL	20.3 ADL	▼	▼

Areas for Improvement

INDICATOR	PERFORMANCE ISSUES AND ACTIONS
Sickness Absence ***NHS Sickness absence rate (%)*** **Target:** 4% **Actual:** 7.03% ***Social Work Sickness Absence Rate*** **Target:** 10.2 ADL Average Days Lost (ADL) per employee per annum **Actual:** 20.3 ADL	**Performance Issues** • The impact of the pandemic on the health and social Work workforce has been significant, in particular on staff mental health and wellbeing which has had a knock-on effect on absence levels. • Absences recorded as 'Psychological' (which includes all stress related absence) remains the most common absence reason. **Actions to Improve Performance include:** • Updating of the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to attendance management and support the health and mental wellbeing of staff. • HR support and advice has been made more accessible and promoted to all HSCP staff and managers. • HR advice and guidance is automatically sent out to managers when staff are off sick. • HR Training for Managers being provided. • Ongoing analysis of absence trends to identify areas for improvement. • Managers to continue to promote uptake of COVID booster vaccinations for staff.

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10. INSPECTION AND PRACTICE AUDIT

10.1 HSCP REGISTERED SERVICES – CARE INSPECTORATE

Between April and December 2022, the Care Inspectorate undertook 10 unannounced inspections of HSCP services. The following tables details 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 table.

Older People

Please note that in 2020 the Care Inspectorate revised their inspection methodology for Older People Care Homes, developing 'Key Question 7' (*How good is our care and support during the COVID-19 pandemic?)*, which augmented their quality framework for care homes for older people and was implemented to meet the statutory duties outlined in the Coronavirus (Scotland) (No.2) Act and subsequent guidance. During 2022/23 the inspection schedule in 2022/23 has seen a return to the standard inspection methodology as evidenced by the absence of this 'Key Question 7' within inspections.

UNIT (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 Staffing?	How good is our leadership?	How good is our Care and Support during the COVID-19 pandemic?	No. of Requirements
CARE HOMES (OLDER PEOPLE)							
Hawthorn House (10/06/22)	4	Not assessed	Not assessed	Not assessed	4	Not assessed in 22/23	0
Riverside House (19/05/22)	4	4	5	4	4	Not assessed in 22/23	0

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

Children

Inspections 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*. This was the only question assessed during 2022/23.

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
Kempsthorn RCU	08/06/22	2	5
Newlands Road RCU	23/06/22	3	2

Hinshaw Street RCU	09/08/22	4	0
Wellhouse RCU	06/09/22	4	0
Plenshin Court	13/10/22	4	0
Dalness RCU	19/10/22	4	0
Broomfield Crescent RCU	01/12/22	5	0
Norse Road	20/12/22	2	2

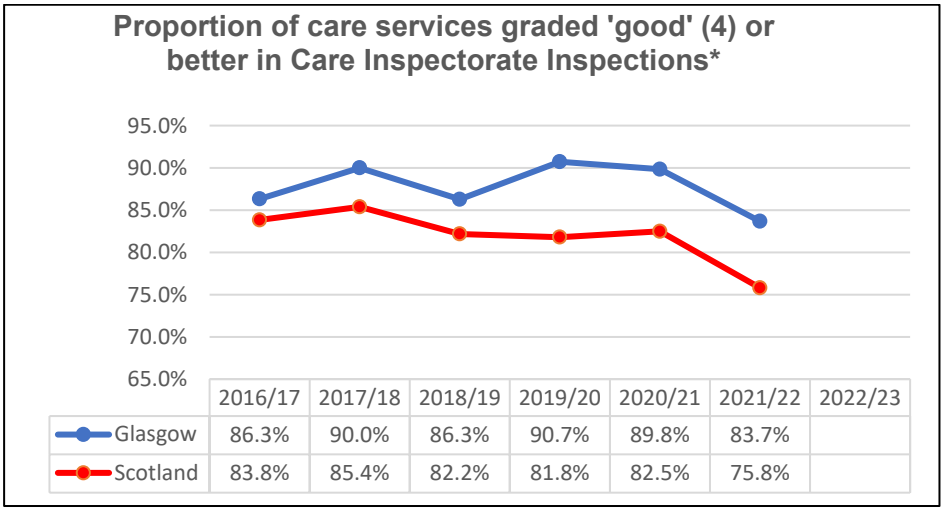
Key to Grading:
1 – Unsatisfactory**, 2 –** Weak**, 3 –** Adequate**, 4 –** Good**, 5 –** Very Good**, 6 –** Excellent

Care Inspectorate grades are regularly reviewed by the IJB Finance, Audit and Scrutiny Committee. Reports for 2022/23 were presented in February 2023, giving details of inspections by care group and details of Requirements and Areas for Improvement. These can be accessed on the HSCP website via the following links:

Children's Residential Services Care Inspectorate Activity and Update Report 2022

Older Peoples Residential and Day Care Services - Care Inspectorate Inspection Outcome

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 in 2021/22 and has increased slightly since the baseline year, 15/16.



*2022/23 data not available yet

10.2 MENTAL WELFARE COMMISSION LOCAL VISITS

The Mental Welfare Commission (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 in mental health, dementia and learning disability; 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 2022 the Mental Welfare Commission made Local Visits in Glasgow to a range of adult inpatient wards, older adult inpatient wards, intensive psychiatric care units (IPCU), and rehabilitation wards. 23 reports have been published for local visits in Glasgow undertaken in 2022 and the reports from 8 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 2023.

10.3 PRACTICE AUDIT AND EVALUATION ACTIVITY

In addition to external inspections, the Partnership has an ongoing planned programme of audit and self-evaluation to give quality assurance across all service areas. Practice Audit and Evaluation activity carried out by Social Work between April 2022 and March 2023 is listed in the following table.

Practice Audit and Evaluation Activity 2022/23
Complex Needs Team (Audit/Review)
Housing First Project (Audit/Review)
Caledonian Project (Staff Questionnaire) Service Delivery (Audit/Review)
COVID-19 Rag System within services (Review)
Disadvantage and Domestic Abuse Experienced by Women in Glasgow (Report)
Historical Complaints by Children within Foster Care (Audit/Report)
NORM Service (Audit/Review)
Child Protection Register (Audit/Review) Ongoing
16+ Care leavers (Audit/Review) Ongoing
Martha's Mammies Project (Evaluation/Review) Ongoing
ASP (Adult Support and Protection) Duty System Audit Ongoing
ASP Tripartite Audit – 2022/23 Ongoing
ASP Service User Evaluation – 2022/23 Ongoing
Mental Health Officers evaluation – 2022/23 Ongoing
Autism and Carers Support
Justice Social Work:Your Voice evaluation - 2022/24 (Longitudinal Study)
Kinship BAME (Black, Asian and minority ethnic) Audit
Devolved Decision-Making Pilot evaluation (Child Protection - related to young people being trafficked)

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 2022/23. 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 2023/24.

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 is this reflected in our medium term financial outlook. This is demonstrated in the diagram below.



11.3 2022/23 FINANCIAL PLANNING

The total financial resources available to the partnership for 2022-23 were around £1.4billion. This can be seen in the table below along with trend information for previous financial years.

Client Group	2020/21 £000's	2021/22 £000's	2022/23 £000's
Children and Families	160,895	169,654	177,214
Adult Services	311,697	336,393	363,714
Older People Services	309,101	330,485	353,825
Resources	75,477	85,984	73,949
Criminal Justice	(740)	(658)	(792)
Primary Care	374,918	377,518	391,891
COVID-19	46,447	99,449	16,926
TOTAL	**1,277,795**	**1,398,825**	**1,376,726**

11.4 2022/23 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 2022/23 was £240.703m, which excludes the budget value for Adult Mental Health and Elderly Mental Health inpatient services.

11.5 2022/23 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. Budget monitoring has reported an overspend during 2022-23 and this is reflected in the final operational overspend of £5.1m and is shown in the table below.

	£ millions
Operational Service Delivery - Pressures/Investments	
Shortfall in funding provided to meet the Council pay settlement for 2022-23	9.9
Increased demand for Homelessness Services	3.7
Personalisation and Direct Assistance in Children and Families	3.6
£400 Winter payments to families across the City	2.3
Increase in transport costs due to fuel prices and age of fleet	1.4
One-off Investment in Infrastructure Costs	1.5
Increase in demand and price of incontinence products	0.9
Non delivery of savings	0.5
Increase in prescribing costs and volumes	6.5
Total Pressures/Investments in Operational Service Delivery	**30.3**
Operational Service Delivery - Underspends	
Underspend as a result of vacancies and staff turnover	-16.0
Underspend as a result of additional income recoveries	-6.3
Underspend as a result of reduction to employer national insurance rates	-1.5
Underspend in implementation of the Carers Act investment	-1.2
Underspend in purchased care home places	-0.2
Total Underspends in Operational Service Delivery	**-25.2**
Net Overspend in Operational Service Delivery	**5.1**

Notes

Impact of Operational Service Delivery

1. The Local Government Pay Settlement agreed for Council employees was much higher than our planning assumptions and represents an additional cost to the IJB of £9.9m. The Scottish Government has provided £140m of additional funding to Local Government nationally to assist in the meeting these costs. This funded was intended to support all staff directly employed by local government, including those currently delegated to Integrated Joint Boards (IJBs). Glasgow City Council received a share of this funding and did not pass any of this funding on to the IJB, which has resulted in a cost pressure of £9.9m.

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. The HSCP will continue to work with RSL's to secure the provision of accommodation, however at this stage demand is outstripping local supply requiring us to seek more expensive alternatives in the short term. Actions are being taken to reduce spend in this service area however the scale of the challenge means that this will take time

to implement. This service has benefited from COVID funding in 2022-23. This is the last year that this funding will be available.

3. This overspend is reflective of an increase in the number of service users accessing self directed support. The increase in direct assistance is due to an increase in section 22 payments linked to the cost of living crisis and an increase in Section 29 payments linked to accommodation costs for care leavers including student accommodation.

4. The current cost of living crisis continues to have a detrimental impact on the City and especially the children and families who are supported by our services. In recognition of the current cost of living crisis the IJB agreed to replicate the winter payment of £400 to looked after children and people in continuing care/aftercare and children on the child protection register and other vulnerable children. This benefited 6,500 children.

5. Increases in transport costs have been experienced linked to fuel increases and increases in vehicle hire and taxi charges and repairs due to ageing fleets.

6. One-off investment in infrastructure to support both service delivery.

7. This overspend reflects both an increase in demand for these services as well as an increase in the price for these products. This service has been experiencing an increase in the cost of these products following the exit of the UK from the EU. The additional costs of supply as a result of BREXIT has been passed on from suppliers to ourselves as purchasers.

8. These are occurring mainly within the programmes for Transport Review and Linguistics. Plans are being progressed to implement.

9. Prescribing has experienced high levels of volatility in 2022-23. Volumes have increased by 2.3% on previous years. Pricing has also been significantly impacted by global prices in this sector which has seen a 10.2% increase in prices for the IJB in 2022-23. The IJB had an earmarked reserve which helped to manage these fluctuations however the level of volatility has exceeded this reserve.

10. 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 with the underspend 1.9 times higher than the level experienced in 2021/22. 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, align recruitment timescales with the availability of newly qualified professionals, undertake targeted recruitment and training strategies to develop existing and new staff to meet the skills requirements of our services.

11. Additional income has been recovered mainly from three sources, firstly through recovery of financially assessed client contributions which generated an additional £1.5m, secondly from £2m recoveries of Direct Payments and lastly £2.8m from additional income linked to Unaccompanied Asylum

Seeking Children based on cases accepted to date by the Home Office.

12. The UK Government has reversed the 1.25% increase to National Insurance effective from the 6 November.

13. The ability to fully implement the additional work planned for 22/23 in support of the Carers Act has been impacted by the ability of providers to commence service delivery mainly as a result of challenges in terms of staff recruitment. There has also been delays in start dates for programmes which has resulted in part-year underspends.

14. Older People Purchased Care Homes is showing a small underspend. This is reflective of demand in respite and residential which is still recovering from the impact of COVID. It should be noted however that demand for nursing homes is on the increase and is at a level higher than those seen pre-covid. The majority of this increase has been seen in the last six months of the year and therefore this has only had a partial impact on spend in 2022-23. The full year impact of this increase will be seen in 2023-24.

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 (£12.9m). The 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 £3.4m. Details of this 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 Chapter 2 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. 100% of budget savings targets in respect of the IJB's Transformation Programme were achieved in 2022/23.

11.7 CAPITAL INVESTMENT AND PRIORITIES

Health and Care Centres

As described in Chapter 5, work is well underway on the North-East Health and Social Care Hub and improvements have been made to 6 Health Centres to increase clinical room capacity and adapt rooms to facilitate agile working as a result of increased hybrid working arrangements across the estate. Delays to the programme were experienced due to the amendments to the Scottish Health Technical Memorandum (SHTM) in relation to ventilation guidance and subsequently works have been descoped and to be undertaken as a separate package of works. Work also commenced in the Woodside Health and Care Centre to develop a vacant space originally identified for a pharmacy who did not move in to create additional meeting and clinical space.

Children's Residential Provision

Glasgow City HSCP has a statutory requirement to provide the highest standards of care to vulnerable young people and we are proceeding with a programme of new build developments and refurbishments within children's residential services. During 2022/23 work completed on homes in Butterbiggins Road and Mosspark Drive. This investment will help to support high standards of care for children and young people and help facilitate their successful integration into the wider community.

Homelessness Services

Work relating to the Rodney Street extension completed during 2022/23 providing a permanent location for accommodation that was previously provided within a temporary building on the site. Scoping work has begun on developing the property at Brighton Place to provide accommodation for young homelessness service users with work anticipated to commence during 2023/24, and a business case is being developed for the provision of a new Women's Assessment Centre in the South of the City.

Other Sites

Work was undertaken to co-locate a range of children's services and Police Scotland in the Ladywell Building with the majority of the work completed in 22/23 and the staff moved on site. Design works are underway in relation to the refurbishment of the Church Street site with preparatory works planned for 22/23. An asset review exercise was concluded in all community health facilities and social work buildings to inform the IJB Property Strategy and the Health Board prioritisation process and as this will be supported by the production of revised business cases.

11.8 FINANCIAL OUTLOOK FOR 2023/24 AND BEYOND

The financial position for public services is extremely challenging and the IJB must operate within significant budget restraints and pressures. In March 2023, the IJB conditionally approved its budget for 2023/24, subject to receipt of a final funding offer from NHS Greater Glasgow and Clyde in the new financial year. The IJB will be required to further consider its budget later in the financial year once a final funding offer is known.

This draft budget identified a potential funding gap of £42m which will be addressed through a wide range of service reforms and efficiencies, service reductions and use of reserves to address budget pressures in 2023/24. 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 2023/24 Annual Performance Report.

A Medium Term Financial Outlook was also reported to the IJB on the 22 March 2023. 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:

- National commitments such as uplifts for social care providers and policy commitments in relation to Primary Care, Mental Health, Carers, Alcohol and Drug Partnership
- Cost of living crisis resulting in more families in the City living in poverty resulting in increased demand for front line services
- Inflationary pressures linked to pay and contractual commitments and global markets for prescribing
- Continuing legacy of the impact of COVID-19 on people's health, 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 2024-25 and identifies the need for a further £45m of savings to deliver a balanced budget in 2024/25 and 2025/26.

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. The next three years will be the greatest financial challenge that the IJB has been asked to manage since it's inception. Glasgow City IJB is clear about the challenges which are ahead and its aspirations for it's services, however we will also need to be realistic about what can be delivered within the funding envelope available. This will require the IJB to prioritise decisions for investment and disinvestment in order to support delivery of the Strategic Plan.

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 2023/24.

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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 Planning and Building - Factsheets and Statistics	Links to further sources of information on the city's population and needs including data by ward.
Glasgow City HSCP Health Improvement Annual Report 2020/21	This report highlights the work that Health Improvement has led on or been involved in supporting in the last year.
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 Planning Partnership Thriving Places	Further information on locality planning in Glasgow being delivered in 10 of 56 neighbourhoods in the city. These 10 neighbourhoods are particularly deprived in comparison to the rest of the city and are covered by the Thriving Places programme.
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. The latest survey results available are for 2019/20.
HSCP Demographics Profile for Glasgow City	Last updated May 2022, includes general population estimates and projections at HSCP locality, city and national level plus a profile of health in the city.
National Records of Scotland (NRS)	Official statistics on registrations of births, deaths (inc. COVID-19), marriages, adoptions in Scotland. Annual population estimates and bi-annual projected population estimates.
NHS Greater Glasgow and Clyde Health and Well-being Survey - Glasgow City Main Report NHSGG&C Health and Well-being Survey Glasgow City Summary Report 2017/18	Survey information on adult health and behaviours in the city. A suite of full and summary reports for the 2017/18 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 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.

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 (formerly ISD 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 with results from the 2011 Census available online. The 2022 Census has taken place, postponed in Scotland from 2021 due to COVID-19. First results for the 2022 Census are likely to be available online from 2023.
Scotland's Labour Market People Places Regions Statistics - Annual Population Survey	Annual household survey providing headline estimates on employment, unemployment and economic inactivity. Latest data from 2020/21.
Scottish Burden of Disease Study	ScotPHO hosted study of health inequalities comparable internationally. Local reports and interactive visual data dashboards available from 2019.
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 2019 (dashboard)	Information in relation to the health and health related behaviours of the population of Scotland. Annual national survey with latest results from the 2019 survey.
Scottish House Condition Survey	Annual national survey looking at the physical condition of homes as well as the experiences of householders. Latest results from 2019.
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. Latest results from 2019.
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 (e.g., intermediate zone of HSCP locality). Updated on an ongoing basis.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)	A national survey of secondary school pupils in Scotland covering smoking, drinking, drug use and other lifestyle, health and social factors including mental wellbeing. Latest national results from 2018.
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. Latest data form 2019.
Skills Development Scotland Annual Participation Measure	Provides data on the learning, training and work activity of 16-19 year olds in Scotland. Latest data from 2021.
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 was 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 below are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which is undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining indicators are derived from partnership operational performance data. There are also a number of indicators still under development as shown below.

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.
20. % of health and care resource spent on hospital stays where the patient was admitted in an emergency. (Please note that NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20 so this Indicator has not been included in this report).

Under Development by Public Health Scotland (PHS)

10. % staff who say they would recommend their workplace as a good place to work.
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.

Item No: 14

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Allison Eccles, Head of Business Development / Standards Officer**

Contact: **Allison Eccles**

Phone: **07769 972012**

Glasgow City Integration Joint Board Membership

Purpose of Report:	To provide an update on arrangements for the Glasgow City IJB Chair; and to seek approval of appointment of a non-voting stakeholder representative to Finance, Audit and Scrutiny Committee.

Background/Engagement:	Stakeholder representatives are nominated from within existing IJB / HSCP engagement networks.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) Note the update in relation to the IJB Chair at paragraph 3.3; b) Approve the appointment to the IJB Finance, Audit and Scrutiny Committee at paragraph 4.2.

Relevance to Integration Joint Board Strategic Plan:

Relates to matters of governance.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	None. Relates to matters of governance.
Personnel:	None. Relates to matters of governance.
Carers:	None.
Provider Organisations:	The paper seeks approval from the IJB for the appointment of Angela Bonomy to IJB Finance, Audit and Scrutiny Committee, representing the Third Sector.
Equalities:	None.
Fairer Scotland Compliance:	None.
Financial:	None.
Legal:	None.
Economic Impact:	None.
Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	Failure to ensure appropriate Member representation on the IJB would place the IJB in breach of its statutory duties and Standing Orders, and risk the IJB not being able to conduct its business.
Implications for Glasgow City Council:	None.
Implications for NHS Greater Glasgow & Clyde:	None.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1 To provide an update on arrangements for the Glasgow City IJB Chair; and to seek approval of appointment of a non-voting stakeholder representative to Finance, Audit and Scrutiny Committee.

2. Background

2.1 Simon Carr, the current Chair of Glasgow City IJB, will come to the end of his tenure on NHS GG&C Board as an NHS Non-Executive Board Member in August 2023, and subsequently his membership of Glasgow City IJB will cease.

2.2 Angela Bonomy was approved as a non-voting member of the IJB, representing the Third Sector, at Glasgow City IJB on 10th May 2023.

3. GCIJB Chair

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') required Local Authorities and Health Boards to jointly prepare an Integration Scheme. It sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored within their local area.

3.2 As outlined in Glasgow City's Integration Scheme, the Council and the Health Board should appoint eight voting members each to the IJB including a Lead Member to serve as Chair/Vice Chair. The period of office for the Chair and Vice-Chair shall be 1 year and will alternate between the Council and the Health Board. Any changes to the Integration Scheme are subject to Ministerial approval.

3.3 NHS GG&C Board will meet on 27th June 2023 where a replacement NHS Lead/GCIJB Chair will be confirmed. The appointed lead will take over the Chair of Glasgow City IJB for the remainder of the Health Board's one year term until the Chair transfers back to the Council in February 2024.

4. IJB Committee Appointments for Approval

4.1 As per the IJBs Standing Orders, appointments to Committees of the IJB are a matter for the IJB itself. The IJB Finance Audit and Scrutiny Committee has a vacancy for one non-voting stakeholder representative.

4.2 The IJB is asked to approve the appointment of Angela Bonomy to IJB Finance, Audit and Scrutiny Committee, representing the Third Sector.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) Note the update in relation to the IJB Chair at paragraph 3.3;
b) Approve the appointment to the IJB Finance, Audit and Scrutiny Committee at paragraph 4.2.

Item No: 15

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Mike Burns, Assistant Chief Officer, Children's Services**

Contact: **Susan Orr, Head of Children's Services**

Phone: **0141 276 4858**

Foster Care Update

Purpose of Report:	To provide an update to the Integration Joint Board in relation to the action plan developed following the foster care summit. To ask the IJB to note the action plan and the recommendations contained within.

Background/Engagement:	Foster carers have been involved in a variety of discussions with officers following the summit to agree how best to provide the support they are seeking.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☒ Other ☐ Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Note the contents of the report in relation to delivering the plan for foster care; and b) Note the plan to re-establish the Champions Board for Glasgow and the associated event to celebrate the achievements of care experienced young people.

Relevance to Integration Joint Board Strategic Plan:

Foster Carers are integral to the delivery of high-quality care for children in Glasgow who cannot live at home with their own families. The Families for Children Service (Glasgow's provided fostering arrangement) is critical to the delivery of the children's transformation programme to sustain children as close to Glasgow as possible to maintain children and young people's links to their schools and communities.

Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	Foster care contributes to some of the key National outcomes in terms of improving outcomes for children and young people and improving support for foster carers in order to ensure that children and young people who use health and social care services have positive experiences of those services, and have their dignity respected. Key to any improvements is to ensure that children and young people are safe from harm and delivering effective services which make efficient use of health and social care services. Such outcomes are aligned to the HSCP's transformational agenda and the desire to shift the balance of care, and secure better outcomes for all children and young people living in the City.
Personnel:	Some staff may be asked to work differently to support the development of tests of change in order to explore approaches which are effective in meeting children, young people and carers' needs.
Carers:	Foster Carers are key to the effective delivery of services and meeting good permanence outcomes for care experienced children and young people. This paper presents a proposal for improving the service, taking into account feedback from children, young people and carers.
Provider Organisations:	None
Equalities:	The report is referencing current practice and outcomes, and proposals for next steps, and as such an EQIA is not deemed necessary at this stage. The wider Children's Transformation Programme, of which the work detailed in this report is a part, has been subject to a recent EQIA.
Fairer Scotland Compliance:	The Children's Transformation Programme actively seeks to reduce inequalities and to support children, young people and carers to improve their quality of life and reduce the impact of health and social inequalities.

Financial:	Some of the requests made by foster carers at the summit have financial implications which, if to be considered, needs further scrutiny.

Legal:	Normal legal processes and procedures for Glasgow City Council will be followed in relation to developing practitioners' roles to support children, young people and carers in accordance with feedback about the service and continuous improvement of the service.

Economic Impact:	Providing children and young people with high quality care makes best use of resources, and helps to ensure positive long-term outcomes, thereby reducing future need for further specialist supports, including Adult Services.

Sustainability:	This work fully aligns with the Christie Commission report the principles of GIRFEC, the children's transformational change programme and the aspirations of 'The Promise,' which emphasise the need to deliver the right high quality support at the right time to improve outcomes. Given that the key point of leverage to deliver the transformational change programme is to develop practice at the frontline – at the point of interaction with children, young people and their families and carers – the current workforce represents a considerable resource in terms of its contribution to achieving sustainable change across all supports and services to ensure best outcomes.

Sustainable Procurement and Article 19:	None

Risk Implications:	Good support to foster carers ensures they feel valued. Should this not be provided there is a risk that they will leave the service and either cease to foster or join private or third sector fostering agencies creating a financial risk to the service as well as a risk that care placements cannot be provided when needed.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. To provide an update to the Integration Joint Board in relation to the action plan developed following the foster care summit. To ask the IJB to note the action plan and the recommendations contained within.

2. Background

2.1. A summit for foster carers was held on 1st February 2023 to provide all Glasgow's carers (including short breaks carers) an opportunity to meet with a range of Elected Members and officers to express their views about the service in the City.

2.2. 51 of Glasgow City's 394 foster carer households, meaning approximately 12.9% of Glasgow's carer households were represented on the day.

2.3. Feedback from the summit was gathered, collated and analysed with some clear themes emerging. These centred around financial support; practical support; the status of foster carers; retention of carers, organisational issues; and trade union recognition.

2.4. Following the summit, a report was considered at the IJB on 22nd March 2022. The report and action plan can be found here.

3. Update on Actions

3.1 **Communication and consultation with foster carers.** While the timescale for this action was June 2023 and some planning activity had taken place this action has stalled due to the Care Inspectorate announcing at the end of April 2023 an inspection of the service commencing 15th May 2023 taking approximately 5 weeks to conclude. The service has therefore had to prioritise resources on providing the requested evidence, including facilitating the Care Inspectorate's interface with carers. This has involved carers being asked to complete questionnaires, attend meetings and undertake individual interviews with inspectors.

3.2 The fostering service is developing a questionnaire/ survey which will go to all carers to ask for initial thoughts on what they need to support them to care for Glasgow's children. This will be distributed to carers post the school summer holiday period. It is hoped to have the findings of this survey available by mid-November.

3.3 As part of the survey, it is intended to explore with foster carers their interest in being part of a consultative group, that would meet regularly with senior managers within the service and periodic meetings, at least annually, with the Chair and vice chair of the IJB. In addition, carers will be asked to become involved in service developments e.g., the redesign of the fostering handbook/ the welcome pack for adopters.

3.4 **Support to foster carers.** Following the summit, in person support groups have been re-established. From the foster carers, carer champions have been identified and they are involved in the planning and facilitation of the sessions.

3.5 A good practice development session for the fostering and adoption services staff has taken place with Polly Cowan, Trainer /Consultant from the Association for Fostering, Kinship and Adoption in Scotland (AFKA) to consider her research into unplanned placement endings and good practice in relation to children moving or transitioning between carers. Following this it is the intention to look at a working group to develop a protocol which will include carers/ adopters and staff.

3.6 The service continues to promote the support that is available to all carers via the Fostering Network which includes priority access to counselling/ financial advice and legal advice.

3.7 **Support for Children and Young People.** It was noted during the summit that there had been delays in care planning for children and young people primarily due to the Covid-19 pandemic. Since then, the service has largely focused on getting plans for young people back on track. This has included supporting the development and trialling of the Family Connections Plan. This has been created to consider important relationships for children and young people who are not living with birth families. In addition, the service is working alongside Family Group Decision making teams in the 3 locality areas who continue to robustly identify extended family placements/ short break opportunities for children and young people. Further, permanence forums in the 3 locality areas have been re-established with fostering service staff representatives on each of them. A new simplified permanence review report structure has been developed and the Service Manager Lead for permanence and the adoption service now meets regularly with the 3 Looked After Children lead Service Managers from localities to consider all children in foster care, their plans and actions required. This includes offering workshops and 1:1 peer support and coaching for less experienced staff. Finally, within the Children's Hearing Improvement Partnership for Glasgow the team have offered training and development regarding the role of social workers in relation to permanence planning for children's panel members.

3.8 **Financial Considerations.** To date there remains no resolution to the proposed national allowance for foster carers in Scotland. Officers, via Social Work Scotland continue to lobby COSLA and the Scottish Government for a solution in this regard**.** Cllr Cunningham, as chair of the IJB, has written to the Minister to request an update on the decision around timescales for the implementation of the national allowance.

4. The Champions Board for Glasgow

4.1 Following the summit, agreement was reached to reform the Champions' Board for Glasgow. This had been stood down during the pandemic. The Champion's Board had representation from elected members from all political parties, various corporate parents and a representative from the Young Champions Board referred to as PAC (People Achieving Change). This Board challenged and supported Corporate Parents to fulfil their statutory responsibilities. The Children and Young People (Scotland) Act 2014 stipulates, it is the duty of every corporate parent, in so far as consistent with the proper exercise of its functions to:

- Be alert to matters which, or which might, adversely affect the wellbeing of looked after children and young people.
- Assess the needs of looked after children and young people.
- Promote the interests of looked after children and young people.
- Seek to provide looked after children and young people with opportunities to participate in activities designed to promote their wellbeing.
- Take action as it considers appropriate to help looked after children and young people access those opportunities.
- Keep its approach to corporate parenting under constant review, seeking out improvement wherever possible.

The Champions' Board for Glasgow had a role in ensuring the above were adhered to.

4.2 In addition, the Champions' Board hosted an annual event for care experienced young people to celebrate their achievements and successes. The event was planned in conjunction with PAC. Elected members and other corporate papers were invited to attend and sign a pledge to fulfil their commitment as corporate parents.

4.3 The IJB is asked to support the reforming of the Champion's Board for Glasgow and to work with a group of care experienced young people to consider how best to celebrate their achievements and successes.

4.4 A paper regarding the reforming of the Champion's Board will be presented at the Council's City Administration Committee following the summer recess.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) Note the contents of the report in relation to delivering the plan for foster care; and
b) note the plan to reform the Champions Board for Glasgow and the associated event to celebrate the achievements of care experienced young people.

APPENDIX 1 - FOSTER CARE SERVICES – ACTION PLAN V.1 20/02/2023			
AREA FOR CONSIDERATION/ DEVELOPMENT			
Communication and consultation with foster carers	1. Forum for foster carers to feedback views to be established and held at regular intervals, like the recent summit. 2. All Foster Carers to be afforded the opportunity to submit their views on what they need to support them to care for Glasgow's children. 3. Foster Care representation to be sought for the Children's Champions' Board and The Promise Board for Glasgow.	Cathy Coll, Service Manager Joanne Bradley, Service Manager Susan Orr, Head of Service	June 2023
Support to foster carers	1. A review of support to carers to be undertaken. 2. Support Groups to be re-established face to face to allow carers to meet with each other to benefit from peer interaction. 3. The Nurture Framework, the model of care for Glasgow, to be introduced and carers to be invited to participate in learning opportunities in relation to this. 4. The opportunity to access short breaks to be reviewed in line with the aspirations of 'The Promise,' including recruitment and retention of short break carers. 5. Support available to foster carers to enhance their health and wellbeing to be reviewed and updated. 6. Guidance on 'good transitions' to be developed that benefits both carers and children.	Cathy Coll, Service Manager Joanne Bradley, Service Manager Susan Orr, Head of Service	October 2023

AREA FOR CONSIDERATION/ DEVELOPMENT			
Support for Children and Young People	1.Supports available to children and young people in foster care to be explored, detailed and shared with carers. 2. Practice guidance to be developed along with TaSS to improve the experience of both children and foster carers in relation to transport provision for family time/ school and nursery. 3. A renewed focus on care planning and permanence for children in foster care to be established.	Cathy Coll, Service Manager Joanne Bradley, Service Manager Susan Orr, Head of Service	October 2023
Financial Considerations	1. Further discussions to take place with Scottish Government, COSLA and Social Work Scotland regarding the proposed national allowance for foster carers in Scotland. 2. Consideration of increasing allowances for birthdays and holidays to be explored.	Susan Orr, Head of Service Mike Burns, ACO, Children's Services	April 2023

Item No: 16

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Jacqueline Kerr, Assistant Chief Officer, Adult Services and North West**

Contact: **Gillian Ferguson, ADP Coordinator**

Phone: **07770 276127**

Glasgow City Alcohol and Drug Partnership Annual Report 2022/2023

Purpose of Report:	To advise the Integration Joint Board (IJB) of the Glasgow City Alcohol and Drug Partnership (GCADP) Annual Report 2022/23, to note the activity towards the national mission priorities and the GCADP strategy 2020-2023 milestones.

Background/Engagement:	The GCADP is required to complete and submit an annual report based on a Scottish Government template. The form is designed to capture progress during the financial year 2022/2023 against the Scottish Government's National Mission priorities. The GCADP annual report is completed by the relevant ADP subgroups, whose membership includes people with lived experience and families.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ Glasgow City Alcohol and Drug Partnership

	Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) note the contents of the Glasgow City ADP Annual Report 2022/23; b) note the ongoing quarterly performance infographics highlighting GCADP partners' activity against the National Mission priorities; and c) note the GCADP Strategy 2020-2023 milestones.

Relevance to Integration Joint Board Strategic Plan:

The detail captured in the ADP Annual Report contributes towards priority 1 of the Glasgow City IJB/HSCP for health and social care- prevention, early intervention and harm reduction (p27, sect 1)

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The ADP activity contributed to outcomes 1, 2,3,4,5, 6,7, 8 and 9.

Personnel:	None

Carers:	Family support and carers groups are consulted on the ADP planned activity through membership of our sub group structure and the ADP Families Reference Group.

Provider Organisations:	The involvement of provider organisations in delivering ADP activity is essential. The voluntary sector remain key members of the ADP.

Equalities:	Equality impact assessments have been undertaken for activity as required.

Fairer Scotland Compliance:	ADP activity contributes to alleviating the socioeconomic disadvantage experienced across the city, by reducing harms caused by alcohol and drugs and supporting more people into recovery.

Financial:	The investment detailed is fully funded from ADP funding secured from the Scottish Government.

Legal:	No legal issues.

Economic Impact:	The reported activity will have had a positive economic impact; reducing harms to communities, reducing presentations at A&E and GP surgeries, reducing crime and encouraging people into recovery and employment.

Sustainability:	The ADP continues to prioritise investment in activity that will sustain and grow recovery in Glasgow City.

Sustainable Procurement and Article 19:	None

Risk Implications:	The reported activity is focused on reducing the harms caused by alcohol and drugs, mitigating the risk for individuals and communities.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. To advise the Integration Joint Board (IJB) of the Glasgow City Alcohol and Drug Partnership (GCADP) Annual Report 2022/23, to note the activity towards the national mission priorities and the GCADP strategy 2020-2023 milestones.

2. Background

2.1 The GCADP is required to complete and submit an annual report based on a Scottish Government template (Appendix 1). The form is designed to capture progress during the financial year 2022/2023 against the National Mission Outcomes Framework.

2.2 The GCADP annual report is completed by the relevant ADP subgroups, whose membership includes individuals with lived experience and families.

2.3 The GCADP Annual report 2022/23 was approved by the ADP Strategic Group on 20th June 2023. The deadline for submission to the Scottish Government has been extended to 28th June 2023.

3. ADP Performance and Milestones

3.1 The ADP Annual Report is an operational document which does not capture outcomes or performance. Quarterly performance reporting via high level

infographics aligned with the six National Mission priorities are described in the November 2022 report and a summary of these can be seen in **Figure1** attached. These high-level infographics give context to the scale of activity and complexity of the changing landscape of drug and alcohol services in the city and endeavour to promote the work of all ADP partners including within the HSCP, third sector and beyond.

3.2 As the ADP comes to the end of the term of the current strategy, 2020 - 2023, we have captured many, but not all, of the milestones in **Figure 2** attached.

4. Recommendations

4.1. The Integration Joint Board is asked to:

a) note the contents of the Glasgow City ADP Annual Report 2022/223;
b) note the ongoing quarterly performance infographics highlighting GCADP partners' activity against the National Mission priorities; and
c) note the GCADP Strategy 2020-2023 milestones.

Figure 1

Glasgow City HSCP
Health and Social Care Partnership

ADP PERFORMANCE

We Are With You – Pre/Post Rehab Support

Since April 2021:



158 people have been supported, 36% of them were women

88% of discharges were planned, positive discharges



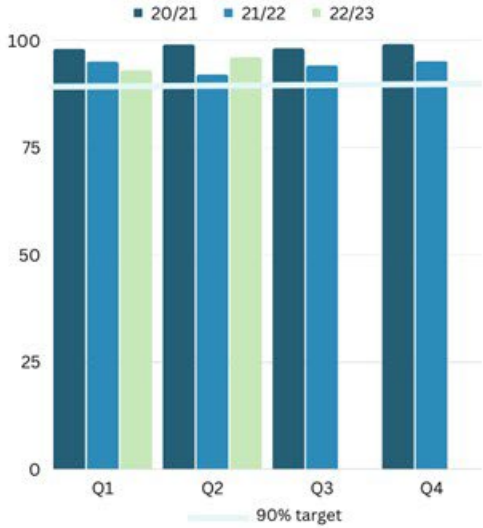
70% of people referred successfully complete residential support





Glasgow Alcohol and Drug Crisis service is the only residential crisis service in Scotland.

Glasgow City Treatment Target 20/21 - 22/23



Children 1st – Recovering Families Project



82 children supported



44 parents attending peer support groups



28 children's group activity sessions



17 community events for families & children

Crisis Outreach Service

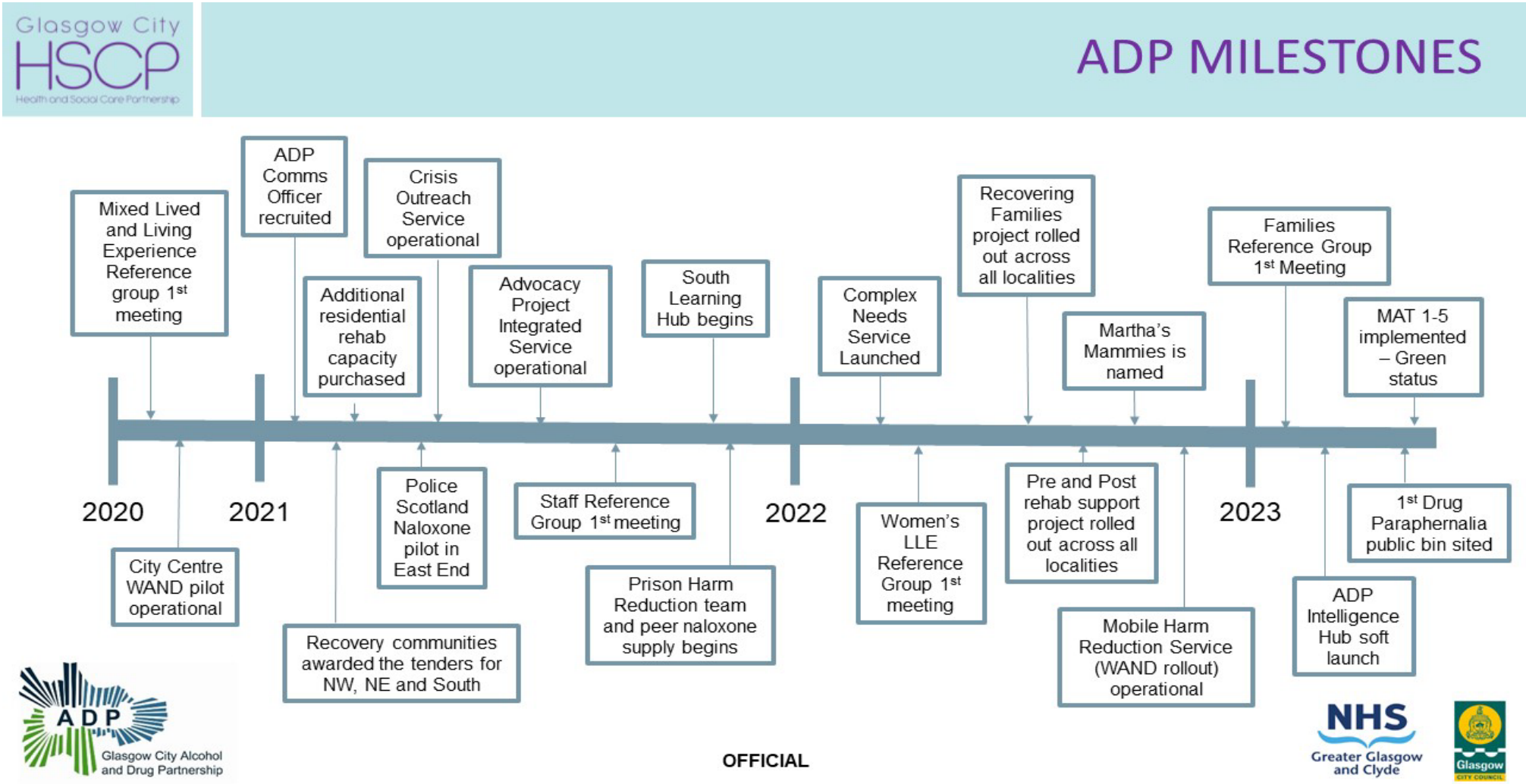
Year 1
(1st April 2021 - 31st March 2022)

- Over **1,600 referrals**
- **1,200** were **unique** individuals
- Average **30%** of individuals referred were previously unknown to GADRS

NHS Greater Glasgow and Clyde

Glasgow City Council

Figure 2


Glasgow City HSCP
Health and Social Care Partnership
ADP MILESTONES
Mixed Lived and Living Experience Reference group 1st meeting
ADP Comms Officer recruited
Crisis Outreach Service operational
Additional residential rehab capacity purchased
Advocacy Project Integrated Service operational
South Learning Hub begins
Complex Needs Service Launched
Recovering Families project rolled out across all localities
Martha's Mammies is named
Families Reference Group 1st Meeting
MAT 1-5 implemented – Green status
2020
2021
2022
2023
City Centre WAND pilot operational
Recovery communities awarded the tenders for NW, NE and South
Police Scotland Naloxone pilot in East End
Staff Reference Group 1st meeting
Prison Harm Reduction team and peer naloxone supply begins
Women's LLE Reference Group 1st meeting
Pre and Post rehab support project rolled out across all localities
Mobile Harm Reduction Service (WAND rollout) operational
ADP Intelligence Hub soft launch
1st Drug Paraphernalia public bin sited
ADP
Glasgow City Alcohol and Drug Partnership
OFFICIAL
NHS
Greater Glasgow and Clyde
Glasgow
CITY COUNCIL

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Monday 19th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Glasgow City ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- ☒ Alcohol harms group
- ☒ Alcohol death audits (work being supported by AFS)
- ☒ Drug death review group
- ☒ Drug trend monitoring group/Early Warning System
- ☐ None
- ☒ Other (please specify): ADP Intelligence Hub-public health surveillance tool developing products that answer ADP subgroup questions

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
[single option]

- ◉ Yes
- ○ No
- ○ Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented?
[single option]

- ◉ Yes
- ○ No
- ○ Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.
[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	5.00
Total vacancies (whole-time equivalent)	0

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.
[open text – maximum 255 characters]

National Mission Programme Manager-oversee delivery of both local ADP priorities and workstreams and the National Mission priorities and workstreams 1.0wte Resource worker-gathering, collating and populating reports required locally and nationally 1.0wte

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area?
[single option]

◉ Yes

○ No (please specify who does):

○ Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.
[open text, decimal]

Total current staff (whole-time equivalent)	519.00
Total vacancies (whole-time equivalent)	80.00

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)
[multiple choice]

☒ Coaching, supervision or reflective practice groups with a focus on staff wellbeing
☒ Flexible working arrangements
☒ Management of caseload demands
☒ Provision of support and well-being resources to staff
☒ Psychological support and wellbeing services
☒ Staff recognitions schemes

☐ None
☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)
[multiple choice]

☒ Feedback/complaints process
☒ Questionnaire/survey
☐ No
☒ Other (please specify): Lived and Living Exprience Reference Groups

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)
[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	☒	☒
Feedback used to inform service improvement	☒	☒
Feedback used in assessment and appraisal processes for staff	☒	☒
Feedback is presented at the ADP board level	☒	☒
Feedback is integrated into strategy	☒	☒
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?
(select all that apply)
[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	☒	☒	☒	
Focus group	☐	☐	☐	
Lived experience panel/forum	☒	☒	☒	
Questionnaire/ surveys	☐	☒	☐	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	☒	☒	☒	
Focus group	☐	☐	☐	
Lived experience panel/forum	☒	☒	☒	
Questionnaire/ surveys	☐	☐	☐	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

The LLE Reference Groups comment on all ADP partners planning and activity, including 3rd sector. Reference group feedback is a standing item on the ADP Strategic group agenda and the Glasgow Alcohol and Drug Recovery Service Senior Management Team meeting agenda.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

☒ Advocacy
☒ Peer support
☒ Provision of technology/materials
☒ Training and development opportunities
☒ Travel expenses/compensation
☒ Wellbeing support
☐ None
☐ Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)
[multiple choice]

☒ Community/recovery cafes
☒ Job skills support
☒ Naloxone distribution
☒ Peer support/mentoring
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?
[open text – maximum 2000 characters]

Feedback from employayability services has been that the biggest barrier to offering volunteering and employment opportunities is the PVG process. They note that they cannot offer opportunities to people with certain previous convictions and that the long waiting times for Disclosoure Scotland to process applications is a barrier.

- In each of the recovery communities, where potential barriers to volunteering have been encountered, solutions have been sought to promote equality of access to opportunities. Some examples include:
- robust local pathways to ensure volunteers have recovery capital to sustain volunteering successfully (or supported to achieve level of "stability" required)
- access to volunteer expenses- issues with processing new applications to SPT so local processes established till bus pass is available which may include linking in with care manager for a bus pass/tokens/ use PIP/DLA mobility component/ recovery communities will reimburse bus fares
- Childcare has been identified as a barrier to parents engaging with volunteering opportunities (particularly preschool children). Solution has been developed to address partnership with Children 1st – current 6-week pilot sensory room in Ibrox new recovery café. Plan for further discussion/views of parents in recovery with the aim of developing a child friendly recovery café drop in for parents in recovery (whole family approach to recovery).

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)
[multiple choice]

☒ MAT Implementation Support Team (MIST)
☒ Scottish Drugs Forum (SDF)
☐ Scottish Families Affected by Drugs and Alcohol (SFAD)
☒ Scottish Recovery Consortium (SRC)
☐ None
☒ Other (please specify): Families Affected by drug and alcohol use

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)?
[single option]

- (●) Yes (please specify which): ADP Strategy 2020-23
- ( ) No
- ( ) Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.
[open text – maximum 2000 characters]

Local Health Improvement colleagues are currently joint working with the ADP support team to look at meaningful ways to tackle stigma. This work is still in initial planning stages however will seek to address stigma within the general local population as well as from the drug and alcohol sector. Any developments will be made in consultation with the four reference groups established by the ADP. Glasgow is also working closely with the National Collaborative.
Freed Up events (alcohol and drug free social events) run in city centre venues featuring high profile celebraties
Recovery Communities are grass roots groups that offer peer support, social connection and recovery focussed events in local communities. Over 1500 people attend recovery cafes/groups a week across the city.

Stigma is a key cross cutting priority of our ADP strategy and is considered right across the ADP subgroup structure.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply) [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	☐	☐	☐	☐	
Leaflets/posters	☐	☒	☒	☐	
Online (e.g. websites, social media, apps, etc.)	☐	☐	☒	☒	
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	☐	☐	☐	☒	☒	☒	☒	
Information services	☒	☒	☒	☒	☒	☒	☒	
Physical health	☒	☒	☒	☒	☒	☒	☒	
Mental health	☐	☒	☒	☒	☒	☒	☒	
Naloxone	☐	☐	☐	☐	☒	☒	☒	
Overdose awareness and prevention	☐	☐	☐	☒	☒	☒	☒	
Parenting	☒	☒	☒	☒	☒	☒	☒	
Peer-led interventions	☐	☐	☐	☒	☒	☒	☒	
Personal and social skills	☒	☒	☒	☒	☒	☒	☒	
Planet Youth	☐	☐	☐	☐	☐	☐	☐	
Pre-natal/pregnancy	☐	☐	☐	☒	☒	☒	☒	
Reducing stigma	☒	☒	☒	☒	☒	☒	☒	
Seasonal campaigns	☐	☐	☐	☐	☐	☐	☐	
Sexual health	☐	☐	☒	☒	☒	☒	☒	
Teaching materials for schools	☒	☒	☒	☒	☐	☐	☐	
Wellbeing services	☐	☒	☒	☒	☒	☒	☒	
Youth activities (e.g. sports, art)	☐	☐	☐	☐	☐	☐	☐	
Youth worker materials/training	☐	☒	☒	☒	☐	☐	☐	
Other (please specify)								Music festival and night time economy staff

								trained in alcohol and drug harms

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☒ Family support services
☒ General practices
☒ Homelessness services
☒ Justice services
☐ Mental health services
☒ Mobile/outreach services
☒ Peer-led initiatives
☒ Women support services
☐ None
☒ Other (please specify): Acute Services via addiction liasion

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)
[multiple choice]
☒ Accident & Emergency departments
☐ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☒ General practices
☒ Homelessness services
☒ Justice services
☒ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☒ Women support services
☐ None
☒ Other (please specify): Prisons, Sexual health services and Waverly Care

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☐ General practices
☒ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☒ Peer-led initiatives
☒ Women support services
☐ None
☐ Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)
[multiple choice]
☒ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☒ General practices
☒ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☒ Other (please specify): HSCP Community Treatment and Care Centres

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison?
[single option]
◉ Yes
○ No
○ No prison in ADP area

Q19b) If no, please provide details.
[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support?
[single option]

◉ Yes

○ No

○ Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway?
[single option]

◉ Yes

○ No

○ Don't know

Q20c) If no, when do you intend to have this in place?
[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)
[multiple choice]

☒ Contributed towards justice strategic plans (e.g. diversion from justice)
☒ Coordinating activities
☒ Information sharing
☒ Joint funding of activities
☒ Justice partners presented on the ADP
☒ Prisons represented on the ADP (if applicable)
☒ Providing advice/guidance
☐ None
☐ Other (please specify):

Q22a) Do you have a prison in your ADP area?
[single option]

◉ Yes

○ No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	☒	☒	☒	☒	☒	☒
Alcohol interventions	☒	☒	☒	☒	☒	☒
Alcohol screening	☒	☒	☒	☒	☒	☒
Buvidal provision	☒	☐	☐	☒	☒	☒
Detoxification	☒	☐	☐	☒	☒	☒
Drugs screening	☒	☒	☒	☒	☒	☒
Psychological screening	☒	☒	☒	☒	☒	☒
Harm reduction	☒	☒	☒	☒	☒	☒
Health education	☒	☒	☒	☒	☒	☒
"Life skills" support or training (e.g. personal/social skills, employability)	☒	☒	☒	☒	☒	☒
Opioid Substitution Therapy (excluding Buvidal)	☒	☒	☒	☒	☒	☒
Peer-to-peer naloxone	☐	☐	☐	☒	☒	☐
Recovery cafe	☒	☐	☐	☒	☒	☒
Recovery community	☒	☐	☐	☐	☒	☒
Recovery wing	☐	☐	☐	☐	☐	☐
Referrals to alcohol treatment services	☒	☒	☒	☒	☒	☒
Referrals to drug treatment services	☒	☒	☒	☒	☒	☒
Staff training	☐	☐	☐	☐	☐	☐
Other (please specify)						

Q23a) How many recovery communities are you aware of in your ADP area?
[open text, integer]

over 3

Q23b) How many recovery communities are you actively engaging with or providing support to?
[open text, integer]

over 3

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)
[multiple choice]

☒ Funding
☒ Networking with other services
☒ Training
☐ None
☒ Other (please specify): Recovery Communites provide ADP subgroup workstreams with local intelligence

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)
[multiple choice]

☒ Advisory role
☒ Consultation
☒ Informal feedback
☒ Representation on the ADP board
☐ Recovery communities are not involved within the ADP
☐ Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)
[multiple choice]
☒ Access to alcohol medication (Antabuse, Acamprase, etc.)
☒ Alcohol hospital liaison
☒ Alcohol related cognitive testing (e.g. for alcohol related brain damage)
☒ Arrangements for the delivery of alcohol brief interventions in all priority settings
☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings
☒ Community alcohol detox
☒ In-patient alcohol detox
☒ Fibro scanning
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)
[multiple choice]
☐ Current models are not working
☐ Difficulty identifying all those who will benefit
☐ Further workforce training required
☒ Insufficient funds
☐ Lack of specialist providers
☐ Scope to further improve/refine your own pathways
☐ None
☒ Other (please specify): require increased capacity

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year?
[single option]
○ No revisions or updates made in 2022/23
◉ Revised or updated in 2022/23 and this has been published
○ Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)
[multiple choice]
☐ Difficulty identifying all those who will benefit
☒ Further workforce training is needed
☐ Insufficient funds
☒ Scope to further improve/refine your own pathways
☐ None

☒ Other (please specify): SG provision of short term funding has challenged planning for delivery. Further funding is required for implementation in justice settings.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	☐	☒
Diversionary activities	☒	☒
Employability support	☐	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Outreach/mobile	☒	☒
Recovery communities	☒	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

Children 1st received CORRA funding to expand the Recovering Families service across Glasgow city. They provide comprehensive support to young people who are affected by parental drug and Alcohol use. https://www.children1st.org.uk/

Glasgow Recovery communities also run weekly homework clubs (Learning Hubs) which aim to give children and young people affected by alcohol/drug use a safe and productive enivroment for support with school work, a family meal and recovery meetings for parents.

Children and Family Social Work Services are key partners of the ADP and work closely on strategic planning as well as with ADRS services to support children affected by parental substance use.
CAMHS support is available as appropriate to children adversely effected by the impact of parental substance use.

The Special Needs in Pregancy midwifery team are members of the ADP Children, Young Persons and Families Subgroup and are key in supporting women considered high risk pregnancy within Glasgow.
The family support service provided by homecare services is integrated into GADRS.
Martha's Mammies provides support to the mothers who have been subject to permancy arrangements

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	☒	☒
Employability support	☒	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Opioid Substitution Therapy	☒	☒
Outreach/mobile	☒	☒
Recovery communities	☒	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **drugs**.
[open text – maximum 2000 characters]

Children 1st received CORRA funding to expand the Recovering Families service across Glasgow city. They provide comprehensive support to young people who are affected by parental drug and Alcohol use. https://www.children1st.org.uk/

Glasgow Recovery communities also run weekly homework clubs (Learning Hubs) which aim to give children and young people affected by alcohol/drug use a safe and productive enivroment for support with school work, a family meal and recovery meetings for parents.

Children and Family Social Work Services are key partners of the ADP and work closely on strategic planning as well as with Alcohol and Drug Recovery Services to support children affected by parental substance use.
CAMHS support is available as appropriate to children adversely effected by the impact of parental substance use.

The Special Needs in Pregancy midwifery team are members of the ADP Children, Young Persons and Families Subgroup and are key in supporting women considered high risk pregnancy within Glasgow
The family support service provided by homecare services is integrated into GADRS.
Martha's Mammies provides support to the mothers who have been subject to permancy arrangements

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	☐	☒
People from minority ethnic groups	☒	☐
People from religious groups	☐	☒
People who are experiencing homelessness	☒	☐
People who are LGBTQI+	☒	☐
People who are pregnant or peri-natal	☒	☐
People who engage in transactional sex	☒	☐
People with hearing impairments	☐	☒
People with learning disabilities and literacy difficulties	☐	☒
People with visual impairments	☐	☒
Veterans	☐	☒
Women	☒	☐
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care?
[single choice]

◉ Yes (please provide link here or attach file to email when submitting response): attached

○ No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

Document attached however this is currently under review to bring into line with MAT standards
Comorbidity pathways are contained within the GCHSCP Mental Health Strategy

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?
[open text – maximum 2000 characters]

Yes, this is currently managed in line with the attached interface document

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?
[open text – maximum 2000 characters]

The ADP includes a number of partners which attend meetings across the ADP structure and the GCHSCP including Health and Social Care Connect, homelessness, justice, housing support, DWP. There are also city wide ROSC events held on a regular basis, hosted by the

recovery communities. Support services from mental health and homelessness often attend these events.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)
[multiple choice]
☒ Engaging with people with lived/living experience
☒ Engaging with third sector/community partners
☒ Recruiting staff
☒ Training existing workforce
☒ Working group
☐ None
☒ Other (please specify): All key partners linked to ADP are included in the city wide training programme

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	☒	☒	☒	☒
Diversionary activities	☒	☒	☒	☒
Employability support	☒	☒	☒	☒
Family support services	☒	☒	☒	☒
Information services	☒	☒	☒	☒
Mental health services	☒	☒	☒	☒
Outreach/mobile services	☒	☒	☒	☒
Recovery communities	☒	☒	☒	☒
School outreach	☒	☒	☒	☒
Support/discussion groups	☒	☒	☒	☒
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan?
[single option]

- (•) Yes
- ( ) No
- ( ) Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)
[multiple choice]
☒ Advocacy
☒ Commissioned services
☒ Counselling
☒ One to one support
☒ Mental health support
☒ Naloxone training
☒ Support groups
☒ Training
☐ None
☐ Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area?
[single option]
◉ Yes
○ No
○ Don't know

Q39b) Please provide details.
[open text – maximum 255 characters]

The ADP Children, Young Person and Families subgroup oversees activity that will implement the WFA strategy. One of the ADRS service managers is currently tasked with leading on developing a service specific to WFA funding received from SG.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)
[multiple choice]

	Family member in treatment	Family member **not in treatment**
Advice	☒	☒
Advocacy	☒	☒
Mentoring	☒	☒
Peer support	☒	☒
Personal development	☒	☒
Social activities	☒	☒
Support for victims of gender based violence	☒	☒
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?
[multiple choice]
☒ ADP
☐ IJB
☒ Not signed off by IJB (please specify date of the next meeting): 28/6/23

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

Item No: 17

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Sharon Wearing, Chief Officer Finance and Resources**

Contact: **Allison Eccles, Head of Business Development**

Phone: **0141 287 6724**

Annual Risk Management Review 2022/23

Purpose of Report:	The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity and risk registers maintained within the Glasgow City Health & Social Care Partnership during 2022/23
Background/Engagement:	The IJB Risk Management Strategy states that the risk registers maintained by the Partnership are subject to quarterly review by the Finance, Audit and Scrutiny Committee on behalf of the Integration Joint Board, with an annual review report to the Integration Joint Board.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒
Recommendations:	The Integration Joint Board is asked to: a) note the content of this report; and b) note the attached Integration Joint Board risk register in Appendix A.

Relevance to Integration Joint Board Strategic Plan:

Risks to the delivery of the IJB Strategic Plan are identified in the risk registers.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	N/A
Personnel:	Personnel risks are identified in the registers
Carers:	N/A
Provider Organisations:	Risks in relation to provider organisations are identified in the registers
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	Financial risks are identified in the registers
Legal:	Legal impacts of risks are identified in the registers
Economic Impact:	Economic impacts of risks are identified in the registers
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	All risk implications are detailed in the registers
Implications for Glasgow City Council:	All risk implications are detailed in the registers
Implications for NHS Greater Glasgow & Clyde:	All risk implications are detailed in the registers

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity within the Partnership during 2022/23.

2. Background/Engagement

2.1. The IJB's Risk Management Policy and Strategy states that the risk registers maintained by the Partnership are subject to quarterly review by the Finance, Audit and Scrutiny Committee on behalf of the Integration Joint Board, with an annual summary report to the Integration Joint Board.

3. Risk Management Policy & Strategy

3.1. The IJB's Risk Management Policy and Strategy was last reviewed and updated in February 2020. A further desktop review by officers in February 2021 did not result in any recommended changes.

3.2. The IJB's Risk Management Policy and Strategy is subject to a full review every 3 years in line with the lifecycle of the IJB's Strategic Plan. The next full review of this Policy will therefore be carried out this year and proposals for any amendments brought to the IJB at its meeting scheduled for 29th November 2023.

4. Risk Management Activity

4.1. There are 3 risk registers currently maintained within the Partnership. These are the Integration Joint Board Risk Register, the Social Care Risk Register, and the Health Risk Register.

4.2. The Social Care Risk Register includes operational risks related to functions delegated by Glasgow City Council and is maintained in compliance with Glasgow City Council's Risk Management Policy and Framework.

4.3. Similarly, the Health Risk Register includes operational risks related to functions delegated by NHS Greater Glasgow & Clyde and is maintained in compliance with NHS GGC's Risk Management Policy and Framework.

4.4. The IJB, Social Care, and Health Risk Registers were reviewed on a quarterly basis in 2022/23 by the Senior Management Team and reported to the IJB's Finance, Audit & Scrutiny Committee each quarter.

4.5. Following an internal audit of its risk management arrangements in September 2021, NHS GGC revised and updated its Risk Management Policy and Framework. This was approved and published in December 2022.

4.6. The revised policy and framework resulted in several changes to the way risk is managed, recorded and scrutinised across the Health Board. Officers carried out online sessions in March 2023 to brief NHS risk owners in the

HSCP on these changes, and throughout April 2023 carried out an extensive review of all existing risks to ensure these complied with the relevant changes.

5. Integration Joint Board Risk Register

5.1. The highest risks on the IJB Risk Register during 2022/23 were the future level of savings required, impact of budget and spending review, failure to deliver the Primary Care Improvement Plan and Local Government pay awards for 2022/23.

5.2. Significant risks that were added to the register during 2022/23 include:

- The impact of the Scottish Government's Budget and Spending Review for the financial years of 2023/2024 to 2026/2027, and the ongoing impact and uncertainty around inflation and the wider economy.
- The impact of the Scottish Government's proposals to establish a National Care Service, including the resources required to support the work involved in this and the impact that uncertainty may have on recruitment and retention of staff.
- The impact of the Local Government Pay Award for 2022/23 and risk of a further gap in the 2022/23 budget.

5.3. The risk around ongoing COVID Costs decreased during 2022/23 as although there continues to be related costs going into 2023/24, these are minor.

5.4. At the close of 2022/23, there were **13** 'live' risks on the IJB Risk Register, with **4** items having a risk level of 'Very High', **8** items with a risk level of 'High', **1** item having a level of 'Medium'.

5.5. The IJB Risk Register as at the end of 2022/23 is attached as Appendix A.

6. Social Care Risk Register

6.1. The highest risks on the Social Care Risk Register during 2022/23 continued to be the potential impact of the National Abuse Inquiry, the impact of implementation of Welfare Reforms and risks around financial impacts of inflationary pressures, budget pressures in homelessness services and financial stability of external providers.

6.2. Significant risks that were added to the register during 2022/23 include:

- The impact of increased demand for purchased and provided social care services during winter 2022/23.
- Delays to implementation of care plans/packages due to various factors, including lack of capacity in commissioned and ancillary services. This primarily affects Adults and Older People services.
- Risks related to IT performance and contract management, in particular around Eclipse and a contract for software used by the EquipU that is due to expire in August 2023.

6.3. At the end of 2022/23 there were **43** 'live' risks on this risk register, with **23** items having a current risk level of 'Very High', **14** items with a risk level of 'High', **5** items with a risk level of 'Medium' and **1** with a risk level of 'Low'.

7. Health Risk Register

7.1. The highest risks on the Health Risk Register during 2022/23 are those arising from staff shortages and ongoing recruitment and retention issues, including the impact on service delivery and waiting times. There were also several risks being managed in relation to increased demand across services, particularly Mental Health services.

7.2. At the end of 2022/23 there were **77** 'live' risks on this risk register, with **30** risks having a current risk level of 'Very High, **28** risks with a risk level of High, **17** with a risk level of Moderate and **2** risks with a risk level of 'Low'.

8. Recommendations

8.1. The Integration Joint Board is asked to:

a) note the content of this report; and
b) note the attached Integration Joint Board Risk Register in Appendix A.

Appendix A

Glasgow City Integration Joint Board - Risk Register (as at April 2023)

Ref	Title	Description	Risk Owner	Responsible Owner	Mitigation / Control	Residual Risk Assessment (Impact x Probability)	Residual Risk Score	Residual Risk Level	Notes
524	Level of savings required in 2019/20 and beyond	**RISK:** Inability to deliver appropriate level of essential services due to required level of savings **CAUSE:** Required level of savings in the Budget Service Plan in 2019/20 and beyond **EFFECT:** Unable to meet demand for services, failing to ensure safety and prevent harm to service user, failing to meet statutory requirements, failing to deliver part or all of the Strategic Plan	Sharon Wearing	Margaret Hogg	• Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB • Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets • HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals. • Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored. • Medium Term financial forecasting also undertaken to enable requirements for savings to be assessed over the medium term and to inform planning assumptions. • A financial tracker on covid-19 related expenditure (as part of the Local Mobilisation Plan) is updated on a 4 weekly basis, and submitted to the Scottish Government every 4 weeks.	5x5 Critical/ Almost Certain	25	Very High	**April 2023:** Risk confirmed as accurate.
2032	Impact of Budget & Spending Review	**RISK:** The Scottish Government's Budget & Spending Review (23/24 to 26/27) will significantly impact on the HSCP's financial position and delivery of services/strategic priorities **CAUSE:** Scottish Govt budget set prior to increased inflation projection, Health and social care spend proposed to rise by 2.75% per annum, which will need to cover inflation pressures including pay uplifts, impact of COVID recovery, existing policy commitments; anticipated increased savings targets required to deliver balanced budget (high level estimate of 5% per annum equivalent to £32m per annum) **EFFECT:** Expenditure will need to be reduced to meet all commitments; re-prioritising business cases for capital projects in development; impact on service delivery, staffing levels, financial position. Potential impact on delivery of strategic	Sharon Wearing	Margaret Hogg	- Executive team commenced developing a high level financial forecast to determine the scale of the challenge. Options available as part of the response will be developed and reported via Integration Transformation Board - Continued engagement with the Scottish Government and Partner Bodies on financial planning assumptions and potential impact of funding availability - Proposals subject to future reporting to the Integration Joint Board - The HSCP has been in dialogue with GCC and the conversations continue - The impact of the funding gap will be reported to the March 2023 IJB meeting	5x5 Critical/ Almost Certain	25	Very High	**April 2023:** Risk confirmed as accurate.

Glasgow City Integration Joint Board - Risk Register (as at April 2023)

Ref	Title	Description	Risk Owner	Responsible Owner	Mitigation / Control	Residual Risk Assessment (Impact x Probability)	Residual Risk Score	Residual Risk Level	Notes
934	Deliverability of Primary Care Improvement Plan (PCIP)	**RISK:** Failure to deliver transformation of Primary Care services as specified in the Primary Care Improvement Plan (PCIP) **CAUSE:** Insufficient funding, affordability, shortage of resources (qualified staff, suitable accommodation), lack of appropriate digital solution to support plan, unable to maintain sustainability, unable to quantify evidence of impact, lack of capacity of general practice to engage with PCIP because of problems with staffing and high levels of demand. **EFFECT:** Impact on the delivery of the IJB's Strategic Plan and priorities resulting in negative impact on service users and patients and possible reputational or financial impact to the IJB.	Susanne Millar	Gary Dover	Measures necessary to remain within budget include and to mitigate the lack of qualified staff include: • Temporarily stopping and/or phasing recruitment • Withdrawing from (or reducing the length of) contracts with external providers • Making local vacancy approval processes more efficient • Developing alternative skill mix models and more efficient ways of delivering services • Recruiting into trainee posts and supporting less experienced staff to obtain necessary experience. • Supporting GP capacity to engage with PCIP: NHS GGC Sustainability Plan and Escalation Framework established • Continue work with wider system to identify how we can support sustainability of general practice. • Quantifying impact to be measured through PCIP	4x5 Major/ Almost Certain	**20**	Very High	**April 2023:** Risk score increased from 16 (Major/Likely) to 20 (Major/Almost Certain). Responsible officer requested for update to Risk CAUSE description to reflect that insufficient funding to fully deliver Memorandum of Understanding 2 (MoU2) and no uplift to fund NHS pay rise in 22/23 or 23/24. Some mitigation controls have been updated.
2136	2022/23 Local Government pay award	**RISK:** Further gap in 22/23 budget due to lack of funding for additional costs associated with the 22/23 local government pay settlement **CAUSE:** The pay settlement agreed by Scottish Government was higher than the original planning assumptions for the 22/23 budget and the HSCP's share of the Scottish Government funding to local authorities for the 22/23 pay settlement (£9.9m) is not passed on by Glasgow City Council. **EFFECT:** The funding gap would increase the shortfall in the current financial year (22/23), which could require the IJB to consider a higher level of savings than would otherwise be the case. Furthermore, if the funding allocation is not passed on as a recurring cost this could result in activities and services being unable to be delivered as planned in 23/24 and beyond, which could undermine the HSCP's ability to carry out statutory duties, lead to service user harm and impact on the IJB's ability to achieve one or more of its strategic objectives as set out in the Strategic Plan.	Sharon Wearing	Margaret Hogg	• The Chief Finance Officer has written to the Council's Executive Finance Director setting out the HSCP position and implications • The Chief Officer and Chief Finance Officer have continued dialogue with Glasgow City Council's Chief Executive, setting out risk and potential impact of any decision to withhold allocated funding from Scottish Government for the 2022/23 pay settlement. • The impact for the 22/23 out-turn and the 23/24 budget will be reported to the IJB in March 2023.	4x5 Major/ Almost Certain	**20**	Very High	**April 2023:** Risk score has increased from 16 (Major/Likely) to 20 (Major/Almost Certain). Risk owner informed that due to not receiving money from GCC this has resulted in increased shortfall in the current financial year. This also resulted in the IJB being asked to consider high level savings.

Glasgow City Integration Joint Board - Risk Register (as at April 2023)

Ref	Title	Description	Risk Owner	Responsible Owner	Mitigation / Control	Residual Risk Assessment (Impact x Probability)	Residual Risk Score	Residual Risk Level	Notes
512	Delivery of Strategic Plan within budget	**RISK:** The IJB is unable to budget within allocated resources **CAUSE:** Cost of delivery is higher than budgeted resources made available **EFFECT:** The IJB is unable to deliver on the Strategic Plan	Sharon Wearing	Margaret Hogg	• The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding • Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets • Governance / reporting mechanisms for Transformation Programmes are in place • Financial position monitored on ongoing basis by SMT, IJB Finance, Audit & Scrutiny Committee and full IJB • A Medium-Term Financial Outlook is also completed which assesses the financial resources required to deliver the strategic plan whilst delivering financial balance for the IJB • The impact of responding to COVID-19 on delivery of the Strategic Plan continues to be assessed.	4x4 Major/ Likely	**16**	**High**	**April 2023:** Risk confirmed as accurate.
2033	Impact of inflationary pressures	**RISK:** There is a risk that rising inflation will have detrimental impact on the financial position **CAUSE:** Inflation was 10.1% in September 2022, and forecast to remain above 10% in Q4 2022 and Q1 2023; increasing costs for the HSCP from rising prices for food, fuel, supplies and equipment plus consequential (e.g. public sector pay award) **EFFECT:** Detrimental impact on financial position	Sharon Wearing	Margaret Hogg	- Ongoing monitoring of financial impact of inflation of service costs - Consider options for funding as part of wider financial forecasting of financial position for IJB, This could include the use of reserves. - Budget setting process for 23/24	4x4 Major/ Likely	**16**	**High**	**April 2023:** Risk confirmed as accurate.
514	Service delivery model uncertainty	**RISK:** Uncertainty around future service delivery models **CAUSE:** Uncertainty arising from COVID-19 and Scottish Government proposals for a National Care Service being established by 2025/26. **EFFECT:** Resistance, delay or compromise to necessary decisions, developments or potential improvement opportunities not being fulfilled	Susanne Millar	Susanne Millar	• High-level strategic vision articulated through the 2019-22 Strategic Plan. • Next iteration of Strategic Plan for 2023-26 will be presented to the IJB for review in June 2023 • IJB are notified of proposed transformation projects and updates on approved transformation projects as a matter of routine. • Acceptance that ongoing challenges of both partner organisations mean standstill is not a viable option • As part of the response to the covid-19 pandemic the HSCP established governance arrangements to ensure Executive retains appropriate oversight and decision making capability. The Executive COVID Group continues to meet weekly • Programme management and governance arrangements put in place across HSCP and GCC in response to National Care Service proposals and to ensure ongoing engagement with Scottish Government on NCS Bill and co-design of the NCS	3x4 Moderate/ Likely	**12**	**High**	**April 2023:** Risk confirmed as accurate.

Glasgow City Integration Joint Board - Risk Register (as at April 2023)

Ref	Title	Description	Risk Owner	Responsible Owner	Mitigation / Control	Residual Risk Assessment (Impact x Probability)	Residual Risk Score	Residual Risk Level	Notes
518	External Providers financial stability	**RISK:** Financial challenges faced by some provider organisations could destabilise them, render them financially unviable and result in them exiting the market **CAUSE:** Economic situation and outlook increasing volatility in the social care sector. Increasing costs on providers as employers coupled with ongoing recruitment and retention issues in the sector and limitations on Scottish Government funding increases budget pressures. Fuel and cost of living increases have compounded this, along with residual impacts of the COVID-19 pandemic. **EFFECT:** Threat to continuity of provided services and issues in availability of appropriate provision for service users. If providers exit the market, this would lead to enforced changes of provider with potentially little or no notice and lack of capacity in the sector may mean limited or no alternatives available (particularly for complex and specialist needs). This could lead to poorer outcomes or risk of harm to service users, significant operational and financial impact to the HSCP and significant impact on the delivery of the IJB's strategic objectives as set out in the Strategic Plan.	Sharon Wearing	Geri McCormick	• We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. • We continue to ensure timeous regular payment to provider organisations - all increases in respect of Scottish Living Wage are passed on timeously. • IJB identified funds to increase Children's Services providers despite no provision being made for a Scottish Living Wage increase in non-adult services. • Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Interim Chief Officer, that monitors and reviews output from daily safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements. • IJB has taken decision to apply to Residential services, an increase to no staffing cost an equivalent of 3.8% to mitigate energy cost pressures.	4x3 Major/ Possible	12	High	**April 2023:** Risk confirmed as accurate for this Quarter but informed that this will be thoroughly reviewed at next quarter as risk score may require increasing. One provider has handed back 17 individual care packages. Update mitigation/control to include IJB has taken decision to apply to Residential services, an increase to no staffing cost an equivalent of 3.8% to mitigate energy cost pressures.
2034	Resources required for National Care Service	**RISK:** There is a risk the organisation cannot support the volume of resource required for the effective engagement with the Scottish Government proposal to design and establish a National Care Service **CAUSE:** Staff and key individuals with existing operational roles and responsibilities are diverted to National Care Service activities; ambitious timescales for the design and implementation of the NCS **EFFECT:** Existing operational priorities and delivery are delayed or compromised; potential impact on delivering strategic priorities	Sharon Wearing	Allison Eccles	• Workload and resource monitoring continues to be undertaken across the partnership (for example, through one-to-one supervision) • Ongoing review of support (including work undertaken and resources being used) required for NCS activity • NCS Project Support proposal has been approved by the HSCP Executive Team • Programme management structure established to ensure governance and oversight of NCS activity and demand, including HSCP Executive group, GCC Steering Group chaired by the LA Chief Executive and workstreams to focus on particular elements of the NCS Bill (Legal, Finance, HR etc.)	4x3 Major/ Possible	12	High	**April 2023**: Risk confirmed as accurate.

Glasgow City Integration Joint Board - Risk Register (as at April 2023)

Ref	Title	Description	Risk Owner	Responsible Owner	Mitigation / Control	Residual Risk Assessment (Impact x Probability)	Residual Risk Score	Residual Risk Level	Notes
2035	Medium to long term financial implications of ongoing COVID costs	**RISK:** There is risk of adverse medium to long term financial implications of ongoing costs related to COVID **CAUSE:** Government funding related to the COVID pandemic ends in March 2023 and there remains high likelihood of continual additional costs due to COVID particularly in those service areas where enhanced guidance and restrictions remain in place (e.g. care homes), including PPE, Infection Control, impact of increased staff absences due to COVID **EFFECT:** All additional costs related to COVID from 23/24 onwards will need to be covered by existing budgets, adverse impact	Sharon Wearing	Margaret Hogg	- All costs associated with responding to COVID are being tracked - COVID Exit Strategy is actively monitored via the Integration Transformation Board and the HSCP Executive Group - impact on 2023/24 will consider as part of financial planning and budget setting for 2023/24.	3x4 Moderate/ Likely	12	High	**April 2023:** Risk score to reduce from 16 (major/likely) to 12 (Moderate/likely). The risk owner advised that there is likely still some fall off in terms of costs going into 2023/24 but they are quite minor.
2037	Impact of National Care Service on recruitment & retention	**RISK:** Health and social care recruitment and retention is adversely affected by the proposal to establish a National Care Service **CAUSE:** Uncertainty about the scope of the National Care Service (e.g. future consultation on inclusion of children and justice services); uncertainty about extent of transfer of local authority and NHS resources to a National Care Service (including transfer of staff) **EFFECT:** Existing and potential health and social acre staff may opt to leave or not join the service given uncertainty about future employer and terms & conditions; existing recruitment and retention pressures will be exacerbated leading to further detrimental impact on delivery of services; financial impact; failure to deliver strategic priorities.	Sharon Wearing	Tracy Keenan	Future control and mitigation actions to include • Communication strategy is vital to keep employees up to date on the employment position and must be used to allay any concerns on future employment. • Information on how pay and pension will work must be issued as early as possible • Liaison with Trade Unions • Specific Trade Union Forum on NCS should be set up • Strict monitoring of leavers will be required to assess any increased level of leavers, this must include ensuring exit interviews occur and the information from that fed into system • Ensuring vacancies do not build up • Require recruiting before people leave • Succession planning processes require to be created in the event that management positions are more adversely affected. • Twilight sessions scheduled to take place in February 2023 to keep staff informed • Work ongoing with Communications team to develop staff and partnership communications	4x3 Major/ Possible	12	High	**April 2023:** Risk confirmed as accurate.
1731	Delivery of 2021-22 Savings Targets	**RISK:** Unable to deliver 2021-22 savings targets **CAUSE:** Due to key resources being diverted to responding to COVID-19 and the impact COVID-19 is also having on demand, areas targeted for delivery of savings in 2021-22 are now at risk **EFFECT:** Savings targets will not be deliverable resulting in overspends occurring in 2021-22 and beyond	Sharon Wearing	Margaret Hogg	• Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB • Delivery of savings will continue to be tracked and monitored by the Transformation Programme Board • HSCP will actively engage with the Scottish Government on the impact of responding to COVID-19 • Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored	2x5 Minor/ Almost Certain	10	High	**April 2023:** Risk confirmed as accurate.

Item No: 18

Meeting Date: **Wednesday 28th June 2023**

Glasgow City Integration Joint Board

Report By: **Allison Eccles, Head of Business Development / Standards Officer**

Contact: **Allison Eccles**

Phone: **07769972012**

Glasgow City IJB Directions
Annual Report 2022-23

Purpose of Report:	To provide a summary of the Directions issued by Glasgow City Integration Joint Board (IJB) to Glasgow City Council and NHS Greater Glasgow and Clyde in the period June 2022 to May 2023.
Background/Engagement:	Following a report to the IJB Finance and Audit Committee in February 2018 on the use of Directions by the IJB's auditors, it was agreed that the IJB receive an annual summary of the use of Directions. This is the sixth such report, covering the period from June 2022 to May 2023.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒
Recommendations:	The Integration Joint Board is asked to: a) note this report.

Relevance to Integration Joint Board Strategic Plan:

Issuing of Directions is the method through which the IJB commissions Glasgow City Council and NHS Greater Glasgow and Clyde to deliver the priorities outlined within the IJB's Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	Cover all National and Wellbeing Outcomes.
Personnel:	No implications from this paper – relates to matters of governance.
Carers:	No implications from this paper – relates to matters of governance.
Provider Organisations:	No implications from this paper – relates to matters of governance.
Equalities:	No implications from this paper – relates to matters of governance.
Fairer Scotland Compliance:	No implications from this paper – relates to matters of governance.
Financial:	No implications from this paper – relates to matters of governance.
Legal:	The requirement for the IJB to issue Directions to the Council and Health Board is defined in the Public Bodies (Joint Working)(Scotland) Act 2014 and associated secondary legislation.
Economic Impact:	No implications from this paper – relates to matters of governance.
Sustainability:	No implications from this paper – relates to matters of governance.
Sustainable Procurement and Article 19:	No implications from this paper – relates to matters of governance.
Risk Implications:	Failure to comply with the legislative requirement and framework for Directions would place the IJB in breach of its statutory duties.
Implications for Glasgow City Council:	The Council is required to comply with all Directions received from the IJB, and may not amend, ignore, appeal or veto any Direction. The Council may not use resources

	allocated via the IJB in pursuit of a Direction for any other purpose.

Implications for NHS Greater Glasgow & Clyde:	As above for the Council.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. To provide a summary of the Directions issued by Glasgow City Integration Joint Board (IJB) to Glasgow City Council and NHS Greater Glasgow and Clyde in the period June 2022 to May 2023.

2. Background

2.1. Issuing of Directions is the method through which the IJB commissions Glasgow City Council and NHS Greater Glasgow and Clyde to deliver the priorities outlined within the IJB's Strategic Plan. Directions are legally binding, and the Public Bodies (Joint Working) (Scotland) Act 2014 and associated secondary legislation establishes the framework within which they operate.

2.2. Following a report to the IJB Finance and Audit Committee in February 2018 on the use of Directions by the IJB's auditors, it was agreed that the IJB receive an annual summary of the use of Directions. This is the sixth such report, covering the period from June 2022 to May 2023.

2.3. This report outlines a summary of the Directions issued by the IJB during the period in scope. The report does not provide detail of the Directions' content or commentary on their impacts, as it is considered that this level of oversight is facilitated through the normal performance scrutiny arrangements of the IJB and Glasgow City Health and Social Care Partnership.

2.4. This report reflects the changes made to the Directions process around recording and monitoring by staff, as reported to the IJB in June 2019.

3. Summary of Directions

3.1 Between June 2022 and May 2023 (inclusive):

- the IJB has issued 22 Directions;
- 8 of these were Directions to both the Council and Health Board;
- 9 Directions were to the Council only; and
- 5 Directions were to the Health Board only.

3.2 Of the 22 Directions issued by the IJB:

- 20 remain open (current); and,
- 2 are closed and have been superseded (completed).

3.4 The list of Directions issued by the IJB to the Council and Health Board during the reporting period is attached at Appendix 1.

4. Recommendations

4.1. The Integration Joint Board is asked to:

a) note this report.

Appendix 1

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Link to New Direction	Responsible Officer	Service Area
290622-8	Outturn Report 2021-22	Council only	Glasgow City Council is directed to carry forward reserves totalling £112.393m on behalf of the IJB as outlines in section 5 of the report.	All functions delegated to the IJB from Glasgow City Council and NHS Greater Glasgow and Clyde.	£112.393m in reserves carried forward	29-Jun-22	29-Jun-22	Jun-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-08-ijb-report-outturn		Sharon Wearing	Finance
290622-9	Unaudited Annual Accounts	Council only	Glasgow City Council is directed to carry forward reserves totalling £112.393m on behalf of the IJB as outlined in Item No 8 Outturn Report 2021/22	All functions delegated to the IJB from Glasgow City Council and NHS Greater Glasgow an Clyde.	£112.393m in reserves carried forward	29-Jun-22	29-Jun-22	Jun-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-09-unaudited-annual-accounts		Sharon Wearing	Finance
290622-10	Mental Health and Wellbeing in Primary Care Services ('Wellbeing Hubs') 2022 / 23 Work Plan and spend for Phase one	Health Board only	NHS Greater Glasgow and Clyde is directed to undertake the programme of work in relation to the Mental Health and Wellbeing in Primary Care Services ('Wellbeing Hubs') Phase one development, including the initial planning and design stage and the establishment of the initial Hubs, as outlined in Appendix 1 of this report.	Primary care mental health and wellbeing services	The budget to be allocated for this Direction is £480,183 in relation to the 2022/23 part-year expenditure and £985,900 in relation to the full year projected spend for 2023/24.	29-Jun-22	29-Jun-22	Jun-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-10-mental-health-and-wellbeing-primary-care-services-wellbeing-hubs-2022-23		Jackie Kerr	Adult Services - MH
290622-11	Mental Health Recovery and Renewal Fund for Dementia Post-Diagnostic Support	Health Board only	NHS Greater Glasgow and Clyde are directed to carry out the recruitment of three Dementia Practice Coordinators (DPCs) as outlined in section 3 of the report.	Post diagnostic dementia services	The total funding budget to be allocated for this direction is £360,600 (£180,300 per annum for two).	29-Jun-22	29-Jun-22	Jun-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-11-mh-recovery-renewal-fund-phase-2-dementia-post-diagnostic-support		Stephen Fitzpatrick	Older People's Services
280922-7	Lilias Centre Community Custody Unit for Women in Glasgow – Update on Health and Social Care Models of Care	Health Board only	NHS Greater Glasgow and Clyde is directed to implement the recruitment of posts to the Community Custody Unit as outlined in section 5 to support the opening of the Lilias Centre for women in custody.	Prison Health Care service	The total amount allocated to implement the health care service model is £547,499	28-Sep-22	28-Sep-22	Sep-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-07-lilias-centre-community-custody-unit-women-glasgow-update-health-social-care		Pat Togher	Justice Services
280922-8	Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City	Both Council and Health Board	Glasgow City Council and Greater Glasgow and Clyde Health Board are directed to implement the recruitment of posts to the Access Outreach Model as outlined in section 4 to support MAT Standards implementation.	Alcohol and Drug Recovery Services	The total amount required to implement the proposed service model for ADRS is £1,038,041. This will be financed by the £1,066,000 of Scottish Government funding.	28-Sep-22	28-Sep-22	Sep-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-08-progress-towards-implementation-mat-standards-glasgow-city		Jackie Kerr	Adult Services - A
280922-9	Health Visiting and Family Nurse Access to Section 22 Funding	Council only	Glasgow City IJB directs the Council to extend access to section 22 budgets to Glasgow HSCP Children's Services Health staff employed in Health Visiting and Family Nurse Partnership services for Glasgow city residents assessed as in need, in line with the standard Operating Protocol developed for the purpose. This Direction does not affect access to s22 funding for staff with existing access.	Glasgow City Health Visiting Service Family Nurse Partnership for Glasgow City residents	The existing Children's Services Budget will be used to meet the costs of the proposed direction.	28-Sep-22	28-Sep-22	Sep-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-09-health-visiting-and-family-nurse-access-section-22-funding		Mike Burns	Children's Services
280922-10	Analogue to Digital Transformation	Council only	The IJB directs Glasgow City Council to commission the investment of up to £5.5M for investment in digital telecare by GCHSCP.	Telecare	Scottish Government Winter Pressure Funding 21/22 and 22/23.	28-Sep-22	28-Sep-22	Mar-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-10-analogue-digital-transformation		Stephen Fitzpatrick	Older People's Services
280922-11	Funding for the Primary Care Improvement Plan 2022/23	Health Board only	The NHSGG&C should continue to implement the Primary Care Improvement Plan.	Vaccination Transformation Programme - transfer of responsibility for vaccination delivery from GPs to health boards. Transfer of responsibility for delivering community treatment and care services from GPs to health boards, including phlebotomy (CTAC). Transfer of responsibility for delivering pharmacotherapy services from GPs to health boards Development of urgent care services by health boards to support general practice. Recruitment of additional practitioners employed by health boards to expand multi-disciplinary teams in primary care, such as acute musculoskeletal physiotherapy services, community mental health services. Development of Community Links Workers' support for primary care.	£25.536m	28-Sep-22	28-Sep-22	Mar-23	Current	Yes Supersede	DA240122-02 and 240321-09	https://glasgowcity.hscp.scot/publication/item-no-11-funding-primary-care-improvement-plan-2022-23		Gary Dover	Primary Care
280922-12	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2020-23, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	All functions outlined in Appendix 1 of the report.	As outlined in Appendix 1.	28-Sep-22	28-Sep-22	Nov-22	Completed	Yes Supersede	230322-9	https://glasgowcity.hscp.scot/publication/item-no-12-glasgow-city-ijb-budget-monitoring-report-month-4-and-period-5-2022-23	301122-10	Sharon Wearing	Finance
301122-8	Audited Annual Accounts 2021-22	Council only	Glasgow City Council is directed to carry forward reserves totalling £58.500m on behalf of the IJB, as reported in the Item No 8. Outturn Report 2021/22 approved by the IJB in June 2022.	All functions delegated to the IJB from Glasgow City Council and NHS Greater Glasgow and Clyde.	£58.500m in reserves carried forward.	30-Nov-22	30-Nov-22	Nov-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-08-audited-annual-accounts-2021-22		Sharon Wearing	Finance
301122-9	Alcohol and Drug Partnership Investment Plan 2022/23	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the spending plans to reduce drug deaths and harms as outlined in section 2 of this report.	Glasgow City ADP	Scottish Government funding allocations per their letter of 6th October 2022 £6,121,311; IJB earmarked reserves of ADP funding from prior year £4,677,666 to be utilized as required.	30-Nov-22	30-Nov-22	Nov-23	Current	No		https://glasgowcity.hscp.scot/publication/item-no-09-alcohol-and-drug-partnership-investment-plan-2022-23		Jackie Kerr	Adult Services - A
301122-10	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2020-23, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1. The Council are also directed to make a winter payment of £400 to looked after children and people in continuing care/after care and children on the child protection register and other vulnerable children. The Council are also directed to increase foster fees by £15.00 per week.	All functions outlined in Appendix 1 of the report.	As outlined in Appendix 1.	30-Nov-22	30-Nov-22	Jan-23	Completed	Yes Supersede	280922-12	https://glasgowcity.hscp.scot/publication/item-no-10-glasgow-city-ijb-budget-monitoring-report-month-6-and-period-7-2022-23	250123-9	Sharon Wearing	Finance
250123-8	Glasgow City HSCP Homelessness Services Recovery Planning Arrangements	Council only	Glasgow City Council is directed to implement the proposals to reduce cost pressures on Homelessness Services as described in section 4 of this report and summarised in Table 5.	Homelessness services	Completion of this Direction will result in reduction in the cost of delivering the services and is required to be undertaken to reduce the overspend within this budget area.	25-Jan-23	25-Jan-23	Jan-24	Current	No		https://glasgowcity.hscp.scot/publication/item-no-08-glasgow-city-hscp-homelessness-services-recovery-planning-arrangements		Pat Togher	Homelessness
250123-9	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2020-23, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	All functions outlined in Appendix 1 of the report.	As outlined in Appendix 1.	25-Jan-23	25-Jan-23	Mar-23	Current	Yes Supersede	301122-10	https://glasgowcity.hscp.scot/publication/item-no-09-glasgow-city-ijb-budget-monitoring-month-8-and-period-9-2022-23		Sharon Wearing	Finance

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Link to New Direction	Responsible Officer	Service Area
220323-7	Integration Joint Board Financial Allocations and Budgets for 2023-24	Both Council and Health Board	Glasgow City Council is directed to spend the delegated net budget of £527,231,500 in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £1,016,836,000 in line with the Strategic Plan and the budget outlined within this report. Glasgow City Council is directed to implement, effective from 10 April 2023, the 3.80% uplift to an agreed percentage of full contract values (detailed at paragraph 6.4 and 6.5), in line with typical workforce costs, to providers of Adult Social Care within Glasgow Purchased Services and 3.80% uplift to to residential providers of Adult and Children and Families Social Care within Glasgow Purchased Services. Glasgow City Council is directed to apply the uplift to NCHC rate for nursing as outlined in section 13.3 and instruct the Council to vary the contracts in line with this.	Budget 2023-24	The budget delegated to NHS Greater Glasgow and Clyde is £1,016,836,000 and Glasgow City Council is £527,231,500 as per this report.	22-Mar-23	22-Mar-23	Apr-24	Current			https://glasgowcity.hscp.scot/publication/item-no-07-ijb-financial-allocations-and-budgets-2023-2024-amended-22032023		Sharon Wearing	Finance
220323-8	Medium Term Financial Outlook 2023 - 2026	Both Council and Health Board	The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes. Both Partners are requested to consider this Medium Term Financial Outlook as part of their annual budget process for 2024-25 and 2025-26.	All functions as outlined in the Medium Term Financial Outlook.	Not relevant at this stage.	22-Mar-23	22-Mar-23	Mar-24	Current	No		https://glasgowcity.hscp.scot/publication/item-no-08-medium-term-financial-outlook-2023-2026		Sharon Wearing	Finance
220323-9	Scottish Government Funding for Improved Mental Health Services for Children and Young People 2023-2024	Both Council and Health Board	The Integration Joint Board directs the Council and Health Board to utilise the 2023/24 Scottish Government funding to continue to develop, improve and expand mental health services for children and young people according to the plans for funding outlined in this paper, with a review of the outcomes achieved in March 2024.	Children's Services, Mental Health Services, Adult Services	The total funding available for the development and expansion of tier 1 and 2 supports for 2023/24 is £1,755,000.	22-Mar-23	22-Mar-23	Mar-24	Current	No		https://glasgowcity.hscp.scot/publication/item-no-09-sg-funding-improved-mh-services-children-and-young-people-2023-24		Mike Burns	Children's Services
220323-10	Gender Identity Services - Scottish Government Funding Spending Proposal	Health Board only	NHS GGC is directed to spend the resources allocated by Scottish Government to develop Gender Identity Services, as set out in section 3 of this paper.	Gender Identity service (Sandyford Sexual Health service)	£496,500	22-Mar-23	22-Mar-23	Mar-24	Current	No		https://glasgowcity.hscp.scot/publication/item-no-10-gender-identity-services-scottish-government-funding-spending-proposal		Jackie Kerr	Adult Services - SH
100523-8	IJB 2023/24 Budget – EQIA Update	Council only	Glasgow City Council is directed to implement the savings outlined in this report, in support of the balanced budget approved by the IJB on 22 March 2023.	Self-directed support budgets for adults and older people; Day Care Services for older people; purchased/in-house supported living services; care at home and mainstream home care service.	The budget of £527,231,500 delegated to Glasgow City Council includes the savings included within this paper.	10-May-23	10-May-23	Apr-24	Current	No		https://glasgowcity.hscp.scot/publication/item-no-08-ijb-2023-24-budget-eqia-update		Sharon Wearing	Finance
100523-9	Interim National Care Home Contract Increase 2023/24	Council only	From 10 April 2023 implement the 2.11% interim uplift rate to nursing care and 2.70% interim uplift to residential care, the rates attached at Appendix 1 and vary the contracts with providers in line with the conditions at 4.3.	Care Homes, Intermediate care and commissioned services.	The cost of the uplift amounts to £2.295m for 2023/24. Budget provision has been made in the IJB's 2023/24 budget to meet this commitment.	10-May-23	10-May-23	May-24	Current	No		https://glasgowcity.hscp.scot/publication/item-no-09-interim-national-care-home-contract-increase-2023-24		Sharon Wearing	Finance
100523-10	Rapid Rehousing Transition Plan Service Developments 2023-24	Council only	Glasgow City Council are directed to progress the spending proposals outlined at Appendix 1.	Housing and Homelessness Services, Prison Based Homelessness services, Housing Options, Housing First	The budget allocation for progressing this Direction consists of £1.237m from the Scottish Government's RRTP Grant for 2023/24 and £1.046m from IJB general reserves.	10-May-23	10-May-23	May-24	Current	No		https://glasgowcity.hscp.scot/publication/item-no-10-rapid-rehousing-transition-plan-service-developments-2023-24		Pat Togher	Homelessness

NOT YET APPROVED AS A CORRECT RECORD

Glasgow City Integration Joint Board
Public Engagement Committee

IJB-PEC (M) 24-05-2023

Minutes of a virtual meeting held
at 10.00am on Wednesday 24th May 2023

Present:

Voting Members	Cllr Audrey Dempsey	Councillor, Glasgow City Council
	John Matthews	NHSGG&C Board Member (Chair)
	Cllr Elaine McDougall	Councillor, Glasgow City Council
	Anne Marie Monaghan	NHSGG&C Board Member
	Cllr Lana Reid-McConnell	Councillor, Glasgow City Council
	Francis Shennan	NHSGG&C Board Member
In Attendance	Sheena Arthur	Glasgow Council for Voluntary Sector (GCVS), Partnership Manager (Health and Social Care)
	Nicky Coia	Health Improvement Manager (Sexual Health)
	Craig Cowan	Business Development Manager
	Gary Dover	Assistant Chief Officer, Primary Care and Early Intervention
	Alan Gilmour	Planning Manager, Older People and South Locality
	Gareth Greenaway	Planning Manager, North West Locality, GCHSCP
	Steven Love	Senior Officer, Locality Review Team
	Claire Maclachlan	Governance Support Officer (minutes)
	Mary MacPherson	Social Care User Representative
	Fiona Moss	Head of Health Improvement & Equalities
Apologies:	Mike Burns	Assistant Chief Officer, Children's Services and North East
	Allison Eccles	Head of Business Development
	John Ferguson MBE	Health Service User Representative

Actions

1. Declarations of Interest

Councillor Elaine McDougall declared an interest in Item No 6 - Engagement and Consultation: Technology Enabled Care and Support (TECS)

2. Apologies

The apologies for absence were noted as above.

3. Minutes

The minutes of the meeting held on 22nd February 2022 were approved as an accurate record.

4. Matters Arising

There were no matters arising.

Actions

5. Rolling Action List

Craig Cowan presented the rolling action list advising that there are four open actions, three actions remain open relating to the Safer Drug Consumption Facility.

Action Ref No 22 – Young People Committee Representation – This action remains open as there are ongoing discussions to involve young people in the work of the Committee. Officers had a preliminary discussion on 26th April 2023 with a range of colleagues with experience and expertise working with young people to consider their views on identifying the best way to represent the interests of children and young people at the Committee. Actions have been identified to map the organisations and groups whose input should be sought, with a view to presenting recommendations to the Committee on 15th November 2023.

Clarity was sought on the timeframe for this action and whether this could be completed sooner. Officers advised that the ongoing work and engagement with young people would take a few months to progress and ensure the Committee understands what matters to young people and their organisations. Part of the delay is due to the intention to include visiting some of the organisations/groups across the city to incorporate awareness-raising of the Committee to encourage involvement.

Members questioned how to feed into this process if they are aware of any organisations that would be helpful to link in. Officers advised all suggestions are welcome. Members also questioned if Young Scot are still functional and could be involved. Officers advised that they would look into this. — Officers

Action Ref No 23 – Rising Number of Young People using Vapes – This action is now closed as Officers issued a briefing to Members on 29th March 2023. Officers advised that they continue to deal with this issue and are involved with discussions with Education.

6. Engagement and Consultation: Technology Enabled Care and Support (TECS)

Steven Love presented a report with an overview of the engagement activity undertaken by Glasgow City HSCP in relation to the 'tests of change' being carried out to develop and increase the use of Technology Enabled Care and Support (TECS) across the city and with the development of TECS information resource materials.

Steven shared a video which explains how the Social Work Assessment process works before going on to look at the support options available, focussing on TECS. There is also a further video and details relating to TECS information and resources on the Your Support Your Way website.

A Member raised concern regarding the support being received for people using TECS, noting that Glasgow Disability Alliance (GDA), Glasgow Centre for Inclusive Learning (GCIL), etc. are not in support. Officers advised that GDA, GCIL, etc. have not participated in the engagement relating to TECS. The use of TECS is not for everyone and is not suited for everyone. Officers advised that there is still work to be done by the HSCP in reassuring organisations, the trust and knowledge comes with the usage of TECS and there needs to be better understanding.

	Actions
Issues with funding were raised and whether TECS would be an independent cost to the service user or part of their individual budget. Officers advised that the start-up costs and the running of TECS will be built into the service users' individual budget. Consideration for issues with individuals access to WIFI in the context of the cost of living was also raised. Officers advised that TECS does require households to have an internet connection and there are ongoing discussions relating to the charging of this. In relation to energy consumption and the cost of living, Officers have been advised that energy usage levels are low in terms of the overall household costs. There was a discussion relating to issues around risk and social work practice, as well as maximising independence. Officer suggested inviting Jacqueline Kerr, Chief Social Work Officer and Assistant Chief Officer for Adult Services, and Stephen Fitzpatrick, Assistant Chief Officer for Older People, to have a further discussion on this and respond to the concerns raised related to ongoing engagement with service users on the use of TECS and the general approach to supporting people to remain living independently in their communities. Members agreed and asked for this to be added to the Rolling Action List.	Officers
Members thanked Officers for the report and video. **The IJB Public Engagement Committee:** **a) Noted the contents of the report.**	

7. LGBT+ Health Needs Assessment

Nicky Coia presented a report to inform the Committee of the results of the findings of the LGBT+ Health Needs Assessment (HNA) and consider ways to support the recommendations. Nicky also delivered a presentation on the findings from the LGBT+ Health Needs Assessment survey which has been published on the HSCP website. Members highlighted the hate crime results from the survey and questioned how this is reported and if Officers are aware of the outcomes, e.g., prosecutions, etc. Officers advised that from the results of the survey and discussions from the focus groups, they are aware that crimes are under reported as well as people not considering issues as hate crimes. From the survey, there doesn't appear to be any unhelpful outcomes from reporting, and Police Scotland are involved in this. Loneliness was another issue raised within the results of the survey and Members questioned if this was impacted by the pandemic. Officers advised that they have gone back to people since the pandemic and loneliness numbers have reduced. The Committee noted their support for the LGBT+ Summit. The Equalities Group is also in support of this. Officers advised that they would identify the appropriate governance structure to progress.	Officers
Members thanked Officers for the detailed presentation.	

Actions

The IJB Public Engagement Committee:

a) Noted the considerable differences in health and wellbeing for LGBT+ people in the city;
b) Considered the recommendations which are pertinent to the HSCP; and
c) Supported the proposal for an LGBT+ summit in the city to bring partners together to identify new ways of addressing the inequalities in health experienced by LGBT+ people.

8. Locality Engagement Forums and Locality Engagement Activity

Alan Gilmour and Gareth Greenaway presented a report with an overview of some of the engagement activity being carried out in the three localities across Glasgow City Health and Social Care Partnership in 2022/23. It will also summarise and highlight the main findings of the Annual Locality Engagement Forum Annual Questionnaire 2023/24.

Officers noted an acknowledgement to Callum Lynch and May Simpson for their input on this, they have now moved on from their posts. Acknowledgement also to Tony Devine who was unable to attend the Committee today.

Officers highlighted the positive feedback received in relation to the opening of the Gorbals Health Centre.

The Parkhead Hub development continues and is scheduled to open in August 2024, updates on this will continue to be presented at this Committee.

Locality Engagement Forums are involved in the engagement relating to the TECS project, Officers highlighted that there is a lot of work ongoing to reassure service users and show that this can be an improvement to their care plans.

There is engagement work ongoing relating to Self-Directed Support (SDS), a new SDS Governance Group has been established to look into how to improve SDS processes and procedures.

Members questioned if Officers are involving people who use SDS as part of the process. Officers advised that there is involvement but not as much as they would like. The self-evaluation hasn't got balance; this needs to be more joined up and coproduced. There needs to be more conversations with service users, more learning, and needs to be more joined up rather than organisationally led.

A Member raised concern regarding the reports being presented to the Committee, noting that they lack balance and disproportionately progress the preferred narrative of the HSCP. They also noted the lack of reporting on why people and organisations don't want to engage and the reasons for this, why people disagree, etc. A request was made for the reports to be more balanced, honest and show the tensions. Officers agreed that the report is neutral and shows the engagement that has taken place. Officers advised that they would add more detail in future reports to reflect the reasons for non-engagement.

Actions

Officers advised that an SDS survey was carried out and the findings of this can be presented to a future Committee for discussion, to show both sides.

Going forward Officers advised that they would review reports and improve on how to include the views of people that have engaged, and try get those people to attend the Committee, as well as enhance the links to people in the Locality Engagement Forums. Officers have been working with Sheena Arthur and David Reilly to try and better establish links to the Third and Independent Sector to ensure the right topics and discussions come to the Committee.

The IJB Public Engagement Committee:

a) Noted the contents of the report.

9. GCHSCP Consultation and Engagement Log

Craig Cowan presented the Consultation and Engagement Log.

Members questioned what methods are being used for engagement, for example, co-producing, consultations, etc. Officers advised that they would make this clearer on the log.

Officers advised that they are working on linking the Locality Engagement Forum log with this log to ensure there are no duplications.

The IJB Public Engagement Committee:

a) noted the contents of the log.

10. Next Meeting

The next meeting will be held at 10.00am on Wednesday 23rd August 2023 via Microsoft Teams.

Item No: 21

Meeting Date: **Wednesday 28th June 2023**

Glasgow City
Integration Joint Board

Report By: **Allison Eccles, Head of Business Development**

Contact: **Julie Kirkland, Senior Officer (Governance Support)**

Tel: **07436 029640**

Glasgow City Integration Joint Board
Future Agenda Items

Item	Timescale
Audited Annual Accounts	September 2023
Annual Audit Report	September 2023
Budget Monitoring Report	September 2023
Chief Social Work Officer Annual Report	November 2023
Multi-Agency Public Protection Arrangements (MAPPA) Annual Report	November 2023
Winter Planning 2023/24	November 2023
Review of Risk Management Policy and Strategy	November 2023