Glasgow City HSCP
Health and Social Care Partnership

ANNUAL PERFORMANCE REPORT 2019/20

NHS Greater Glasgow and Clyde

Glasgow City Council

PERFORMANCE REPORT

2019/20

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FOREWORD

We are pleased to provide this foreword to the fourth annual report by Glasgow City IJB on the performance of integrated health and social care provision within the city.

Within this report, we highlight key service developments in the last 12 months and reflect upon how we have delivered our key priority of transforming the way in which services are planned, delivered and accessed in the city. We also describe some key operational highlights and achievements in respect to our performance, while identifying areas where we fell below our expectations and will be seeking improvements going forward over the course of the next year.

The annual performance report can only ever provide a snapshot of the overall performance of the IJB in delivering its Strategic Plan and its aspirations to transform how health and social care is planned, delivered, received and experienced. The size, scale, complexity, history, culture, expectation within and across a city the size of Glasgow necessarily means that it would be impossible to produce an all-encompassing definitive report that establishes unequivocally that the IJB is delivering the nine National Health and Wellbeing Outcomes.

Within these annual performance reports, however, we endeavour to demonstrate the significant progress made by the IJB and the operational vehicle reflecting the Partnership, the HSCP, in working towards delivering not just the nine National Health and Wellbeing Outcomes; but also the spirit and principles behind the Public Bodies (Joint Working) (Scotland) Act, through the fostering of a culture of joint working and partnership across all HSCP services and partner agencies.

Towards the end of 2019/20, we have had to respond to the unprecedented challenges facing public sector organisations and wider society as a whole from the emergence of the Coronavirus (Covid-19) pandemic. New and innovative ways of working were rapidly developed and implemented in order to ensure our critical services were delivered and we were able to continue to support the health and social care needs of our most vulnerable and at risk patients and service users in our communities across the city.

Given the effects of Covid-19 and its impact upon the HSCP's service delivery and performance will be felt more during the course of 2020/21, we have not focussed upon it within this report. We will, instead, reflect in more detail upon the resultant challenges and service responses during the next Annual Performance Report. We would, however, like to take this opportunity to recognise and commend the dedication, commitment and professionalism of our most valuable resource, our staff and managers, as well as those of our partners during this challenging period.

Susanne Millar
Interim Chief Officer

Simon Carr
Chair, Glasgow City Integration Joint Board

Councillor Mhairi Hunter
Vice Chair, Glasgow City Integration Joint Board

INTRODUCTION

1

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 fourth report for the Glasgow City Integration Joint Board (IJB) and within it we look back upon the last year (2019/20). We consider progress in delivering the priorities set out in our second **Strategic Plan (2019-22)**, 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 National Integration Indicators and those indicators specified by the Ministerial Strategic Group (MSG) for Health and Community Care.

1.2. PARTNERSHIP OVERVIEW

i. Organisational Profile

Glasgow City Integration Joint Board is a distinct legal entity created by Scottish Ministers and became operational from 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 Glasgow City Integration Joint Board.

The Glasgow City 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
- Criminal justice 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 December 2019, the Health and Social Care Partnership has a workforce of 10,213 Whole Time Equivalent (WTE) staff, made up of 5,985 WTE employed by Glasgow City Council and 4,228 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 144 GP practices providing general medical services to their practice populations. There are also 163 dental practices and 6 orthodontic practices, 164 community pharmacies and 109 optometry practices.

ii. Locality Management Arrangements

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. These are described in more detail in **chapter 3**.

iii. Performance Management Arrangements

Routine performance management arrangements are in place within the Partnership, with operational performance reports, covering all HSCP services, produced for internal scrutiny by HSCP management teams on a quarterly basis, with service leads reporting upon how they are responding to areas of under-performance.

These reports are also scrutinised by the Integration Joint Board's Finance, Audit and Scrutiny Sub-Committee, which has introduced arrangements whereby they focus on specific services at each meeting, with relevant strategic leads invited to attend and discuss the performance of their respective areas.

The IJB and HSCP Management Teams also receive care group specific reports and will 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. There are, therefore, a range of mechanisms in place within the Partnership in order to monitor and scrutinise performance on an ongoing basis.

1.3. AREA PROFILE

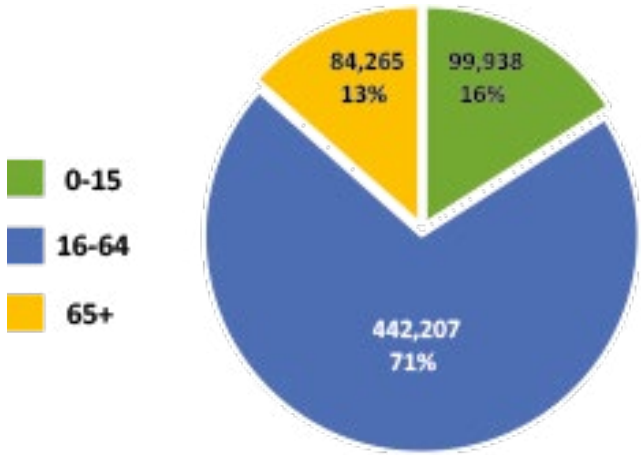
Key demographic characteristics of the city are summarised below. A more comprehensive **Demographics Profile** has also been produced and additional information sources where further information can be found are listed in

Appendix A.

Current Population

The 2018 estimated population of Glasgow City is 626,410, 11.5% of the total population of Scotland (Source: National Records of Scotland - NRS). The breakdown of population by age-band is shown in the following chart.

POPULATION OF GLASGOW BY AGE-BAND 2018 (NRS)



In terms of further describing the (estimated) population in terms of other protected equalities characteristics:

- Glasgow has more females (51.2%) than males (48.8%) overall and for adult (F 50.6%; M 49.4%) and older people (F 57.1%; M 42.9%) age-bands (NRS)
- Glasgow has more male (51.1%) than female (49.9%) children and young people aged 0-17 years (NRS)
- This age profile of the population is broadly similar for Scotland overall (NRS)
- More than 72,000 Glasgow people (11.6%) have black or minority ethnic backgrounds (BME) – with more than 51,000 (8.1% of total population) of these having an Asian background (NRS/Scotland's Census 2011)
- The Glasgow percentage of people from BME backgrounds (11.6%) is almost three times the national rate of 4.0% (NRS/Scotland's Census 2011)
- 3.3% of Glasgow people (20,516) do not speak, read or write English well or at all –50% higher than the Scottish rate (2.1%) (NRS/Scotland's Census 2011)
- Glasgow has more than 16,000 LGBTi (2.6%) people, a higher percentage than Scotland (2.0%). Glasgow also has a higher percentage of people who have not disclosed their sexual orientation (Glasgow 0.9%; Scotland 0.4%)
- More than half of Glasgow's population (53.0%) belong to a religion with most following the Roman Catholic (23.2%) or Church of Scotland (14.3%) religions. This compares to just under half of the population (48.6%) who have a religion in Scotland, with most also belonging to the Church of Scotland (21.8%) or Roman Catholic (14.3%) faiths (NRS/Scottish Household Survey (SHS) 2018)
- Information relating to the disability characteristic is shown below under the Health, Illness and Disability heading of this section

Projected Population

The population of Glasgow City is projected to increase by 2.9% over the period 2018 - 2028 (NRS 2018 population projections). The table below shows estimates of projected population by age-band to 2023 and 2028:

2018 based principal population projections for Glasgow City by age-band (NRS) - 2018 to 2023/2028

Age-band	Projected population - no. people and % change				
	Glasgow City				
	2018	2023	2028	% change 2018 to 2023	% change 2018 to 2028
Children 0-15	99,938	106,042	96,792	*6.1%*	*-3.1%*
Adults 16-64	442,207	441,363	448,124	*-0.2%*	*1.3%*
Older people 65+	84,265	89,496	99,358	*6.2%*	*17.9%*
All ages	**626,410**	**636,901**	**644,274**	***1.7%***	***2.9%***
Older people 75+	38,462	38,918	40,102	*1.2%*	*4.3%*

Source: NRS population projections 2018 based

Mirroring national trends, the population of Glasgow is ageing. As shown above, it is anticipated that there will be increases in the older people population (65+) of 6.2% between 2018 and 2023; and 17.9% between 2018 and 2028. The increase in the 75+ population is expected to be far lower, at 4.3% between 2018 and 2028.

A small increase (1.3%) in the adult population (16-64) is expected between 2018 and 2028, although the number of adults is expected to fluctuate in the intervening years.

The child population (0-15) is projected to increase by 6.1% between 2018 and 2023, after which it is likely to decrease steadily giving an expected overall decrease between 2018 and 2028 of 3.1%.

Poverty and Deprivation

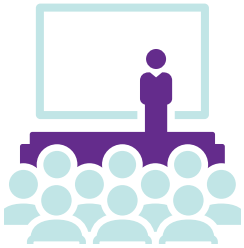
- Glasgow City contains 331 of the 20% most deprived data zones in Scotland, according to the 2020 Scottish Index of Multiple Deprivation (SIMD 2020). 125 of these 20% most deprived data zones are in the North East of the city, while the North West has 96 and South 110 (SIMD 2020). In total, 44% of all of Glasgow's datazones are in the 20% most deprived in Scotland, the second highest % in Scotland after Inverclyde which has 45% (51) of its 114 datazones within this category
- More than 43% of Glasgow's entire population live in one of Glasgow's 20% most deprived data zones with locality rates ranging from 35.9% of the North West population to 39.7% in the South and 56.5% in the North East (SIMD 2020)
- Almost a fifth (19.3%) of Glasgow's overall population is "income deprived" compared to more than a tenth of Scotland's population (12.1%) (SIMD 2020)

- Just over half (50.3%) of Glasgow young people aged 0-17 years live in the 20% most deprived data zones in Scotland, more than double the national average (21.3%) (SIMD 2020)
- At school age, just under half of Glasgow pupils at stage P4 and above (48.2%) are registered for free school meals, more than twice the rate of 19.3% for pupils across Scotland (Scottish Government Education Statistics 2019/20)
- At February 2016, more than 30,000 children in Glasgow or 27.4%, were living in low income households, compared to 16.7% across Scotland (HMRC 2019)
- Deprivation among Glasgow's older people population is also far higher than the Scottish average, as indicated by the number of people of pensionable age claiming pension credits expressed as a percentage of the 65+ population (29.4% in Glasgow compared to the Scotland rate of 14.4%) (DWP 2019/NRS 2018)
- 13.3% of Glasgow adults surveyed said their household was either not managing well financially or was in deep financial trouble compared with 9.1% of Scotland's adults (SHS 2018)

Economic Activity

- 13.3% of the working age population of Glasgow is "employment deprived" compared to a national rate of 9.3% (SIMD 2020)
- Around two-thirds of Glasgow males (68.3%) and females (65.6%) of working age are in employment compared with 77.8% of Scottish males and 71.6% of Scottish females (Annual Population Survey (APS) 2019)
- There is also a difference of more than 10 percentage points between employment rates for young people aged 16-24 in Glasgow (47.5%) and Scotland (57.9%) (APS 2019)
- 89.2% of Glasgow young people aged 16-19 years are participating in employment, training, development or education compared with 91.6% of Scotland's young people (Skills Development Scotland Annual Participation Measure 2019)

Education



- Glasgow has a higher percentage (47.1%) of adults with further or higher educational qualifications (e.g. HNC, HND, Degree, Professional) (44.7%) than Scotland, but also has a higher percentage of adults with no qualifications (19.6%) than Scotland (14.8%) (SHS 2018)
- 58.5% of Glasgow school leavers achieve qualification levels of SCQF6 or more (e.g. Higher) compared with 60.5% for Scotland. A similar proportion of school leavers in Glasgow (24.7%) and Scotland (24.5%) achieve qualifications at SCQF5 level (e.g. National 5) (Scottish Government Education Statistics 2018/19)

Life Expectancy and Mortality

- Life expectancy (LE) at birth for a Glasgow male is 73.4 years compared to 77.1 years for a Scottish male. For females, it is 78.7 years for Glasgow and 81.1 for Scotland (NRS 2016-18)

- Glasgow males living in the 20% least deprived data zones (LE = 80.4 years) can expect to live 12.3 years longer than those living in the 20% most deprived data zones (LE = 68.1). A narrower gap exists for Glasgow females with those in the 20% least deprived data zones (LE = 83.5 years) living 8.6 years longer than those in the 20% most deprived data zones (LE = 74.9) (NRS 2016-18)
- Healthy Life Expectancy (HLE) at birth for males in Glasgow is currently 56.1 years and for females 58.2 years, both far lower than the Scottish averages of 61.9 years for males and 62.2 years for females (NRS 2016-18)
- There is a 20 year differential in HLE between Scottish people living in the most and least deprived (SIMD) quintiles. HLE ranges from 49.7 (Quintile 1 – most deprived) to 70.2 (Quintile 5 – least deprived) for males; and 50.8 to 70.0 for females (NRS 2016-18)
- Glasgow has a higher rate of people dying early from all causes than Scotland. During the period 2016-18 there were 134.4 deaths from all causes of people aged 15-44 per 100,000 population in Glasgow compared to a national rate of 110.3 (NRS 2016-18 3 year aggregates)
- Early deaths (under 75s) from specific causes are also higher in Glasgow than Scotland overall. In Glasgow, there were 203.4 deaths per 100,000 population for cancer, compared to 156.6 for Scotland for the period 2016-18. Similarly there were 75.6 early deaths per 100,000 population from Coronary Heart Disease (CHD) for Glasgow compared to 51.5 in Scotland overall (NRS 2016-18 3 year aggregates)
- Lung cancer death rates per 100,000 population are more than 50% higher for Glasgow (144.3) than Scotland (95.0) (NRS/ISD 2016-18)
- The Glasgow rate of smoking attributable deaths of 508.1 per 100,000 population is also more than 50% higher than the Scotland rate of 336.8 (NRS/ISD 2016-17)
- Glasgow has higher rates per 100,000 population of alcohol specific deaths for both males (50.9) and females (16.4) than Scotland (males 29.1; females 12.0) (NRS/ISD 2014-18)
- Glasgow's rate of drug related deaths of 45.8 per 100,000 population is double the Scottish rate of 22.8 (NRS 2018)

Health, Illness and Disability

- 10% of adults surveyed indicated that they have bad or very bad health. While 73% of adults are positive about their health, this declines with age and deprivation. (Glasgow Adults Health and Wellbeing Survey 2017/18)
- 29% of adults surveyed indicated they had a limiting long term illness or disability. Of these, 58% have a long term illness; 52% have a disability; and 28% have a mental or emotional health problem (note – some have multiple conditions) (Glasgow Adults Health and Wellbeing Survey 2017/18)
- The numbers living with a limiting long term illness vary across areas within Glasgow from 35% of those living in 15% most deprived data zones areas to 24% of people living in other areas. They also vary by age, 14% for 16-44; 40% for 45-64 and 60% for 65+ (Glasgow Adults Health and Wellbeing Survey 2017/18)
- The Scottish Burden of Disease Study (SBoD), published on the **Scottish Public Health Observatory website** calculates rates used to describe the overall burden of disease, called the disability-adjusted life year (DALY), that allow (poor) health comparisons to be made between areas

- The all causes of disease and injury DALY rate for Glasgow is 22.7% higher (worse) than for Scotland for all ages and 31.4% higher for the 45-64 age-group
- Of the 21 disease groups listed in the SBoD tables, the DALY rates for 18 are higher for Glasgow than Scotland (all ages). These are: Cancer; Cardiovascular diseases; Neurological disorders; Mental health disorders; Musculoskeletal disorders; Other non-communicable diseases; Diabetes, urogenital, blood, and endocrine diseases; Substance use disorders; Chronic respiratory diseases; Digestive diseases; Diarrhoea, lower respiratory, and other common infectious diseases; Suicide, self-harm and interpersonal violence injuries; Cirrhosis and other chronic liver diseases; Unintentional injuries; Neonatal disorders; Nutritional deficiencies; Unknown and other causes of injury; HIV/AIDS and tuberculosis
- 3 disease groups show lower rates for Glasgow than Scotland. These are: Maternal disorders; Transport injuries; Other communicable, maternal, neonatal, and nutritional diseases
- There are an estimated 8,000 people in Glasgow with dementia (2017 Alzheimer's Scotland)
- Glasgow has a far higher rate of emergency hospital admissions (all ages) at 9,112 per 100,000 population compared to 7,590 per 100,000 population for Scotland (Information Services Division (ISD) 2016-18)
- Similarly, the rate of people aged 65+ with multiple emergency hospitalisations of 7,323 per 100,000 population for Glasgow is far higher than the comparable rate for Scotland of 5,429 per 100,000 population (ISD 2016-18)
- Rates of hospitalisation per 100,000 population (all people) for Asthma, Coronary Heart Disease and Cancer are roughly a fifth higher for Glasgow than Scotland (ISD).
- The rate of COPD hospitalisations for Glasgow (534.5 per 100,000 population) is more than 80% higher than the Scotland rate of 286.6 (ISD 2016/17-2018/19)
- The rate of cerebrovascular disease including stroke hospitalisations is almost 60% higher for Glasgow (1,035.5 per 100,000 population) than Scotland (653.2) (ISD 2017-18)

Mental Health

- 23% of adults in Glasgow are estimated to suffer from common mental health problems compared to 17% of Scottish adults. Females are more likely to be affected (25% for Glasgow and 18% for Scotland) than males (20% for Glasgow and 15% for Scotland) (2018 Scottish Health Survey (SHeS) GHQ12)
- A higher rate of people in Glasgow experience more severe mental illness than nationally with the rate of psychiatric hospitalisations for Glasgow of 338.3 per 100,000 population being a third higher than the Scotland rate of 255.7 (ISD 2016/17 to 2018/19 3 year aggregate)
- Death from suicide rates for adult males are almost 3 times the female rates for Glasgow and Scotland, with Glasgow rates for both males (21.3 per 100,000 population) and females (7.5 per 100,000 population) being higher than the comparable Scotland rates of 19.5 for males and 6.9 for females over the 5 year period from 2014-18 (NRS 2014-18)
- The Glasgow rate of deaths from suicide in young people aged 11-25 years of 7.7 is lower than the 8.9 per 100,000 population rate for Scotland over the same period (NRS 2014-18)

Lifestyles

- Of those adults surveyed, 38% consume the recommended 5 portions or more of fruit/veg per day. This varies by gender with 45% for females compared to 32% for males. It also varies by area, with 31% of people living in the 15% most deprived data zones compared to 44% of people living in other areas consuming 5 or more a day (Glasgow Adults Health and Wellbeing Survey 2017/18)
- Of those surveyed, 65% of adults indicated they were moderately active for the recommended 150 mins or more per week. This was higher for males (68%) than females (62%) (Glasgow Adults Health and Wellbeing Survey 2017/18)
- It is estimated that 24% of Glasgow men aged 16+ are obese (BMI≥30) – lower than the comparable rate of 28% for Scottish men. The rate of obesity in females of 33% is higher than the Scottish rate of 30% (SHeS 2018)
- Of adults surveyed, 24% are smokers, a reduction from 28% in 2014/15. Rates are higher for males (30%) than females (19%) and vary by area, with 32% of people in the 15% most deprived data zones smoking compared to 19% of people in other areas (Glasgow Adults Health and Wellbeing Survey 2017/18 & 14/15)
- The Glasgow rate of smoking attributed hospital admissions of adults aged 35+ is far higher at 3,028 per 100,000 population than the 1,760 rate for Scotland (ISD 2016-17 2 year aggregates)
- Glasgow has lower rates of adults with harmful/hazardous levels of alcohol consumption than Scotland. 31% of Glasgow men drink harmful levels of alcohol compared to 34% of Scots. Rates for women are lower than men with 15% of Glasgow women and 16% of Scottish women drinking alcohol at harmful levels (SHeS 2015-18)
- The rate of alcohol related hospital admissions for Glasgow (all people) is higher than the Scottish average. In 2018/19 there were 1,146 stays per 100,000 population in Glasgow compared to a national rate of 669 per 100,000 population (ISD 2018/19)
- A separate rate of alcohol related admissions for young people aged 11-25 is also higher for Glasgow (327 per 100,000 population) than Scotland (262) (ISD 2016/17-2018/19)
- The rate of drug related hospital admissions (all people) for Glasgow of 316 per 100,000 population is far higher than the Scottish rate of 181 (ISD 2015/16 – 2017/18 3 year aggregates)
- A separate rate of drug related admissions for young people aged 11-25 is also higher for Glasgow (175 per 100,000 population) than Scotland (132) (ISD 2015/16-2017/18)
- There were 571 teenage pregnancies (of girls aged 15-19) in Glasgow during the 3 year period 2015 to 2017. The annual number of teenage pregnancies has been falling and this is a reduction from 1019 in the period 2010 to 2012. The corresponding Glasgow rate of 35 pregnancies per 1,000 girls aged 15-19 is however higher than the Scotland rate of 31 (NRS 2015-17 3 year aggregate)
- 31% of adults surveyed indicated that they had spent money on gambling in the past month (36% of males compared to 27% females). Lottery/ scratch cards were the most common form of gambling, followed by betting at the bookmakers (Glasgow Adults Health and Wellbeing Survey 2017/18)

Carers

- Of those surveyed, 14% of adults were unpaid carers (16% of females and 13% males) (Glasgow Adults Health and Wellbeing Survey 2017/18)
- Similarly, 14% of S1-6 Glasgow pupils surveyed said they cared for a family member with an illness or disability in their household (15% of girls and 12% boys) (Glasgow Schools Health and Wellbeing Survey 2014/15)

Homelessness

- During 2019/20 there were 5,262 homelessness applications that resulted in a homeless/ threatened with homelessness decision in Glasgow. (Scottish Government Statistics 2019/20)
- Nearly 2,503 of the households in Glasgow assessed as homeless/ threatened with homelessness had one or more support need identified within the household (e.g. health problem, condition or disability; addiction problems; lacking independent living skills). (Scottish Government Statistics 2019/20)
- At March 2020, nearly 2514 households were living in temporary accommodation in Glasgow (Scottish Government Statistics 2019/20)
- 2,387 children were in households living in temporary accommodation in Glasgow at March 2020 (Scottish Government Statistics 2019/20)

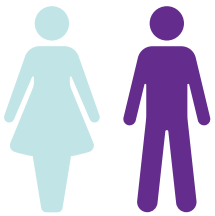
Social Care

- Glasgow generally has higher rates of children/ young people with social care needs than Scotland overall
- At May 2019 Glasgow had more than 2,500 looked after children & young people, a rate of 23.2 per 1,000 population compared to 13.6 for Scotland (careFirst at May 2019; Scottish Government Statistics 2018/19)
- More than 400 children were on the Child Protection Register at May 2019 equating to a rate of 41.8 per 10,000 population, higher than the Scotland rate of 24.0 per 10,000 population (careFirst at May 2019; Scottish Government Statistics 2018/19)
- There were 436 referrals in Glasgow for offence reasons to the Scottish Children's Reporters Administration (SCRA) during 2018/19: this equated to 9.5 per 1,000 of 8-15 population, compared to the Scottish rate of 6.1 per 1,000 population (SCRA 2018/19)
- There were 1,996 referrals for care and protection reasons in Glasgow to SCRA during 2018/19, equating to a rate of 20 per 1,000 of the 0-15 population, compared to 11.8 for Scotland (SCRA 2018/19)
- Glasgow has a greater proportion of people aged 65+ with high levels of care needs being cared for at home than the Scottish average (42.8% compared to 35.0%) (Scottish Government Community Care Statistics 2018/19)

Crime/Anti-Social Behaviour

- All crime rates are far higher for Glasgow than Scotland. For 2018, these were 47.7 per 10,000 population for Glasgow compared to 30.4 for Scotland (all crimes) (Scottish Government Statistics 2018/19)
- Domestic abuse crime rates were 146.9 per 10,000 population for Glasgow compared to 111.5 for Scotland (Scottish Government Statistics 2018/19)
- Violent crime rates were 27.2 per 10,000 population for Glasgow compared to 14.7 across Scotland (Scottish Government Statistics 2018/19)
- Drug crime rates were 109.9 per 10,000 population for Glasgow compared to 64.1 for Scotland (Scottish Government Statistics 2018/19)
- 13% of adults surveyed indicated they were victims of crime in the past year. This was higher for males (15%) than females (11%) (Glasgow Adults Health and Wellbeing Survey 2017/18)
- 7% of adults surveyed said they had experienced discrimination in the past year. Most commonly this discrimination occurred by an unknown person in a public place (46%). Most people experiencing discrimination said this was related to their ethnicity (30%) (Glasgow Adults Health and Wellbeing Survey 2017/18)

Social Capital



- 20% adults surveyed indicated they had volunteered in the last year. The highest proportion of any age-band volunteering was 16-24 year olds (30%). A lower rate of people in the 15% most deprived areas volunteered (13%) compared to those in other, less deprived areas (25%) (Glasgow Adults Health and Wellbeing Survey 2017/18)
- 26% of Glasgow adults belong to clubs, associations or groups with higher rates of younger people aged 16-24 (32%) and older people aged 75+ (34%) belonging to organisations than those aged 35-44 (18%). A lower rate of people from 15% most deprived data zones areas belong to organisations (19%) than the rate for people from other, less deprived areas (31%) (Glasgow Adults Health and Wellbeing Survey 2017/18)
- 73% of Glasgow adults value the local friendships they have with a higher percentage of women (76%) than men (70%) valuing these. 79% older people aged 75+ value friendships – the highest of all the age-bands (Glasgow Adults Health and Wellbeing Survey 2017/18)
- 20% of adults surveyed indicated they live alone. This increased with age: 16-24 year olds (4%); 45-54 year olds (22%); 75+ (55%). It also varied across areas with 24% of people living in the 15% most deprived areas compared to 18% in other areas(Glasgow Adults Health and Wellbeing Survey 2017/18)
- 15% of adults' surveyed feel isolated from family/friends with 22% of people aged 45-54 experiencing this - the highest rate of all age groups (Glasgow Adults Health and Wellbeing Survey 2017/18)
- 20% of adults surveyed said they had felt lonely at some point within the last 2 weeks. This was highest for those aged 75+ (28%) and lowest for young people aged 16-24 (14%) (Glasgow Adults Health and Wellbeing Survey 2017/18)
- 83% of Glasgow households have home internet access, a lower percentage than the 87% for Scotland overall (SHS 2018)

1.4 STRATEGIC VISION AND PRIORITIES

i. Strategic Plan

As indicated above, in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, we have prepared a **Strategic Plan (2019-22)** 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. This plan, which covers the period from 2019-22, sets out the following vision and priorities for health and social care services in Glasgow. Within this report, we capture some of our key achievements in relation to delivering these priorities and the nine National Health and Wellbeing outcomes (See Appendix B).

ii. Our Vision

Our medium to long term vision 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

showing transparency, equity and fairness in the allocation of resources

developing a competent, confident and valued workforce

striving for innovation and trying new things, even if they are difficult and untested

developing a strong identity

focussing on continuous improvement, within a culture of performance management, openness and transparency

evaluating new and existing systems and services to the communities

iii. Our 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:

1.5 STRUCTURE OF THE REPORT

In chapter 2, we describe progress which we have made over the course of the last 12 months for each of our agreed strategic priorities. Where relevant, performance indicators and trends affected by these developments are highlighted, along with user/carer feedback and case studies which seek to demonstrate our impact on the nine national Health and Wellbeing Outcomes.

In chapter 3, we provide an overview of our three localities. We describe the locality management arrangements and planning processes in place and highlight some of the key developments progressed over the last year in each locality. We also describe the engagement mechanisms and highlight how these have been used to involve local stakeholders in a range of city wide and locality developments, with the feedback obtained shaping local decisions and plans.

In chapter 4, we provide a summary of our financial performance for 2019/20. 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 2020/21 considered.

Finally, in chapter 5, we provide a more comprehensive overview of performance, drawing upon a range of sources including our local Key Performance Indicators (KPIs), National Integration and MSG Indicators, and National Inspections and Surveys.

Where available, performance in relation to our local KPIs is shown for the end of 2019/20, with comparisons made across the period since the Partnership was established in 2016. Drawing on this information, key achievements in relation to our performance over the last 12 months are highlighted and areas for improvement going forward identified.

DELIVERING OUR KEY PRIORITIES

2

2.1 INTRODUCTION

This chapter is structured primarily around our Strategic Priorities as set out below:

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

In sections 2.2 to 2.6, we highlight some of the key service developments and improvements undertaken in relation to our Strategic Priorities over the last year.

Under each of the Strategic Priorities, we have also included any relevant user/ carer feedback and case studies which help to demonstrate the impact being made by our services upon these Strategic Priorities and the nine national Health and Wellbeing Outcomes (Appendix B).

We also describe key activity or performance trends in relation to these Priorities and where relevant, draw upon some of the local Key Performance Indicators which are reported quarterly to the Integration Joint Board. A comprehensive overview of performance in relation to all local Key Performance Indicators is provided in **chapter 5**.

In section 2.7 we then focus upon our staff and how we have engaged with and supported them over the last 12 months. Finally, in section 2.8, we consider how we have taken forward our statutory duties and responsibilities in respect to equalities.

Within this chapter, we focus upon the impact upon Outcomes 1 to 8. **Chapter 4** on Financial Performance is used to demonstrate our progress in relation to Outcome 9 '*Resources are used effectively and efficiently in the provision of health and social care services*'.

2.2 PREVENTION, EARLY INTERVENTION AND HARM REDUCTION

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Prevention, Early Intervention and Harm Reduction.

We have continued to work with a wide range of partners across the City to improve overall health and wellbeing, prevent ill-health, increase healthy life expectancy and reduce health inequalities and the impact of deprivation. 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. 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 and recovery and those specific to each locality within the context of the Thriving Places approach, are described in later sections of this report.

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**

i. Alcohol Brief Interventions

Alcohol Brief Interventions are short, structured, evidence based interventions to help reduce someone's alcohol consumption from harmful/hazardous levels and thereby reduce their risk of alcohol related harm. This work is carried out in primary care, by a range of HSCP community based services, as well as in wider settings including prisons, police custody suites and pharmacies. Our contracted service, Glasgow Council on Alcohol (GCA) continues to deliver both practitioner and training for trainer's training, as well as delivering ABIs in wider community settings.

During the last year, a Glasgow City HSCP working group was established to pilot the development and implementation of the CRAFFT screening tool. This is a validated tool for screening young people's (aged 12-17) alcohol and drug use and provides an opportunity to have a structured conversation with them about this.

It can be used to identify young people who may benefit from brief interventions to address needs around alcohol and/or drugs, or who may benefit from referral to partners for other types of support. An accompanying CRAFFT App has been developed to record the screenings undertaken.

The working group has also overseen the development of an accompanying CRAFFT training pack; the delivery of training for youth workers; and the establishment of referral pathways from youth work settings in Glasgow City. They have also initiated an evaluation of the pilot which will inform its second phase and involve a wider range of organisations within the city.

Activity

Performance during 2019/20 has been below the annual target (4394 against target of 5066) for the first time in four years. This reflects ongoing challenges since the changes to the GP contract, which has meant that GPs are no longer required to record ABIs. Q4 delivery was also lower, linked to Covid-19. Requests to revise the target in line with the new GP contract have been made to the national team by NHS Greater Glasgow and Clyde, but no changes have yet been made. Efforts to promote ABI delivery across all settings will continue.

ii. Smoking Cessation

Community Service

Efforts to encourage and support people to stop smoking have continued, delivered by Glasgow City 'Quit Your Way' (QYW) Smoking Cessation Services.

Staff from this service make onward referrals to organisations which provide a range of support including in relation to alcohol and drugs, money advice, stress management, as well as to local community groups.

During the last year, they have sought to engage service users in a variety of ways. For example, the QYW **Facebook page** has been use to publicise the service and their quarterly promotions. 24 GP Practices have also used their patient lists to identify and send m-jogs text messages which have promoted the local QYW services to in excess of 15,000 patients who smoke.

5 members of staff have also participated in social media training and a subscription for the Biteable application has been secured. This will allow them to develop engaging video content quickly and easily for social media use, which will include case studies, personal reviews and educational content.

During the last year, the Quit Your Way team estimated that clients who have stopped smoking have saved over £1.3m per annum. Clients have reported that the money saved helped them & their families with a wide range of daily household expenses. Given this relates to clients who live in the 40% most deprived data zones, this demonstrates the significant impact the service can make to reducing poverty.

In Spring 2019, the service was recognised at the **ASH Scotland Charter Awards** for demonstrating excellent collaborative work with dental practices and the City of Glasgow College, as well as for supporting smoke-free play parks.

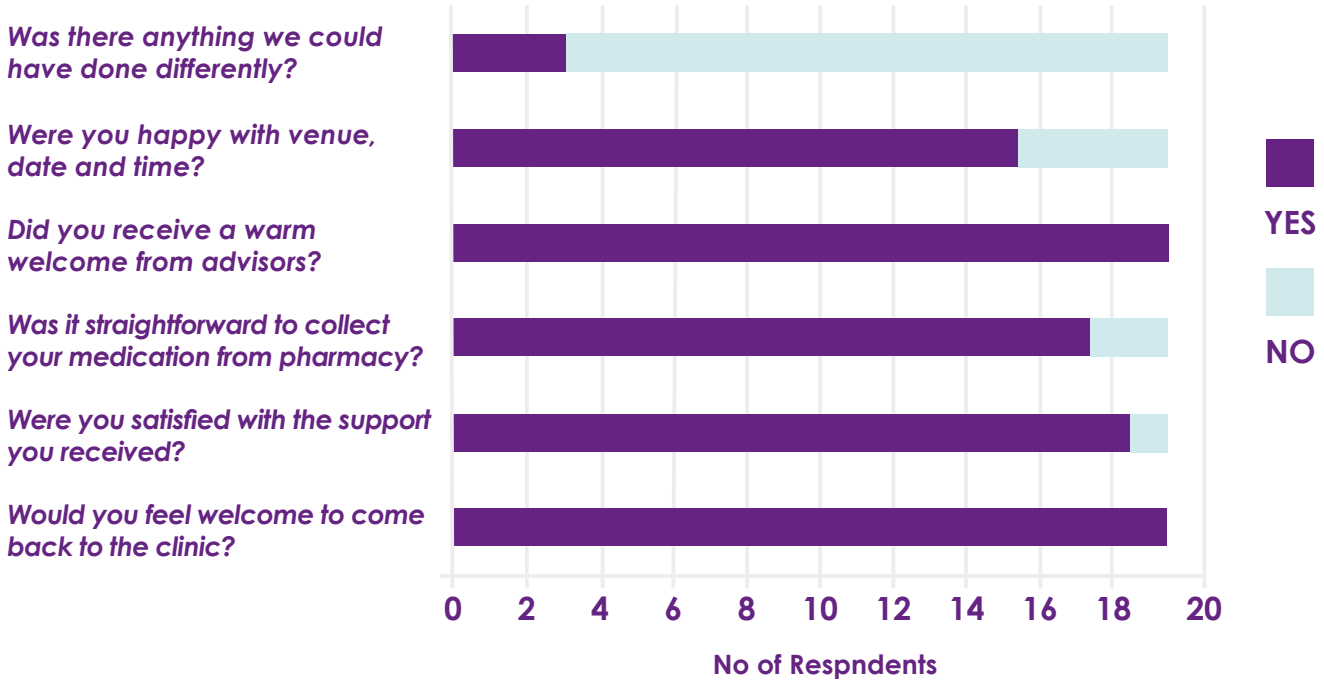
Activity

The Scottish Government target for smoking cessation relates to the number of quits at 3 months from the 40% most deprived postcodes. Performance for 2019/20 for Glasgow was 13.9% above target (1389 against target of 1219).

USER/CARER FEEDBACK

- *'I was blown away by how easy it was to quit with Champix and the support of my local stop smoking service'*
- *'I quit for money and health and I haven't looked back since I stopped'*
- *'The encouragement I got from the advisers and the money I saved helped me quit for good. I feel healthier now and I can really see the difference since I quit'*
- *A small service user consultation was undertaken with clients who had disengaged with the service between 4 and 12 weeks of their attempted quit, in order to inform the service about things they could perhaps do differently to prevent this. The results, as shown below, demonstrated that people seemed largely satisfied with the service and the support they received. 'Personal reasons' and that it was 'not the right time for them' were the most commonly cited factors behind them leaving the service. Discussions have, however, taken place at the Glasgow City Tobacco Group, and learning from this report will influence service delivery in the coming year*

Survey Responses



Prison Service

The focus of the Quit Your Way (QYW) Prison Service since the introduction of smoke-free prisons policy in Nov 2018 has been on the delivery of the "Smokefree Prisons Pathway" which defines the minimum requirements for prison based services.

During the last year, the Prisons Service has introduced a new peer intervention programme to support both smoke-free living and wider health improvement for people in custody. This has involved the training of volunteers to contribute to the planning and delivery of health-related activities in prison, initially focusing on the use of tobacco and other nicotine-related products. This also covers oral health, drug use, and sexual health and relationships.

Peer mentors involved in the programme are able to develop life skills and achieve formal qualifications through participation in Glasgow Kelvin College's Community Achievement Awards.

Activity

The QYW Prison Service received a total of 2356 referrals during 2019/20. Of the total number referred, 1771 individuals went on to accept the support of the service, in excess of the Scottish Government target of 722. Of this group, 471 were 'untried who have no funds (UNF)', a priority group within the national Pathway. These are people who are nicotine dependent and who at admission, do not have sufficient funds or access to funds to purchase NRT or an e-cigarette. Within NHS GGC, the QYW Prisons Service provides one week of NRT for initial withdrawal symptom management, then provides on-going support to those who want it.

Smoking in Pregnancy

The Quit Your Way Pregnancy service continues to operate the **Incentives Programme**. This involves the provision of store card vouchers to pregnant women following initial engagement and following completion of successive smoking cessation milestones. Since it started, over 600 pregnant smokers have signed up to the programme.

Activity

- At Q4, 9.8% of pregnant women from the general population were smoking at the time of their first ante-natal booking. This was a reduction from the 11.5% recorded at Q4 of 18/19 and below the target of 12%
- Within the most deprived population, 14.6% of pregnant women were smoking at the time of their first ante-natal booking. This was a reduction from the 18.9% recorded at Q4 of 18/19 and below the target of 17%

iii. Mental Health

CAMHS

Children's Services has been preparing over the course of the last year for the transfer of management responsibility to them for 2020/21, for Children and Adolescent Mental Health Service (CAMHS) and Community Paediatrics Teams, from NHSGGC Specialist Children's Services.

Activity

The percentage of children and young people seen within 18 weeks of referral was 51.9% for March 2020, below the 100% target and a reduction since March 2019 (86.4%).

There has been a steady deterioration in performance over the last three years. Despite an increase in staffing levels, referrals and demand have also risen, resulting in an increase in the numbers of children on waiting lists. An Operational Improvement Group has been established to review the CAMHS delivery model and identify all options for responding to increasing demands within the available resource.

Additional investment has also been made in Youth Health Services (see 1vii below), which includes tier 0-2 mental health support delivered by a commissioned 3rd sector organisation. The HSCP is also planning a children's mental health service mapping exercise to better understand the range of mental health services available to children and young people aged 0 to 25 years. This will involve recording health, education and third sector provision and the intention is to indicate where there are areas of relative need in the City, with the aim of ensuring equality of access across the full range of services.

Suicide Prevention

Suicide prevention work within Glasgow is overseen by the multi-agency city wide Glasgow City Choose Life Strategy Group, led by Glasgow Health and Social Care Partnership (HSCP).

The Strategy Group hosted an **event** to highlight suicide prevention work in Glasgow on World Suicide Prevention Day in September, which was attended by Councillor Susan Aitken, Leader of Glasgow City Council.

Work has been undertaken by the Group in the last year to update its local action plan in response to the new **National Suicide Prevention Action Plan: Every Life Matters**. The following activities have also been progressed over the last 12 months:

- Enhanced capacity to deliver suicide prevention training in the city with 13 people completing the ASIST Training for Trainers course and 5 supported to undertake the STORM Training for Trainers programme.
- Continued delivery of a range of suicide prevention training courses for HSCP and partner agency staff as well as local voluntary and community groups
- Developed a new mental health/ suicide prevention educational resource built around the 'Bridge' short film which was approved for roll out to senior pupils across schools in Glasgow City
- Submitted an application for a Suicide Safer Communities Designation to the Living Works organisation. This award recognises communities that develop sustainable, co-ordinated and collaborative approaches to suicide awareness, prevention, intervention and follow up

Activity

During 2019, 966 people attended suicide prevention courses (ASIST- 202; safeTalk- 386; suicideTALK- 378. These are comparable to the numbers attending in 2018 (972) and an increase from 2017 (594).

Deaths

Progress has been made in reducing deaths by suicide in Glasgow during the period since the launch of the national **Choose Life** Suicide Prevention programme in 2002. There has, however, been an increase in the annual numbers reported for 2018 with 99 deaths (71 male and 28 female); compared to 88 in 2017 (69 males and 19 females), and 91 in 2016 (64 male and 27 female). This is a pattern that has been reflected in many other Scottish local authorities.

As indicated in **section 1.3**, death rates per 100,000 population have been higher for both males and females over the period 2014 - 2018 in Glasgow - 21.3 (males) and 7.5 (females) - than in Scotland - 19.5 (males) and 6.9 (females).

Lifelink

Lifelink is commissioned to provide services to adults and young people which support their mental health and wellbeing. Its aims are to support them to make positive changes in their lives, realise their own abilities to cope with stress and develop ways of managing and overcoming mental illnesses. A range of services are offered including 1:1 counselling, group work and courses. During the last year, a pilot exercise was undertaken which provided 21 British Sign Language (BSL) clients with access to counselling with a BSL trained counsellor. This proved to be successful and has now been mainstreamed.

Activity

5560 adults and 1503 young people accessed counselling via the adult and young people's Lifelink services. 103 resilience/mental health and wellbeing programmes were also delivered with 1062 and 178 young people taking part.

iv. Breastfeeding

UNICEF Baby Friendly Initiative (BFI) accreditation continues to be sustained across the three localities in Glasgow City. Following successful achievement of the BFI Gold Achieving Sustainability in 2018/19, each locality has progressed through the revalidation process and have maintained their Gold Award accreditation until 2023.

The HSCP has also been successful in being awarded money from the Scottish Government's 'Programme for Government', which aims to reduce breastfeeding drop-off rates.

This is funding a Breast Pump scheme which provides electric pumps on loan and non-returnable hand pumps which are intended to support mums to overcome breastfeeding challenges and to breast feed for longer. It is also supporting a scoping exercise exploring the breastfeeding support needs of the Polish Community across the city and the South Asian community in Pollokshields. This is close to completion with the final report to be published in 2020/21.

Activity

To help mothers' breastfeeding journeys, local breastfeeding support groups, with peer input, operate across the city in Maryhill, Drumchapel, Woodside, Partick/Whiteinch, Govanhill, Dennistoun, Ballieston, Castlemilk, Pollok, and Tollcross. During the period between April and December 2019, 369 mothers have attended breastfeeding support groups with 1142 attendances made.

Breastfeeding rates have increased in recent years and targets for Glasgow were adjusted upwards for 2019 to reflect this and ensure they remained challenging. At Q4 of 2019, the targets for both the general (31.8% v target of 31.4%) and most deprived populations (24.9% v target of 22.4%) were being met.

TRAINEE FEEDBACK

Breastfeeding Friendly Scotland *is a national scheme which aims to help organisations and people who breastfeed know their rights and responsibilities. BFS training is now being delivered across community venues to HSCP staff and partners. To date within Glasgow, 567 staff from over 66 organisations have participated. Feedback has included the following:*

- *'I am very happy about today's 'breastfeeding' training. It's helpful to learn more about it and I know it is good and healthy. I will recommend it to others.'*
- *'Very informative, especially about legal rights.'*
- *'I think this was really helpful as people have so many different views on breastfeeding and so it is good to chat about it.'*
- *'Enjoyed it, made me think about barriers and how advertising formula can be very powerful'.*

v. Café Stork

Café Stork at Parkhead continues to promote better mental health and wellbeing for parents-to-be and new parents by offering a safe and welcoming space where they can relax, interact, take part in activities and access a range of advice and support. A number of external visitors have come to the café in order to see it in action and learn more about the model.

These included the Minister for Mental Health, **Clare Haughey**, who met and chatted with parents and staff in June 2019. Homestart Glasgow North have now agreed to take over the delivery of Café Stork which will provide a natural fit with their continued perinatal mental health work.

USER/CARER FEEDBACK

The service has been evaluated in the last year, with this demonstrating the usefulness of the model and the difference which attendance at the Café had made to new parents. Feedback captured included the following:

- *'And to see how people bond with each other so quickly over this one common thing that they've all got, little children. They share advice; they kind of look out for each other; and if there's someone not here they'll say 'oh, who's not here this week, I wonder why'.' - Staff Member*
- *'Now I know how the staff at Café Stork work - they are well trained people, they know a lot about becoming a parent and they can help you on a lot of different levels like money or with your moods. They can also provide some clothing for the baby and all the types of support you might need.' - Volunteer*
- *'I think that's quite a big thing. Because getting out of the house helped me with my mental health and everything. If I didn't have somewhere like here to go I would have been in the house. And what was happening was, most days, I would sit in the house until about 4 o'clock in my pyjamas with my daughter and not do anything… and then run around at 4 o'clock, get my pyjamas off and tidy up for my partner coming in from work to make it look like I'd actually done something. And I was never great at speaking to people if you get what I mean, about what I was feeling, but at least I felt as if, again, I had somewhere to go.' - Participant*

vi. Weigh to Go

The HSCP continues to work alongside partners to deliver a range of programmes to improve diet and lifestyle choices and to mitigate the effects of food poverty. The 'Weigh to Go Service' targets 12-18 year olds, supporting them to manage their weight, increase their physical activity levels, develop skills to enable them to prepare healthy nutritious meals, and build their confidence and self-esteem.

Activity

Overall, during the first three quarters of 2019/20, 95 young people participated in the programme, representing a 63% conversion rate from the 143 referrals. Performance was affected in Q4 by the coronavirus with 20 people remaining on the waiting list. If a further 13 had been engaged with (which assumes a similar conversion rate), the annual target of 100 would have been met. This would represent a slight reduction since 2018/19 when 127 young people participated but an increase on the previous years (102 in 2017/18 and 100 in 2016/17).

In terms of weight loss, 39 (41%) young people had lost weight by week 12 of the programme. 28% of this group had achieved a 5% weight loss, with 82% of them maintaining this 5% weight loss at week 24 of the programme. One young person lost 3 stone and they are now close to a healthy BMI range of 18-25.

vii. Youth Health Service

In June 2019, in response to a recommendation made following a review of health improvement services, the Integration Joint Board approved a phased rollout of a single **Youth Health Service** (YHS) across the city, building upon a model already delivered in the North West. This provides a holistic service for young people aged 12-19 and adopts a preventative approach, seeking to intervene early to mitigate the impact of **Adverse Childhood Experiences**, poverty and inequalities. The service is made up of a multi-disciplinary team of both statutory and non-statutory partners, offering a mix of clinical, emotional and social wellbeing support.

An agreed phased roll out programme has commenced with Phase 1 of the rollout completed in February 2020. This saw the opening of a new service in both the North East (Shettleston Health Centre) and the South (New Gorbals Health & Care Centre).

Delivery of Phase 2 & 3 are expected later in 2020 and spring of 2021 respectively, creating nine venues in total across the city, which it is anticipated will support in the region of 1200 young people each year when fully operational.

A Peer Research Project – supported by the youth organisation Young Movers (YoMo) - involved young volunteers in the design and delivery of questionnaires and focus groups, which were intended to ensure the roll out of services reflected the needs and views of young people.

Volunteers in this programme learned about health inequalities and other public health themes before developing their own interactive workshops which have been used to share health and wellbeing messages to hundreds of young people in the North East of Glasgow.

viii. Sexual Health

Relationships, Sexual Health and Parenthood

On behalf of a national partnership, the Health Improvement Team within Sandyford Sexual Health Services have commissioned and led the development of the new national **Relationships, Sexual Health and Parenthood** (RSHP) online teaching and learning resource.

This new resource represents a watershed in education on Relationships, Sexual Health and Parenthood (RSHP), as for the first time, Scotland has a coherent resource from age 3 to 18 that presents learning in an age and stage, developmentally appropriate way.

The resource provides a comprehensive set of learning activities for teaching staff in all schools and early years establishments, as well as informal learning settings. The resource will assist with the delivery of high quality, up-to-date and engaging age and stage appropriate RSHP education, for children and young people across the entire three to 18 year old age range of Curriculum for Excellence. This new resource is also designed to be inclusive for children and young people with mild to moderate additional support for learning needs.

HIV Prevention

During the last year, HIV Prevention work undertaken by the Health Improvement Team at Sandyford Sexual Health Services has included:

- The procurement and management of a contract to deliver social marketing aimed at increasing routine three monthly HIV testing amongst GBMSM (Gay, Bisexual and Men who have Sex with Men) at high risk of HIV transmission. The competitive tender exercise concluded and THT (Terrence Higgins Trust) was awarded a two-year contract to co-develop this intervention alongside the Health Improvement team
- The management and delivery of the Free Condoms service (FCDS). 1,135,205 condoms and 377,060 units of lubricant were ordered and distributed last year by FCDS across HSCP, NHS, local authority, further education, voluntary and community sector and LGBT venues
- Development of local staff and public facing information resources about PrEP (Pre-Exposure Prophylaxis), a pill which can be taken to provide protection against HIV. Work was also co-ordinated nationally with the NHS, HPS (Health Protection Scotland), and the academic and voluntary sectors to produce a range of resources, including the development of a dedicated PrEP website with NHS Inform

2.3 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.

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 service**
Outcome 5	**Health and social care services contribute to reducing health inequalities**

i. Children's Rights Service

The Children's Rights Service (CRS) offers rights information, support and advocacy to children and young people from Glasgow who are looked after and accommodated, and to young people in continuing care and aftercare. A range of ways of engaging with and involving young people are adopted by the service, including individual support, consultations and activities. In the last year, these have included:

- Young people deciding upon the content and format of the service's Annual Report
- A postcard competition themed on a number of key topics including rights, children's hearings and young people's journey in care, with the winning designs turned into postcards and posters
- Producing voice recordings that will feature in a short film on the development of Getting it Right for Every Child (GIRFEC) in Glasgow which will be available in 2020
- The production of an easy to understand permanence information leaflet

USER/CARER FEEDBACK

- *'Thank you for all your support it really did make a difference.'*
- *'Children's Rights don't get you what you want but they do help you ask for what you want or need.'*
- *'Thanks very much, much appreciated as always you're a great help.'*
- *'The Children's Rights Service have got me involved in things like editing newsletters; taking part in the digital resilience group; taking part in residential care interviews and in making a short film about the Glasgow City Health and Social Care Partnership (GCHSCP) Strategic Plan. They also got me some opportunities to do some DJ and drama with 'Arts in the City'. They have come out and listened to me and my problems and have helped me through rough times They have helped me put my point across and I guess I just want to say a big thanks to the Children's Rights Team'*

ii. People Achieving Change

The "People Achieving Change" or "PAC" Group, was set up in February 2018 to develop the role and participation of care experienced children and young people in the HSCP and it is supported by the Children's Rights Service and Who Cares? Scotland. The Development Officer for PAC from Who Cares? Scotland, Callum, was the overall winner at the GHSCP Staff Awards for Excellence in 2019.

PAC continues to expand (currently 30 members) and develop their remit and role, with a number of sub-groups established to capture specific needs in relation to secure care, additional support needs, kinship care, foster care and adoption.

The group is currently planning research into mental health need and service response amongst care experienced young people to help inform future service development and support.

USER/CARER FEEDBACK

- *'I like PAC and want to be able to go every week.'*
- *'Thanks for an amazing day, I really enjoyed myself it was good getting out of the house for a bit. I also want to thank you for introducing me to the group and wanting to get me involved in these things, I had a really amazing time.'*
- *'I really feel I made a connection with Callum immediately, I am so impressed by everything he has achieved and feel inspired by him.'*

iii. Digital Resilience Group

Children and young people in our residential houses had, for some time, been highlighting the inequalities associated with their lack of access to Wi-Fi. In response, the Digital Resilience Group was set up, which has now developed a Digital Resilience Strategy and Plan for looked after and accommodated children and young people. Two digital agreements, covering the use of Wi-Fi and the internet, have been produced (one for under and one for over 12s) and are available in translated form, with children and young people involved in their development and design. Over the last year, laptops and Wi-Fi access have been made available to all young people in our residential houses and support provided to them in their use.

iv. Integrated Children's Services Plan

Every three years Glasgow has to produce an Integrated Children's Services Plan (CSP). Glasgow's CSP for 2017-20 is being replaced by a new Plan for 2020-23 and a consultation and engagement exercise has been recently undertaken to ascertain the areas that children and young people felt were most important to them. Stakeholders across the system who already know and work with children and young people – for example, teachers and nursery staff, social workers, youth workers and police – were approached to help to explain the purpose of the CSP and to seek children and young people's views on it. Events were held for workers from over one hundred organisations and training offered if required.

Workers were encouraged to let the children express their ideas in any format they wanted e.g. using pictures, videos, poems etc. Groups of children and young people were also consulted about how best to ask their peers for their views, for example, the types of questions to ask and the use of social media. The consultation ran from November 2019 to February

USER/CARER FEEDBACK

Social Workers use several tools to help children and young people to express their views and encourage participation. One such tool is Viewpoint which allows a child or young person to complete a questionnaire prior to a LAAC (Looked After and Accommodated Children) review or CP (Child Protection) review case conference. The questions are linked to the GIRFEC (Getting It Right for Every Child) Wellbeing Indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included).

The following table presents a selection of questions and responses taken from analysis of the Viewpoint questionnaires for a small sample of looked after and accommodated children and children on the Child Protection Register. Some of the questions are not applicable to both categories, so this is denoted as "not applicable (n/a)".

During 2019/20 a working group was set up with the view to increase future levels of participation and engagement by children and young people. Potential improvements under consideration include the use of a user-friendly App which a child or young person could download to their phone and complete online.

2020. In total, more than 850 children and young people, from the ages of 0 to 26, participated. Views were also gathered from 450 parents, carers and partner staff who work with children and young people.

The set of 1,300 responses were then collated and analysed with the following main themes identified as priorities for the new Plan: mental health; poverty; safety; and the environment.

Viewpoint Question	% responding positively in 2019/20 (18/19 figures shown in brackets)		Children's Wellbeing Indicator
	Children Looked after away from Home	Children on the CP* Register or subject to VYP* procedures	
Would you describe yourself as happy?	**85%** (90%)	**94%** (93%)	**Healthy**
Do you feel safe where you live now?	**88%** (83%)	**n/a**	**Safe**
Do you feel safe in your home?	**n/a**	**94%** (96%)	**Safe**
Are things going well for you?	**89%** (100%)	**n/a**	**Achieving**
Is your Social Worker someone you can talk to?	**82%** (96%)	**93%** (96%)	**Respected**
Do you enjoy school?	**71%** (91%)	**78%** (81%)	**Achieving**
Are you treated fairly where you live now?	**100%** (100%)	**n/a**	**Respected**
Do the people or person looking after you notice when you have done well at something?	**88%** (100%)	**n/a**	**Nurtured**
Do you think your views are listened to?	**91%** (96%)	**93%** (97%)	**Respected**
Do you take part in regular activities you like doing?	**85%** (90%)	**57%** (67%)	**Active**
Do you help out with the chores where you live now?	**42%** (85%)	**n/a**	**Responsible**
Do you see your friends when you want to?	**82%** (82%)	**78%** (60%)	**Included**

**** CP – Child Protection*** **** VYP – Vulnerable Young Person***

v. Glasgow Recovery Communities

Within Glasgow Alcohol and Drug services, a Recovery Orientated System of Care (ROSC) is adopted, where people can access the assistance they need from all services involved in their lives, and where the support they receive is tailored to their personal needs and problems. This person centred approach, underpinned by integrated service provision, is intended to support people to achieve a lasting and sustained recovery.

Recovery communities encourage people using drugs and/or alcohol into recovery, by offering them opportunities to engage with others who have achieved this. This peer support is offered in community settings across the city and around 600 - 800 people participate on a weekly basis. Activities offered by the communities include alternative therapies, talking groups, fellowship meetings, music workshops and various social activities.

Families in recovery are encouraged to engage with recovery activities organised for children, while parents can attend support meetings or just socialise informally with their peers. These all complement services offered through Alcohol and Drug Recovery Services, other statutory agencies and voluntary sector partners

Glasgow Recovery Communities were shortlisted in the 2019 COSLA's Award Category 'Tackling Inequalities and Improving Health'.

Homework Clubs

Homework clubs operate within the city for children affected by parental substance use and their parents, with one also focused on kinship carers.

These are all supported by a team of people including recovery volunteers, qualified tutors, sixth year school pupil volunteers and HSCP staff. In addition to the educational input from tutors, a programme of activities for these clubs are agreed by the group members and can include things like mindfulness, storytelling, art therapy, budgeting advice and where the venue allows, food preparation with the families preparing and eating a healthy meal together. Improved academic achievement and confidence has been reported for children attending these clubs.

Volunteering

Glasgow's recovery communities are managed and organised by volunteers and an aim is to develop the volunteers' confidence, skills and knowledge and promote their integration into their local community. Initiatives to support this have included the Recovery Housing Project, which provides accommodation and assistance to those volunteering in recovery. Recovery volunteers are also involved across the Alcohol and Drug Partnership structure and are partners within the HSCP's contract and commissioning process for alcohol and drug treatment services, involved in project specification design, tender processes and contract monitoring.

CASE STUDY

'I used drugs and alcohol for over 20 years and was involved with social work and criminal justice during this time, ending up in prison many times. I completed six months residential treatment in 2017 and then spent six months in supported accommodation before securing my own tenancy through the Recovery Housing Project.

I began volunteering with North East Recovery Community (NERC) while in supported accommodation and volunteered within three therapeutic recovery cafés, including the women's café Renew. During this time, I continued attending 12 step recovery meetings most evenings. I also completed many training courses provided by NERC and was given the opportunity to train as a NHS Naloxone peer educator in August 2017. This allowed me to deliver training on overdose awareness and on the lifesaving drug Naloxone that reverses an opiate overdose. I have gone on to deliver training to both staff and clients within addiction and homelessness services and thoroughly enjoyed this. In 2019, I was selected to attend a four day International Harm Reduction Conference in Portugal and was accompanied by another peer and my supervisor, which was a fantastic experience.

I then applied for a full-time post in the NHS as a healthcare support worker within the North East Alcohol and Drug Recovery Service and my application was successful. My children were in foster care due to my addiction and thankfully they are now back with me. My life has been transformed and I will always be grateful for the support I received from Alcohol and Drugs services and the Recovery Community during this difficult time.'

vi. Personalisation

Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013, has now been widely adopted across the City and is used as appropriate, according to individual needs and circumstances. The aim is to provide people with greater choice and control over the nature of the support they receive.

Following an audit of Self-Directed Support (SDS) **Direct Payments**, a recommendation was made for an alternative to the existing paper based arrangements.

As a result a **Pre-Paid Card** (PPC) system was **introduced** in June 2019. This pre-paid card functions like a bank debit card; it can be used in shops, online and on telephone banking.

This system aims to improve the uptake of Direct Payments by minimising barriers to their usage and as service users/carers no longer require a personal bank account to receive the payments, it also supports financial inclusion. All service users with a Direct Payment transitioned during 2019 and the impact on the uptake of Direct Payments will be assessed going forward.

Activity

At the end of March 2020, a total of 3,163 adult service users were in receipt of personalised social care services, a small decrease (-1.4%) since March 2019 (3,208). Children with disabilities in receipt of personalised services rose slightly (+2.3%) over the same period (from 266 to 272). Between March 2019 and March 2020, the proportion of service users who chose to receive their personalised budget as a direct payment increased from 15% to 17%.

vii. Learning Disabilities – Short Breaks

The Local Area Co-ordination Team (LAC) ensure that service users and their carers are supported and empowered to make choices about how they wish to live their lives. One area of their work involves working with provider organisations to offer short breaks as an alternative to building based respite for adults with learning disabilities.

Annual consultation events encourage service users and carers to review breaks attended in the previous year and provide possible destinations for future trips.

Once options are finalised, each individual is provided with a short break brochure from which they can select their preferred trips. The 2019 brochure offered the widest variety of breaks to date, including trips to the Belfast Titanic, Millport music festival, tribute act weekends, Strictly Come Dancing weekends, English Premiership football weekends and Blackpool.

Activity

There are currently 85 individuals who now access short breaks on a regular basis, with each typically attending 4 breaks per year. During 2019, there was a total of 29 short breaks offered, typically spanning 4 days and 3 nights.

USER/CARER FEEDBACK

- *'I love going away with my friends.'*
- *'Our son packs his case a week in advance.'*
- *'They give us loads to talk about when our daughter is packing and when she's home.'*
- *We should have had this years ago.'*
- *'Short breaks have changed our lives.'*

CASE STUDY

The idea of short breaks was first introduced to Harry and his mum in 2018 as an alternative to building based respite. This was in preparation for him turning 25, when he would receive his final allocation of respite at Unit A, a service for young people with disabilities. At first Harry's mum was very reluctant, but with encouragement from Harry's LAC worker and his social worker, it was agreed that he would try a short break to Dunoon, with a provider and support worker who Harry already received 1-1 support from and who he had a very good relationship with. He enjoyed the break and interacted well with all the other participants.

It was agreed that he would go on further trips with the same provider and support worker, alongside the current building based respite, in order to make the transition easier for Harry. These were all a great success. To provide more flexibility he also started to attend short breaks supported by other providers and new support workers, which all went well.

He now no longer attends building based respite and does not require a 1-1 support service. Harry and his mum have come a long way. From both being very anxious about leaving building based respite, Harry is now enjoying a full and varied short break programme throughout the year. He now has the opportunity to visit new places, meet new people and undertake opportunities that before were unknown to him. Mum continues to have the much needed monthly respite she requires, to enable her to continue with her caring role. Harry has coped remarkably well with all the changes, surprising mum and his family and now looks forward to the year ahead.

2.4 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 chapter, we profile some of the key developments over the last year. 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**

i. Older People's Transformation

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. In this section, we focus on several key strands related to this aim, including the Unscheduled Care Plan, the Older People's Mental Health (OPMH) Strategy and Service Modernisation.

Alongside this, there is an intention to enable people to enjoy the best quality of life possible, supported by their own networks and local community and voluntary groups and organisations. Developments which have progressed in relation to these aims are described in more detail in Section 2.5 in relation to the Strategic Priority of Enabling Independent Living for Longer.

Unscheduled Care

Over the course of the last year, the HSCP has also been working with all five HSCPs in NHS Greater Glasgow and Clyde (GGC), along with the Acute Services Division and the NHS Board, to develop a draft system wide **Strategic Commissioning Plan for Unscheduled Care Services (2020-25)** as part of the **Moving Forward Together** programme.

The purpose of the plan is to outline how we aim to respond to the continuing pressures on health and social care services in GG&C and meet future demand. The draft explains that with an ageing population and changes in how and when people chose to access services, we need to change services so that we can meet patients' needs in different ways with services that are more clearly integrated and the public understanding better how to use them.

The draft plan explains that simply providing more of what we have (e.g. more emergency departments) is not possible within existing resources, nor does this fit with our longer term ambition of providing care closer to where patients live and reducing our reliance on hospitals. The direction of travel is to meet people's needs in community settings with primary care as the corner stone of the health and social care system.

The draft outlines how we plan to support people better in the community and develop alternatives to hospital care so that we can safely reduce the over-reliance on unscheduled care services. The draft describes the delivery of an integrated system of health and social care services that we believe will better meet patients' needs. While this is a strategic plan outlining improvements for patients to be implemented over the next five years, the plan also includes some immediate actions that can be delivered in the short term in response to current imperatives.

The programme outlined in the plan is based on evidence of what works and our estimate of patient needs in GG&C. The programme is focused on the following three key themes, with actions relating to these summarised below.

prevention and early intervention of admission to hospital to better support people in the community:

- implementing anticipatory care plans within specific patient groups; e.g. COPD, residential care home clients etc.;
- working with GPs through the national frailty collaborative to better manage frailty within the community;
- work with care homes to reduce hospital admissions;
- work with the Scottish Ambulance Service (SAS) to reduce the number of falls conveyed to hospital as part of a wider falls prevention strategy;
- continue to develop the palliative care fast track service; and,
- extending the community respiratory service to provide a service over weekends.

improving hospital discharge and better supporting people to transfer from acute care to community supports:

- expansion of the hospital discharge team;
- intermediate care improvement programme designed to reduce length of stay and improve the number of people returning home;
- additional intermediate care capacity introduced as part of the winter planning arrangements;
- additional Red Cross transport capacity purchased to assist with hospital discharge; and,
- continued robust performance management of delays.

improving the primary/ secondary care interface interface jointly with acute to better manage patient care in the most appropriate setting:

- reviewing acute assessment unit referrals discharged on the same day to explore scope for managing this activity as part of planned care;
- reducing the number of frequent A&E attenders to explore scope for early intervention approach to reduce attendances;
- introducing a re-direction policy;
- introducing a test of change involving consultant geriatricians and GPs to better manage care home patients; and,
- introducing consultant connect to improve GP to consultant liaison.

The changes proposed will not take effect immediately or all at the same time. Some need testing first and others need time to bed in. Change will be gradual but should be fully implemented by 2022/23. While the challenge is to change to respond to current and future demand, it is also to maintain the direction outlined in the plan over the longer term so that we can better meet the needs of the people we serve.

Activity

Progress in relation to Unscheduled Care continues to be reported nationally to the Ministerial Strategic Group for Health and Community Care (MSG), who request a MSG plan from each Partnership setting out how they will improve performance in relation to nationally identified KPIs. Progress in relation to some of these key indicators is set out below, with the full set included in **chapter 5**.

Please note that for indicators 3 and 4 below, Public Health Scotland have recommended the 2019 calendar year as the most recent time period to be reported on within APRs, with financial years referred to for years prior to this. This recommendation has been made due to completeness issues for data from more recent months.

1. A&E attendances (aged 18+)

There have been 159,916 A&E attendances in 2019/20, above the target of 153,791. While there has been a slight reduction in the last year, the trend has been upwards since 2016/17: 155,029 (2016/17), 156,783 (2017/18), 162,600 (2018/19).

2. A&E waiting times

The above trends have contributed to ongoing challenges in meeting the four hour A&E waiting time target (95%), with performance below target at both acute hospital sites (85.9% at GRI and 76.8% at QEUH for Mar 2020).

3. Emergency Admissions (aged 18+)

Emergency Admissions during the calendar year 2019 were 64,598, below the annual target for 2019/20 of 66,624.These have reduced since 2016/17: 69,656 (2016/17), 62,725 (2017/18), and 63,898 (2018/19).

4. Unscheduled Hospital Bed Days

Unscheduled Hospital Bed Days (acute aged 18+) during the calendar year 2019 were 505,620, above the annual target for 2019/20 of 453,866. These have, however reduced since 2016/17: 515, 275 (2016/17); 506,792 (2017/18) and 496,071 (2018/19).

Unscheduled Hospital Bed Days (geriatric long stay) during the calendar year 2019 were 17,119, below the annual target for 2019/20 of 33,260. These have reduced since 2016/17: 33,278 (2016/17), 21,377 (2017/18), and 19,324 (2018/19).

Unscheduled Hospital Bed Days (mental health specialties aged 18+) during the calendar year 2019 were 191,574, above the annual target for 2019/20 of 181,371. This is after a reduction in recent years: 187, 654 (2016/17), 182,524 (2017/18), and 180,888 (2018/19).

5. Delayed Discharges

There has been an increase in Delayed Discharges and associated Bed Days Lost. The total number of Bed Days Lost to Delays for 2019/20 was 45,318, above the target of 39,919 (All delays and all reasons 18+). This compares to 38,870 (2016/17), 29,897 (2017/18) and 38,656 (2018/19) in previous years.

6. Intermediate Care

There is a target of 30% for the numbers of older people returning home from intermediate care. Performance in relation to this fluctuates, but has been below target for the last five months of 2019/20 and was 19% in March 2020.

Older People's Mental Health Strategy

Glasgow City HSCP is leading the development of a 5 year strategic plan for Older People's Mental Health (OPMH) across NHS GG&C. A Health Board wide Steering Group, with significant senior clinical input, has been established and during the course of the last year, has organised a number of development events to inform the new Strategy. Key elements of the NHSGGC wide Strategy will include the following:

- A new bed model for OPMH Beds
- New consistent models and pathways for community OPMH and Dementia services
- A focus on developing efficient and effective community OPMH teams which make best use of all the skills and knowledge available

This strategy will seek to respond to changing needs and demands and shift the balance of care towards greater community provision.

It will build upon the progress made in taking forward the HSCP's **Dementia Strategy 2016-19** and the **Scottish Government's National Dementia Strategy (2017-20)**.

Service Modernisation

Tomorrow's Residential and Day Care Programme

While a key aim has been to increase the numbers living at home within the community, the HSCP has also been continuing to invest in new residential facilities to ensure they are fit for purpose. 5 new care homes and four day care centres have been built across the city to replace old, outdated facilities as part of the Tomorrow's Residential and Day Care programme. This programme began in 2008 and has now been completed with two new care homes opening in the last year:

- **Victoria Gardens**, a new 70 bed care home built on the site of the former Blawarthill Hospital in Knightswood. This facility has its own cinema and hair salon and residents' rooms have underfloor heating, en-suite bathrooms with walk-in showers, fridges, safes, TVs, built-in storage, individual thermostats and landline phones with free local calls
- Meadowburn Care Home in the South West of the city, which has an attached Day Care Centre, has 120 en-suite bedrooms and offers a similar level of facilities. This opened with residents moving in at the end of November last year

Victoria Gardens Care Home

USER/CARER FEEDBACK

- *'I think my flat is terrific! I really like the curtains and the hairdresser is great.' (A, aged 82)*
- *'I love my new room, it's bigger than the one I had before. I didn't have an en-suite bathroom there, so I love my new shower room, because I can use it without help. It has helped me become more independent.' (R, aged 71)*
- *'The residents and their families love it here. Relatives are delighted that their loved ones have such lovely surroundings. We've seen a transformation in some of the residents since they moved here. It is a lovely environment for residents and staff and when the better weather comes and we can make use of the gardens and balcony area, it will be great.' (Operations Manager)*

ii. Children's Services Transformation

Glasgow's **Transformation Programme** for children's services aims to deliver a sustainable shift in the balance of care for Glasgow's children. The aims are to increase the availability, accessibility and quality of family support services; see children looked after within other local authorities return and be supported within their local neighbourhoods and communities; and reduce the number of families accessing statutory services. A number of strands of work have been progressed in the last year and are outlined below.

The HSCP have been working with CELCIS (Centre for Excellence for Looked after Children in Scotland) to support staff in Glasgow City to develop an increased understanding of the factors which determine successful implementation of new practice models being introduced as part of this Transformation Programme.

Family Support Strategy

Glasgow Family Support Strategy (FSS) 2020-2023 was co-produced with families, the Third Sector and other partners by the Family Support Planning Group. This builds upon work undertaken in recent years and aims to improve the outcomes for young people and their families by shifting the balance of care away from statutory and acute service provision towards more local preventative and early support for families.

The FSS will result in a significant investment in the family support infrastructure within the city, with a planned investment for 2020/21 of £5.8m, rising from £2.7m in 2016/17.

Families Together Partnership

Promoting greater collaborative working with third sector partners is a key aim of Glasgow's Children's Services Transformational Change and Family Support Strategies. Glasgow Families Together Partnership (GFTP) commenced in June 2019. It was developed to address the needs of families referred to social work but not requiring long term statutory intervention, which a sampling exercise suggested may be approximately one-third of families referred. Key aims were also to improve waiting times for third sector services and to tackle commissioning constraints.

Activity

Since commencing in June 2019, the service has supported 115 families (comprising 137 children and young people, and 155 parents and carers).

USER/CARER FEEDBACK

Initial feedback from families suggests that service users feel less stigmatised when engaging with the GFTP service than statutory social work services. An internal evaluation report has collated the outcomes for the small number of families who have been supported by GFTP, but no longer receive a service. These show that outcomes have stayed the same or improved in the majority of cases as summarised below:

OUTCOME	% of outcomes with an improved score	% of outcomes with no change in score	% of outcomes with a worse score
Enhanced parent/ carer/adult - child relationships	63.7	29.8	6.5
Improved mental health & well-being	82.6	8.8	8.7
Safe home/service environment	78.6	14.3	7.1
Satisfactory school/ college attendance	66.6	14.3	19.1
Contribute to planning and decision making	66.8	16.6	16.6
Parents/carers active in working with service	33.3	66.7	0
Views & opinions voiced and acted on	92.3	0	7.7

Other feedback from service users cited in the internal evaluation report included the following comments:

USER/CARER FEEDBACK

- *'I found this service fantastic, [the worker] has been a great support to me and my daughter. She helped me through a lot of tough times but also got me out of the other end too. She taught me how to be a better parent.'*
- *'The support helped improve family relationships and helped my child to open up and for us to understand what's happening with her mental health.'*
- *'… the support has given me a confidence boost and a clearer path to go down.'*
- *'I felt very supported and valued in all aspects that I needed help with. The grant I was awarded really made a big difference. And took a lot of pressure off my shoulders.'*

An external evaluation of the service has also identified the quality of relationships between consortium members as a strength of the Partnership, noting "that there is a 'high degree of trust with each other which led to effective communication from everyone around the table'.

Intensive Family Support

Work has also commenced with third sector partners, as part of the implementation of the Family Support Strategy, to develop a practice model for intensive family support. This involves working with children, young people and families to prevent children being accommodated and separated from their families and communities. Learning from the initial work will be shared through public engagement sessions and meetings with third sector organisations, at which feedback and reflections on progress will be considered. The tendering process will be initiated in 2020 to select the organisation(s) which will deliver this new model.

Out of Hours Intensive Family Support Service

A collaborative partnership with three third sector organisations has also been established to increase the evening and weekend support for children, young people and families across the city.

Activity

To date, the service has supported 12 young people (aged 11 to 16) and 19 of their brothers and sisters. Six of the children would have been accommodated in the absence of the support provided through this new service.

Foster and Residential care

Groups of foster and residential staff within the HSCP have also begun the process of working with children and key stakeholders to identify new, innovative and evidence-informed approaches to supporting foster and residential care in the City.

The aim is to develop a practice model for foster and residential care which meets the needs of children, young people and families and will improve the consistency of practice across carers, workers and houses.

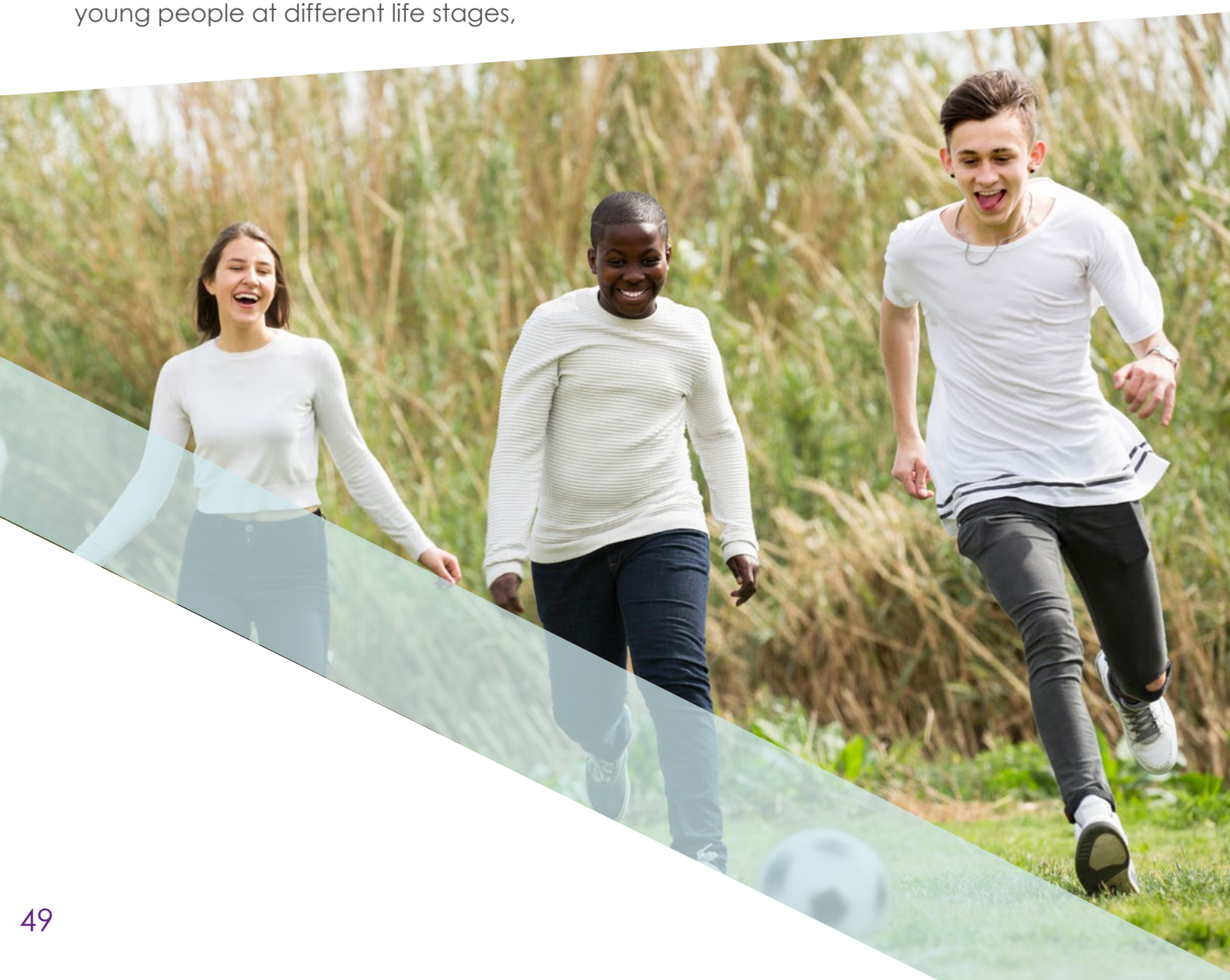
Children's Well Being and Prevention Group

The Children's Well Being and Prevention Group, which reports to Children's Services Executive Group, brings together partners from across health and social care, with others including Glasgow Life, Education services and the voluntary sector.

In 2019/20 the group considered evidence from a wide range of sources to determine an initial set of priorities for children and young people at different life stages, i.e. early years, primary school age, young people and those particularly marginalised. The group uniquely facilitates a collaborative approach to the wellbeing of children and young people with a prevention focus.

This group is overseeing the co-ordination of a range of workstreams in relation to children and young peoples' mental wellbeing, appropriately connected into other key developments such as Childrens' Services Planning, Glasgow's Child Poverty Plan and the Family Support Strategy.

This includes developing an approach to the delivery of community wellbeing services in 2020 from national investment in line with the national framework published in 2019.



Activity

Out of Authority Placements

Over the last year, the number of out of authority placements for young people has fallen slightly, from 51 in March 2019 to 46 in March 2020, although it remains above the 19/20 target (to reach 31). This has continued a downward trend, as these have fallen from 111 in March 2017 and 67 in March 2018. This has been a major success story in recent years, demonstrating our implementation of Getting It Right For Every Child. This approach also highlights the success of our own children's homes in the city, our foster care arrangements and the overall stability being secured for children in Glasgow. This strategy has not only generated savings but critically has enabled the HSCP to re-invest in prevention and earlier intervention in our most disadvantaged communities. This shift in the balance of both care and spend has not only impacted positively on inequalities, but has also allowed the HSCP to alleviate some aspects of childhood poverty. This progress has also been achieved through a rigorous focus on risk assessment, care planning and improved identification of responses to young people who are referred to the service.

Looked After and Accommodated Children

At the end of March 2020, the total number of children accommodated was 899. This represents a continuing downward trend: 960 (Mar 2019); 1078 (Mar 2018); 1203 (Mar 2017); and 1352 (Mar 16).

In addition to these, at the end of March 2020, there were a further 87 Young Unaccompanied Asylum Seekers. In contrast to the above, these have been increasing in recent years: 52 (Mar 2019); 23 (Mar 2018); 17 (Mar 2017); and 18 (Mar 2016).

Looked After Children

At the end of March 2020, the total number of children being looked after at home was 1603. This represents a slight increase since March 2019 when it was 1543. Prior to 2019, the equivalent figures were 1594 (Mar 2018), 1640 (Mar 2017), and 1736 (Mar 2016), so in the longer term there has been a reduction.

This overall figure of 1603 at Mar 2020 is made up of 1064 (kinship) and 539 (at home). The trends in respect to these two components are as follows:

Kinship – these have been declining over the years and this has continued during 2019/20: 1100 (Mar 2019); 1125 (Mar 2018); 1144 (Mar 2017); and 1191 (Mar 2016).

At Home – these have also been declining over the years but have increased over the course of 2019/20: 443 (Mar 2019); 469 (Mar 2018); 496 (Mar 2017); and 545 (Mar 2016).

Foster Care

Purchased foster services are also reducing as planned. At the end of March 2020, there were 182 children and young people in purchased foster care services (including for the first time 2 Young Unaccompanied Asylum Seekers).

Placement Moves

This compares to 206 (Mar 2019); 232 (Mar 2018); 262 (Mar 2017); and 283 (Mar 2016). This represents a significant cost saving to the local authority, at an average of £26000 per child, per annum. Provided foster services are also reducing. At the end of March 2020, there were 511 children and young people in provided foster care services (including 1 Young Unaccompanied Asylum Seeker). This compares to 550 (Mar 2019); 608 (Mar 2018); 666 (Mar 2017); and 766 (Mar 2016).
Placement Moves

There has been a 70% reduction in placement moves in the period from 2016/17 (355) to 2019/20 (108). Although this is believed to reflect a positive trend (in terms of increasing stability for children), work is currently being undertaken to differentiate positive and non-positive placement moves. The aim is to develop a placement stability indicator for the placement journey, and to explore the implications for how we can best support children and young people within our care.

iii. Adult Services Transformation

A broad range of areas come under the banner of Adult Services in Glasgow City HSCP. These include homelessness, alcohol and drugs, mental health, criminal justice, sexual health and disability.

The Adult Services **Transformation Programme** sets out the aim of shifting the balance of care and delivering more effective community based alternatives. It also signals the intention to shift the focus to enabling and supporting those that require assistance to enjoy the best quality of life possible, informed by choices they make for themselves. The Recovery Model of Care has been introduced in a number of services and supports these ambitions.

Reform programmes have been developed across each of the above service areas and have been underpinned by these principles. Key achievements over the last year include the following:

Homelessness

Rapid Rehousing Transition Plan (RRTP)

Glasgow's **Rapid Rehousing Transition Plan** was developed in response to the Homelessness Rough Sleeping Action Group recommendations (HARSAG) which had been established by the Scottish Government. These Plans are subject to an Annual Review with the first Review presented to the IJB in January 2020. Key achievements outlined within the **Annual Review** include the following:

- Renewed investment in the Housing Options Agreement to enhance staffing within the Prison Casework Team and improve pathways to settled accommodation
- Agreement reached to create additional posts within Community Homelessness Service (CHS) to support the development of Housing Options
- Worked with Vanguard Consultants to develop a revised CHS operating model, which when implemented will see improvements in service user experiences and will support the reduction in length of stays within temporary accommodation
- Part-funded the Private Rented Sector (PRS) Hub aimed at supporting tenants at risk of homelessness as a consequence of welfare reform
- Created a Universal Credit (UC) Support Team in order that service users with transient lifestyles are supported to make and sustain a claim for UC.

- Agreed a Rapid Rehousing Transition Plan resource framework
- Housing First Partnership and service pathways was operational with 53 people accessing Housing First tenancies
- Enhanced staffing levels within front-line homelessness services

Glasgow Alliance to End Homelessness

Glasgow has also progressed and concluded the **Glasgow Alliance to End Homelessness** tender over the last year, which aims to identify Alliance partners to work collaboratively with GCHSCP to improve homelessness services in Glasgow. The purpose of the Alliance will be to deliver a large scale transformational change agenda that will focus on improving outcomes for vulnerable individuals and families in need of support. This will represent an innovative approach to partnership working and a shift from the traditional commissioner/provider relationships.

Alcohol and Drugs

Enhanced Drug Treatment Service

The new **Enhanced Drug Treatment Service (EDTS)** opened in November 2019 in Glasgow city centre and treats patients with the most severe and long-standing addiction issues as well as other complex needs. This service aims to help save lives by reducing the risk of overdoses and the spread of blood borne viruses such as HIV, as well as reduce public injecting. Patients receive specialist addiction treatment, as well as a holistic assessment of their physical and mental health, and their social, financial and legal needs. The service operates daily and is delivered by a specialist multi-disciplinary team, supported by other HSCP services and partner agencies where required. Related plans for safer drug consumption facilities require UK government legislative changes before these can be progressed further.

Drug Deaths Prevention Action Plan

During the last year, in response to concerns about an increase in drugs related deaths in Glasgow, a Street Drugs Summit was organised by the Glasgow City Alcohol and Drug Partnership (ADP) to explore the issue, consider the evidence and decide what additional actions partners could take. This has led to the development of the **Drug Death Prevention Action Plan**.

Activity

Drug related deaths have risen in recent years, from 170 in 2016, to 192 in 2017, followed by an unprecedented spike when they rose by 46% to 280 in 2018 (see **Drugs Related Deaths in Scotland**)

Mental Health

Mental Health Strategy

Glasgow City HSCP has a lead co-ordinating role on behalf of all six HSCPs in NHS Greater Glasgow and Clyde in relation to mental health services and all have agreed a **5 year Strategy for Mental Health (2018-23)**. This sets out a number of key priorities for mental health services including the following:

- Medium-to long-term planning for the prevention and early intervention of mental health problems, including working with children's services to promote strong relational development in childhood
- Recovery-oriented care, supporting people with the tools to manage their own health including inpatient

provision and a range of community-based services, including HSCP and third sector provision
- Increasing productivity to expand capacity of community services
- Unscheduled care across the health system including responses to crisis and distress, home treatment, and acute hospital liaison
- Shifting the balance of care identifying the plan for a review and reduction of short stay and rehabilitation and long stay inpatient capacity

During the course of the last year, agreement has been reached on a **financial framework** across all HSCPs which will underpin the ongoing implementation of the Strategy and support the aims of reducing the reliance on high cost inpatient services and strengthening community infrastructure.

Intensive Psychiatric Care Unit (IPCU)

The Intensive Psychiatric Care Unit (IPCU) at Gartnavel Hospital was the first of its kind in Scotland to get **accreditation** by the Royal College of Psychiatrists for demonstrating best practice and excellence in its care of acutely mentally ill patients. The unit gained the accreditation, which lasts for 3 years, following an accreditation programme which takes six to nine months to achieve and is completed in three phases – self review, peer review by an external team and the accreditation decision. During the peer review, a team of four professionals, a service user and/or carer representative all visited the ward.

Criminal Justice

Positive Outcomes

During the last year, following a service review, the Persistent Offender Project was renamed the Positive Outcomes Project, to reflect the aspiration for individuals engaging with the service to achieve sustained positive outcomes in their lives. The service seeks to stabilise at risk drug and alcohol misusing offenders by supporting them into mainstream addiction services. The overall aim is to reduce addiction related offending, improve their quality of life and support them into training and employment opportunities.

Following the review, the service have employed a 'lived experience mentor', who has real life experience of the kind of problems service users face and is working closely with social work and police teams to identify and engage with individuals who could benefit from the service. The individuals who the mentor engages with know that they have a real understanding of their situation and how difficult yet possible, it is to positively change. This instils a real sense of hope for clients who may feel trapped in the vicious cycle of offending and outcomes to date have been very positive.

Tomorrow's Women

Tomorrow's Women Glasgow (TWG) won the category 'Achieving Better Outcomes in Partnership' at the 2019 COSLA awards. This involves a partnership including the HSCP, Scottish Prison Service (SPS), the Wheatley Group Housing service and third sector partners including SHINE Women's Mentoring Service and Turning Point Scotland. The partnership works with women with complex lives who have been involved in offending or returning from custody and who have been assessed as being at high risk of reoffending, harm or custody. The partnership takes a trauma-informed, assertive outreach approach, seeking to meet practical needs and build safety, security and trust. Women are able

to engage in group work and access additional support from partners such as welfare rights, legal advice, education and the arts.

Sexual Health

A direction of travel for Sexual Health Services was set out in its **Transformation Programme**. Work has been progressed over the last twelve months to develop and agree new service models and a timetable for their introduction. An options appraisal exercise was undertaken with key stakeholders and partners and a preferred option emerged from this process. Plans have now been set out within an **Implementation Plan**.

The key objectives underpinning the Plan are:

- Improve the use of existing resources through service redesign
- Encourage those who could be self-managing to be supported differently
- Ensure Sandyford services are accessible and targeting the most vulnerable

Key service improvements to be delivered are:

- Improved access to services for young people aged up to 18
- An improved model of service for adults allowing more people to be seen annually
- The ability to virtually attend services and access sexually transmitted infection (STI) testing
- Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations
- Improved access to oral hormonal contraception at some community pharmacies
- Expanding the provision of Test Express services (fast access testing service for people without symptoms) across all Sandyford locations
- Introduction of quicker and easier telephone and online booking systems

Stakeholder Engagement

In addition to stakeholder involvement in the options appraisal process, a public engagement process was carried out from August to September 2019. This included a short animated film and summary document outlining the proposals; and two online surveys, with one targeted specifically at young people aged 13-18 aimed at determining the acceptability of the proposed changes to locations and opening hours of young people's clinics. Face to face meetings were also held with Local Engagement Forums, community groups and elected members.
In total, 592 people completed the general survey. Of these, 338 (57%) were members of the public with the majority from Glasgow City Council area (58%). 254 (43%) of responses were submitted by staff. 346 young people completed the young people's survey, 80% of whom were aged 16 and over, with the majority (51%) from Glasgow city. Results showed that:

- Most respondents were positive about the proposed service changes with the public viewing the overall proposals more positively than staff
- Measures to facilitate faster and easier access to the service were well received and many reported frustrations at the current service access barriers
- There was a high level of support for some of the innovative approaches and service provision elements
- The online booking facility is more important to the public whilst still rating high for staff and others
- There is some concern about people needing to travel further to access services especially from staff. Alongside this sits concern about relocating services from some of the areas in Glasgow City, especially from areas of deprivation

- 91% of young respondents said the proposed opening times 3.30-7.30 pm were OK for them
- The majority of young respondents considered the proposed location of the young people's clinic within their locality, to be acceptable
- Recognising that engagement must be a continuous partnership with service users, members of the public, partners, staff, organisations and other interested stakeholders, further engagement and evaluation will take place throughout the life of the Implementation Plan.

iv. Primary Care

Glasgow's first **Primary Care Improvement Plan** (PCIP) was produced in September 2018 and an **Updated Plan** is now available which covers the period **2019-21**. A key aim of the plan, in line with the new GP contract, is to enable GPs to operate as 'expert medical generalists', by diverting work that can best be done by others, leaving GPs with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams. Key priorities in the Plan include:

- A vaccination transformation programme to transfer work from GPs to the HSCP
- Pharmacotherapy services with the transfer of acute, repeat prescribing and medication management to HSCP employed pharmacy support staff
- Community treatment and care services to be undertaken by the HSCP, including phlebotomy, ear syringing, suture removal and minor injuries and dressings
- Urgent care with the employment of advanced practitioners providing first response for home visits and for urgent call outs
- Additional professional roles as part of the Multi-Disciplinary Team including physiotherapists and community clinical mental health professionals to see patients as a first point of contact
- Community Links Workers to help patients navigate and engage with wider services

The implementation of the PCIP has continued during 2019/20 with achievements including the following:

- Pre-5 routine vaccinations have been removed from practices. Flu jabs for 2-5 year olds for some practices have also been piloted in community clinics and community nurses are leading flu vaccinations for over 65s who are housebound
- Extension of pharmacists and pharmacy technician support for GP practices
- Access to HSCP delivered phlebotomy services has been extended
- Additional Advanced Nurse Practitioners (ANPs) have been recruited to provide responses to urgent calls for patients in our residential care homes instead of GPs, with feedback upon the quality of care from care homes very positive
- "Know who to turn to" re-direction posters and pop-ups have been delivered to GP practices, housing association and other locations used by the public
- Additional Advanced Practice Physiotherapy (APP) posts have been filled
- Additional Community Links workers have been recruited, bringing the total to 38.
- The Primary Care Mental Wellbeing Model (MWM) was developed. Funding was agreed to trial a number of programmes evidenced elsewhere, alongside additional capacity building and research work. Lifelink Wellbeing and Counselling services have also been extended

2.5 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.

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**

i. Maximising Independence

Within the context of increasing demand and reducing resources, Glasgow City HSCP has undertaken an ambitious programme - **Maximising Independence** - to work with communities, individuals, organisations and staff in a different way. The aim is to encourage individuals and communities to support each other more and facilitate a step change in individual, family and community independence from statutory HSCP support. The focus of this approach will be on prevention and early intervention approaches in partnership with local communities, the third and independent sectors, housing and community planning partners. This recognises that the best health and care outcomes are associated with the highest possible levels of self-management and independence.

The initial objectives of the Maximising Independence Programme are:

- A greater percentage of the City's population can receive care and support in community settings
- Staff from the HSCP and partner agencies are able to work in innovative ways utilising a risk enablement approach which enables more people to live as independently as possible for longer
- Communities are more informed and involved in caring for and supporting each other

A Programme Board was established in September 2019 with representatives from across the wider system and a co-design approach has been adopted to ensure the outcomes meets their needs.

Five initial work streams have been identified and progress is being reported regularly to the IJB. £8.5m has been allocated to support the programme of work over the period 2020-22. Work is also underway on the development of a wider communication strategy and engagement framework.

ii. Tackling Social Isolation

Weekday Wow Factor

Through networking, the Local Area Co-ordination Team (LAC) gather information on the resources available to clients citywide and look for new and innovative opportunities for partnership working to improve the outcomes for clients. They recently made contact with a social enterprise called the Weekday Wow Factor, which seeks to provide older adults with leisure and other fun activities usually associated with younger people. One activity they had established was a weekly Daytime Disco in Glasgow's West End for over 65s.

Having observed this, the LAC Team were keen to explore if the concept could be expanded into the Gorbals area as they were aware this would be of interest to the local community there. They worked closely with the Weekly Wow Factor, the New Gorbals Housing Association and the HSCP's South Locality Health Improvement Team to introduce an initial 3 month pilot project that ran monthly in St Francis Halls.

A local DJ was recruited along with the local catering organisation 'Healthy Options' and links were made with local statutory and voluntary services to promote it. The reaction to the first disco in August 2019 was fantastic and the numbers grew at the following two pilot events.

Due to their success, it was agreed they would become a regular free monthly event and the Rabbie Burns themed disco in January had in excess of 70 participants. Opportunities for further expansion across the city are currently being explored by the team.

USER/CARER FEEDBACK

- *'I loved being able to get out the house, have a good chin wag, a laugh and get a boogie…oh and the free lunch was great too!' (Service User)*
- *'It's marvellous to witness people who were once at risk of social isolation meeting up with old friends, building new connections / friendships, exercising and improving their physical and mental health but most importantly having a great time.' (LAC Team member).*

Chatter 'n' Natter

The LAC Team have also been involved in promoting **Chatter 'n' Natter** as part of the wider campaign to tackle loneliness across Glasgow. This encourages any person who is feeling lonely to sit at a designated table within a café setting that displays the Chatter 'n' Natter logo.

The aim is to encourage people to have simple interactions that can have a positive impact on a person's day. To date the team has signed up over 30 cafés to the scheme, including some Aroma Cafés within hospital settings, Encore Cafés at Glasgow Life premises, as well as independent cafés throughout Glasgow.

Wellbeing for Longer Fund and the Festive Fund

The Glasgow Well-being for Longer Fund (GWLF) is managed on the HSCP's behalf by Impact Funding, with approximately £500k available to local organisations for work which seeks to improve health and wellbeing and reduce social isolation. 22 projects have been funded for the period 2019-21. Feedback reported across the projects include reduced social isolation and finding new friends; increased confidence and self-esteem; improved health & wellbeing; reduced stress and anxiety; new skills & knowledge; and increased independence. During the festive period in 2019, the HSCP made available an additional £66k for a Festive Fund, which was to provide additional support to people who were socially isolated over this period. Priority was given to organisations working with individuals most at risk of social isolation and loneliness such as older people, lone parents, people with a disability, people who are homeless and those from the BME community. Activities and events supported included Christmas meals, day trips, walking trips and community gatherings. There were a number of organisations that also took activities directly to individuals in care home and hospital settings including singing, music and taster foreign language sessions. In total, 56 organisations were funded with 4690 people benefitting.

USER/CARER FEEDBACK

- *'The highlight of the day for me was the support and welcome I received, closely followed by a safe place to be and the chance to have a traditional Christmas.'*
- *'We couldn't have had this if it wasn't for the funding that you gave us. We greatly appreciate it and we can't thank you enough.'*
- *'Facing a day of complete isolation at Christmas had become a reality. No friends, no family nor Christmas to celebrate – Flourish House offered me companionship and encouraged me to attend their Christmas celebration. It was invaluable to me to feel part of society on the most difficult day of the year.'*

iii. Home Care and Reablement Services

Home Care services were transferred from Cordia LLP to Glasgow City HSCP in October 2018. These aim to provide care and support to enable people to live as independently as possible in their own home.

All service users who require a home care service are initially screened for suitability for reablement. This service provides tailored support to people in their own home for up to six weeks and aims to build confidence and help them regain skills to do what they can for themselves.

USER/CARER FEEDBACK

- *The annual service user consultation on the Home Care service was carried out at the end of 2019. The headline figures for the 2019 survey are presented on the following page, along with the figures for the 3 previous surveys (2016, 2017 and 2018) for comparison. The 2019 figures are based on the results from 1,650 completed questionnaires.*

Statement	% who "strongly agree" / "agree" with statement				National Health and Wellbeing Outcome
	2016 Survey	2017 Survey	2018 Survey	2019 Survey	
The home care service I receive has made me feel safer at home	84%	86%	86%	84%	Outcome 7
The contact I have with home carers has improved my quality of life	81%	86%	84%	83%	Outcome 4
I get up and go to bed at times that suit me	84%	85%	84%	82%	Outcome 3
I feel that I am listened to and my wishes respected	85%	86%	85%	82%	Outcome 3
The home care service enables me to maintain the standard of personal care that I want	87%	91%	90%	86%	Outcome 4
My home carers are helpful and friendly	97%	98%	98%	94%	Outcome 3
My home carers treat me with dignity and respect	97%	97%	98%	95%	Outcome 3
My home carers are thorough at what they do	88%	91%	91%	89%	Outcome 4
I feel that my right to confidentiality is respected by my home carers	92%	93%	94%	91%	Outcome 3
I am confident that my home carers have the training and skills to support me	89%	90%	91%	88%	Outcome 8
Telephone calls to the Cordia office are always answered promptly	76%	82%	78%	71%	Outcome 3
The Cordia office staff are always polite and helpful	86%	90%	87%	82%	Outcome 3
Cordia managers and staff respond to any concerns I have about the service	73%	78%	76%	69%	Outcome 8

Although the results of the 2019 survey are very slightly down from the previous year, they continue to demonstrate a high degree of satisfaction with the service in general. For example 84% of service users agree that they feel safer at home and 83% agree that their home carers have improved their quality of life. The professionalism of home carers was again highlighted during 2019, with 94% agreeing that their home carers are helpful and friendly, and 95% agreeing that their home carers treat them with dignity and respect.

iv. Equipu

Since 2002, the Equipu Community Equipment Partnership has been providing equipment and assistive technologies to help vulnerable people to live as independently and comfortably as possible in their own home. Equipment provided includes items to help daily living and mobility and can include seating, beds, mattresses and moving and handling equipment for those with more complex needs. The Partnership covers all HSCPs in NHS Greater Glasgow and Clyde, as well as South Lanarkshire. Every two years a service user survey is completed to monitor performance and results are shown on the following page.

USER/CARER FEEDBACK

- *91.3% rated the overall store service and delivery times as 'very good' or 'good'*
- *93.3% rated the appearance and professionalism of staff as 'very good' or 'good'*
- *94.2% feel equipment has enabled the service user to resume activities or do more for themselves*
- *34.1% now need less help from others*
- *66.5% feel the equipment has contributed to improvements in their health*
- *93.8% feel the equipment makes them feel safer at home*

v. Supporting People with Dementia

Awareness Raising

During the course of the last year, a range of activities have been undertaken by Glasgow City HSCP's Dementia Strategy Group to increase awareness of dementia and the support available. A social media campaign #spotlightondementia ran in December, in partnership with Alzheimer's Scotland, using the Partnership's twitter account @GCHSCP. This campaign reminded people to look out for changes in the health of older relatives when visiting at Christmas. An **animation** was developed based upon **'Nancy and Joe - A Christmas Story'**, which describes how Nancy is visited by her son Joe who notices her memory problems and encourages her to visit her GP.

People were sign-posted through these to a range of sources of support, including NHS Inform and Alzheimer's Scotland, as well as local HSCP services.

Other activities included an online **survey** which has been recently undertaken by the Dementia Strategy Group in order to assess the level of awareness and engagement within organisations in Glasgow of the Alzheimer's Scotland **Dementia Friends** initiative which 'is seeking to change the way people think, act and talk about dementia'.

Activity

- The tweets made in relation to #spotlightondementia were seen 37,352 times and 'engaged' with 600 times
- 110 organisations responded to the Dementia Friends survey and 47 expressed an interest in supporting this initiative

STAFF FEEDBACK

A 'Spotlight on Dementia' event was also organised in November and was attended by over 100 HSCP and partner agency staff. Feedback from those in attendance indicated that it had improved their level of dementia awareness, with 70% indicating either a significant or a reasonable improvement and 30% indicating a small improvement.

Post Diagnostic Support

Those diagnosed with dementia are entitled to post-diagnosis support in line with the commitment set out in the **National Dementia Strategy 2017-20**. Within Glasgow, Alzheimer's Scotland were commissioned to deliver this service. Demand has exceeded the capacity of the service and in response, an additional 2.4 WTE link workers were recruited in March 2019 by the HSCP and have been working with Alzheimer's Scotland staff to better manage the flow of work, allocation and case load management.

Activity

Additional staff recruited have made an impact on waiting lists, with the numbers waiting falling to 458, a reduction of 30% since March 2019, when the waiting list stood at 650. Waiting times have fallen from approximately 12/15 months to circa 8/9 months over the same period. Requirements and options to further expand capacity going forward are being looked at.

vi. Power of Attorney

After a successful campaign in Glasgow over the last 5 years, Glasgow City HSCP took part in the national **Health and Social Care Scotland campaign** to encourage people to apply for Power of Attorney (POA), with a range of activities delivered locally to coincide with the national Power of Attorney Day on 20 November. POA provides people with the legal authority to act or make decisions on their loved one's behalf, if that person loses mental capacity and they are no longer able to look after their own financial or personal affairs.

Activity

- As at 31 December 2019 there has been a 17.6% increase in POA registrations since Dec 2018 representing an additional 773 registrations
- The tweets made in relation to Power of Attorney day were seen 22,566 times and 'engaged' with 302 times.

CASE STUDY

Husband and wife, A and S of Maryhill organised POAs with their grown-up children when former engineer, A, was diagnosed with the early stages of dementia. Grandmother-of-four, S said: 'A was always a very fit and active man. He played badminton until he was 75 years-old, he loved football and was a referee for 45 years. It was such a shock when he was diagnosed with dementia. It's a really cruel illness. Having Power of Attorney has given me some peace of mind though. It has meant I've been able to deal with bank accounts and insurance policies which are in his name quickly and easily, since his condition got worse. I would advise everyone to get Power of Attorney organised early. It's like a will, everyone needs one.'

vii. Telecare

The Telecare Reform Team has continued to improve the HSCPs Telecare Service throughout the last year. Work has been undertaken to develop an online telecare training module which will be rolled out to health and social care staff across the Partnership. Work is also being progressed to develop and roll out online consumer pathway information on the range of wider technologies that are available to help staff support people with dementia and their families.

Activity

Over the course of 2019/20, the number of referrals for traditional basic telecare equipment was marginally below target (2723 against annual target of 2750). This was an increase since last year however (2706 in 18/19) although slightly down on 2017/18 (2771).

Referrals for more sophisticated advanced technology were above target (1565 against annual target of 1500). This continues the increase seen over the last two years: 1337 (18/19) and 1222 (17/18).

This includes technology designed to track older people's movements and provide families with peace of mind when an older relative is at risk of wandering as a result of dementia.

viii. Carers

The Carers (Scotland) Act 2016 places responsibility upon the HSCP to identify and support adult and young carers. GCHSCP **Adult and Young Carer strategies** were updated during 2019.

Carers Information Workers have continued to work across health, social care, education services and partner agencies to raise awareness of the support that can be provided to carers. Activity undertaken in the last year has included the following:

- Training on the Carers (Scotland) Act 2016 was approved for operational staff. An online module has also been made available which can be completed by staff in advance of the training
- Training is offered to enable unpaid carers to have a better understanding of the needs of those they are caring for, to support them to undertake their role safely and to encourage them to look after their own health and wellbeing. Topics include moving and handling and training on specific conditions such as autism, dementia, and mental health
- Glasgow Carers Partnership purchased the licence from Carers Scotland to use the **'Jointly'** app for carers. Carers within Glasgow can now download this app and share it for free. It has a number of features which are designed to make caring easier and more organised. It can be used by individual carers on their own or enables them to invite others into a 'circle of care' enabling improved communication and coordination between those who share caring roles

Activity

Plans

- Targets are in place in respect to the completion of Adult Carer Support plans and Young Carer Statements. During 2019/20, targets for the year were met with 1932 new carers identified and offered an Adult Carers Support Plan or a Young Carer Statement, against an annual target of 1900. This is a slight reduction on previous years (1984 (18/19) and 1942 (17/18).

Training

- In 2019-20, 519 carers were referred for training and peer support and a total of 76 workshops were delivered.

Short Breaks

- The Carer (Scotland) Act 2016 introduced new legal requirements and guidance as to how carers should receive short break support. There was a total of £85,689.35 of replacement care budget spend other than home care in 2019/20 for 411 carers. There was a total of £310,493.60 of replacement care short breaks spend in 2019/20 for 804 carers providing 20,315 hours of short breaks.

CARER FEEDBACK

Plans
Feedback forms are sent to carers after their assessment has been undertaken and services are in place. Returns show that the percentage who believe the support they received has improved their ability to support the person they care for, has consistently been above the 70% target in the last year, peaking at 87% in Q4. The equivalent figures in previous years were 85% (18/19 Q4) and 82% (17/18 Q4).

Training
"I now understand my son's sensory issues. He used to melt down doing homework for more than 10 minutes at a time. After learning about visual aids on the autism training course, he points to one when he needs a break and we have way less meltdowns than before – and more homework gets done!" - Parent Carer.

Short Breaks
'I find the short break service absolutely great. It gave me time for myself without running around everywhere; time to relax, go to town, have a coffee, read my book.'
- Carer

ix. Free Personal Care

Following an amendment to the **The Community Care (Personal Care and Nursing Care)(Scotland) Act** free personal care for under 65's was introduced in April 2019 bringing parity with older people who have been entitled to free personal care since 2002.

This means that people whether over or under 65, who have been assessed as requiring personal care, no longer have to make a financial contribution towards the costs of that care.

The HSCP's **Social Care Charging Policy** has been updated to reflect this major change in legislation and a major piece of work was undertaken to ensure that all service user charges were reviewed and amended in line with these changes at the start of 2019/20. Approximately 1,900 service users under 65 are currently in receipt of free personal care.

x. Income Maximisation

Income maximisation services are in place across health and social work services as below:

Social Work Welfare Rights Service

The HSCP Welfare Rights service visit people in receipt of a range of chargeable social work services to ensure that they are receiving all relevant benefits to which they are entitled.

Activity

During 2019/20, £5.09m (£2.88m ongoing and £2.21m in arrears) has been generated in successful claims for benefit for service users receiving a chargeable service. This compares to £4.55 m made in the same period in 2018/19.

During 2019/20, the service also represented 843 clients at social security tribunals (mainly for adult disability and incapacity for work benefits), compared to 1,392 last year. Analysis of the results for the concluded appeals show a 70% success rate with an average financial gain per successful appeal of £7839.

This compares with an exceptionally high success rate of 81% in 2018/19 and 73% in 2017/18, when the average financial gain was £7340 (2018/19) and £8244 (2017/18) per successful appeal.

The success rate in the last three years have exceeded expectations, however, as prior to this, the average was in the region of 65%.

Financial Inclusion Partnership

The HSCP is a key funding partner with Wheatley Group and Glasgow City Council for financial inclusion services across the city. This supports HSCP NHS staff to make direct referrals for patients who have money worries, to a range of dedicated money advice providers.

Activity

Quarter 4 reports were not requested from advice providers due to the impact of the Covid-19 pandemic on service delivery. However, referral figures and outcomes for Quarter 4 have been estimated based upon the quarterly average achieved from Q1 to Q3.

Using this approach, it is estimated that during 2019/20, NHS staff across the Financial Inclusion Partnership made 4,979 referrals and 3,655 individual clients engaged with the service. It is further estimated that over £7.9 million in financial gains was achieved for clients and a further £1.8million of debt managed (£634k Housing debt, £1.2m Non-Housing debt).

This compares to 2018/19 figures of 5128 referrals, 3721 individuals seen, financial gains of £8.7m and over £1.5m of housing and non-housing debt managed; and 2017/18 figures of 4311 referrals, 3246 people seen, financial gains of £7.3m and £750k of debt managed.

Deep End Money Advice project

The Deep End Money Advice project has also continued and expanded, with money advice services now located in 30 GP practices across 5 GP Clusters. The project is funded for 2020/2021 by the HSCP (NW & South) and the Scottish Government Investing in Communities Fund (NE), via Clyde Gateway.

Feedback has indicated that patients value the anonymity of the service with the practice setting seen as welcoming, secure and non-judgemental. GPs are also more likely to act on patient's money worries when they can offer a solution on site and they report it has had a positive impact on patients' mental health and in some cases, reduced demands upon them.

The money advisers have noted that patients are more open to discussing money worries and by obtaining access to patient records with consent, believe they are able to offer high quality advice interventions. Overall, therefore, it is felt that this approach has enabled money advice services to reach people who would normally find it hard to access a service and generated significant financial gains, especially for patients with disabilities and long-term conditions.

Activity

During the last year, GP practice staff referred 1024 patients, 652 (64%) of whom engaged with the service. Total financial gains generated from benefit claims made on behalf of patients was almost £2.2m. Negotiations took place over this period in relation to £622k of debt (£141k - housing; £481k - non-housing). 137 onward referrals were also made to other support services.

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2.6 PUBLIC PROTECTION

We have continued to work 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. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Public Protection.

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**

i. Adult Support and Protection

Adult Support and Protection (ASP) work in the city is overseen by the multi-agency Glasgow Adult Protection Committee (APC). This Committee has five sub-groups and HSCP managers are represented on all of these structures. Through these, the HSCP works closely with a range of partners including Police Scotland, the Care Inspectorate, Strathclyde Fire and Rescue and a number of voluntary and third sector organisations. During the last twelve months, the HSCP have progressed a number of activities in respect to ASP arrangements in the city. These include the following:

- Reviewed and updated internal ASP procedures as well as ASP guidance for prison staff and guidance on Large Scale Investigations. In addition, the HSCP have contributed to the updating of the West of Scotland ASP guidance
- Introduced new duty systems within localities to ensure Adult Support and Protection referrals are managed consistently
- Improved management information reports, worked with partners to review shared data use and worked with the Scottish Government on a National ASP Data Set
- Briefed staff on the need to be aware of and identify human trafficking and forced marriages, which are now considered within the remit of Adult Support and Protection
- Delivered a range of ASP related training and briefings for HSCP and partner staff which have evaluated positively. Participants have included hospital staff, GPs, dentists, social landlords and commissioned providers
- Provided training, via Independent Advocacy, to Team Leaders on the use of Talking Mats, which supports staff who work directly with service users with a Learning Disability
- Conducted twice yearly Local Management Reviews in each locality at which participants consider key ASP themes and the interface with other partners.
- Developed a Public Protection newsletter which has evolved from the previous ASP Newsletter

Activity

- During 2019/20, there were 6926 ASP referrals, compared to 4865 the previous year. Changes in carefirst recording practices are believed to be a factor explaining variations between years
- The majority of these referrals fell into the following categories: 'No Further Action Required'; 'No Further Action under ASP but passed to Social Work; 'Already Known to Social Work'; or 'No Further Action under ASP but passed to another agency.
- 392 formal Adult Support and Protection Investigations were held of which 345 were completed and 47 are ongoing. This compares to 302 (18/19), 361 (17/18) and 372 (16/17) in previous years
- During 2019/20, 30 training sessions were offered by the HSCP to staff (27 in 2018/19). A total 306 people attended, a 7% increase from 2018/19 (286).
- 11 multi-agency sessions were offered by the HSCP (same as 2018/19). A total of 281 people attended, a 24% increase from 2018/19 (226)
- In addition to these, specific work has been undertaken with Glasgow University Dental Students (3 sessions, 83 attendees); Bellahouston Hospice (2 sessions, 37 attendee); and Leaving Care Services (Carers) (2 sessions, 15 attendees)
- The Adult Support and Protection Committee Learning and Development Officer also worked with the Child Protection Committee to offer a schedule of multi-agency training

Self-Evaluation

The HSCP regularly undertake quality assurance in respect to ASP procedures and a number of audits were undertaken in the last year, including ones on sexual harm; chronologies and life events; and paid carers.

These were in addition to the Annual Tripartite self-evaluation with Police Scotland and NHS Greater Glasgow and Clyde, which adopts best practice guidance from the Care Inspectorate. The 2019 Tripartite Audit highlighted a number of strengths, including the following:

- Adults were generally kept safe from harm, protected and supported by the referring agency, social work and partner agencies
- There was active communication and interaction with partners and service users
- Quality of risks and concerns information was good at all stages of ASP process
- Advocacy involvement at ASP case conference and review stage was good
- Timescales were acceptable at each stage of the ASP process
- Appropriate sanctions were taken against perpetrators

The following areas for improvement were highlighted which have been responded to:

- Data quality at referral stage could be improved to ensure more information is provided by professional referrers and Social Care Direct
- Data quality at Duty to Inquire stage to improve the range and depth of information being recorded on e-forms
- Gathering more service user feedback as only a small number of service users completed the client satisfaction questionnaire at the end of their ASP journey and there were challenges in getting them to participate in focus groups

ii. Child Protection

In tandem with the transformational agenda, the HSCP is endeavouring to adopt a strengths based approach to all intervention ensuring that the use of the Child Protection register is thoughtful, measured and robust.

While practice remains consistent in the overall trend, the additional investment in Health Visiting and indeed introduction of the universal pathway (aligned to Getting It Right For Every Child) allows the HSCP to adopt and develop a more considered and preventative approach rather than simply surveillance, as does the introduction of our comprehensive Family Support Strategy.

Work will commence through 2020/21 to further evaluate the trend, reasons, age, length of time registered and purpose of registration to ascertain a more contemporary and aligned application of registration. In particular, the service is eager to focus on the length of time registered and the nature and trends around re-registration. The development of the HSCP's Family Support Strategy will form a critical response to both de-registration and sustaining parental change.

Work has also begun with respect to where appropriately the range and response to domestic violence sits relative to the child protection register.

Activity

- At the end of March 2020, there were 413 children on the child protection register, increasing from 389 (2019) and 309 (2018). 46% of these children were aged 0-4; 36% (5 to 11); 16% (12 to 15); and 2% (over 15), similar proportions to last year.
- Between April 2018 and March 2019, there were 493 new child protection registrations, compared to 511 (2018/19) and 412 (2017/18). The number of de-registrations was 468 compared to 435 (2018/19) and 583 (2017/18).
- The average number of days on the register before deregistration was 250 during 2019/20, falling from 285 (2018/19) and 317 (2017/18).

iii. Glasgow Children's Hearings Improvement Partnership

The Glasgow Children's Hearings Improvement Partnership (CHIP) has now been operating for two years. It has partner agency representatives from across the city who evaluate the experience of Children's Hearings nationally and discuss positives and areas for improvement which could be adopted in Glasgow. During the last year, the CHIP has focused on improvements in three key areas; pre-hearing planning and engagement; the hearing itself; and post-hearing learning, with workstreams established for each.

iv. Domestic Abuse

In March 2019 the Caledonian team in Glasgow became operational. The Caledonian System is an accredited integrated approach to address men's domestic abuse and to improve their lives and their families.

It represents a fundamentally different way of managing perpetrators of domestic abuse in Glasgow. Over the two year programme, a range of individual and group interventions are provided to men which focus on reducing the risk of future abuse. Female partners, ex-partners and children are also supported by a women's services worker who focuses on their

physical safety and psychological health and wellbeing. Work is also underway on the development of interagency protocols coupled with training, designed to maximise women's and children's safety and reduce the likelihood of men's re-offending.

Activity

Since April 2019, the Caledonian team have completed 277 Caledonian Assessments & 251 Court Reports to assist with sentencing perpetrators of domestic abuse. They are currently working with;

- 97 women in relation to safety planning and support
- 26 children who have been affected by domestic abuse
- 135 men subject to Community Payback Orders with a programme requirement to engage with the service

There is work ongoing to provide the national Caledonian team with outcome measures, including feedback from partners/victims in relation to the efficacy of the system.

This data will be used to support the ongoing evaluation of the programme moving forward. This will include information to monitor whether risk is increasing or reducing; the impact upon actual behaviour at home; and the impact on the children involved.

v. MAPPA

MAPPA brings together agencies involved in the management of Registered Sexual Offenders (RSOs), restricted patients and Category 3 Offenders, to share skill and expertise and manage risk to the public in a co-ordinated way. The Scottish Government requires partners to jointly prepare and publish an annual report detailing MAPPA Operational and Governance activity.

Activity

Glasgow's last **MAPPA Annual Report** covered the financial year 2018/19 and was published in November 2019. Performance in relation to statutory KPIs for 2019/20 is set out below, with equivalent figures for 18/19 shown:

Scottish Target	Glasgow Performance
90% of level 3 MAPPA cases to be reviewed no less than once every six weeks	**93% achieved** (100% in 18/19)
85% of MAPPA level 2 cases to be reviewed no less than once every 12 weeks	**96% achieved** (100% in 18/19)
Disclosure to be considered and the decision to be recorded in the minutes at 100% of level 2 and 3 MAPPA meetings	**100% achieved** (100% in 18/19)
Level 2 MAPPA meeting must be held within 20 days of referral from community	**100% achieved** (100% in 18/19)
Level 2 and 3 meetings must be held prior to release from prison	**100% achieved** (97% in 18/19)
All minutes of levels 2 and 3 meetings should be produced within 5 working days and sent to the chair for approval, they should then be signed off by the Chair within 5 working days and returned for distribution, this allows a 10 working day turnaround.	**96% achieved** (96% in 18/19)

2.7 ENGAGING AND DEVELOPING OUR STAFF

i. Communications

Effective communications enable the HSCP and IJB to engage with staff and other key stakeholders to increase awareness of its priorities for health and social care in Glasgow and to engage them in the planning and delivery of services in the city. Communications activities undertaken over the last year have included the following:

- Commenced a review of the HSCP's Participation and Engagement Strategy, with the scope of this including the Communications Strategy and the Participation and Engagement structures and processes. A range of print and digital communications were used to raise awareness of and promote participation in related surveys and a number of face-to-face engagement sessions organised
- Updated the HSCP's Consultation and Engagement guidelines including a register of consultation and engagement activity
- Supported consultations on a number of other plans and developments including the HSCP Equalities Mainstreaming and Outcomes Plan; Glasgow's Integrated Children's Service Plan; Glasgow's Family Support Strategy; and the Sandyford Sexual Health Service Review
- Continued to raise awareness and understanding of the IJB's **Strategic Plan 2019-22** for health and social care services in Glasgow. Activities have included the development of a summary version and animation of the Plan; and using a range of print and digital communications channels to publicise the Plan and associated materials to internal and external audiences
- Continued updating of the **HSCP** and the **'Your Support Your Way'** websites. Work has also been undertaken to develop online forms on Glasgow City Council's website which allow users to request various services and make Adult Support and Protection (ASP) referrals
- Development and publication of profiles for the HSCP's Executive Leadership Team and a contact directory for senior managers across the HSCP
- Ongoing publication of IJB Committee papers, strategies/plans and consultation and engagement opportunities on the **HSCP** website
- Continued publication of the HSCP's regular and special edition newsletters including the public newsletter and the GCHSCP Healthy Working Lives staff newsletter
- Delivered two Partnership-wide Leadership Sessions with the wider GCHSCP leadership staff group to keep them up to date on IJB work and priorities and to discuss challenges and opportunities across the health and social care system. In addition to these, wider staff engagement sessions were delivered on a range of topics across the HSCP including children's services, care services, commissioning, primary care, nursing and finance and resources
- Delivered a provider event for external providers from the independent and third/voluntary sectors who the HSCP purchases social care and support from
- Provided communications support to the HSCP for the impact of Coronavirus (Covid-19) on HSCP services, with the development of a range of print and digital materials, including briefings, videos and a webpage

Activity

- During 2019/20, there were 53,764 visitors to the HSCP's website, with 226,674 page views
- As at 31 March 2020, the HSCP's Twitter profile - @gchscp - had 3,018 followers, with 546 Tweets made during 2019/20
- As at 31 March 2020, the HSCP Chief Officer's Twitter profile - @sm_gchscp - had 1,151 followers, with 66 Tweets made during 2019/20

ii. Awards

During the last year, the Partnership have continued to recognise the efforts of staff through:

- Delivery of Social Work Services' Long Service Milestone Awards to recognise and celebrate staff for 25, 30, 35 and 40 years' service
- Delivery of the HSCP's Staff Awards for Excellence to recognise and celebrate individual staff/teams/projects that have 'gone the extra mile' in their work across the following categories:

Category: Our Patients, Service Users and Carers

Winner: Prescribing Support Team within South Locality for their project 'Medication Review of Patients with Lung Cancer'
Commended: Ear Care Microsuction Service within the Treatment Rooms

Category: Our People

Winner: Callum Lynch, Development Officer, People Achieving Change Group
Commended: Frances McColl, Social Worker/ Mental Health Officer and Brian Wilson, Home Carer, South Locality

Category: Our Leaders

Winner: The Chara Centre (Homelessness Emergency Assessment Centre for Women)
Commended: UNICEF Baby Friendly Gold Award Work Programme (Health Improvement)

Category: Our Resources

Winner: Home Care Services Large Scale Recruitment Project
Commended: Frances Paton, Business Intelligence Manager

Category: Our Culture

Winner: Anne-Marie McAuley, Community Nursery Nurse, Springburn Health Visiting Team
Commended: Brenda Bissett, Blood Bourne Virus Nurse, HMP Barlinnie

- Submission of nominations for the following external awards:

i.COSLA Excellence Awards

Category: Achieving Better Outcomes in Partnership

Winner: Tomorrow's Women Glasgow
Bronze: Provisioning of Clyde Place Assessment Centre and the Development of Glasgow City HSCP Housing First Project

Category: Tackling Inequalities and Improving Health

Finalist: Glasgow Recovery Communities in partnership with Glasgow City HSCP

ii. NHS Greater Glasgow and Clyde Celebrating Success Platinum Staff Awards

Category: Local Staff Awards/Glasgow City HSCP

Winner: The Chara Centre (see above)

Category: Public Health

Winner: The Smokefree Services Team (hosted by Glasgow City HSCP)

iii. NHS Greater Glasgow and Clyde Chairman's Awards

Category: Better Care

Silver Award: Alan Gilmour, Planning Manager, South Locality

Category: Better Health

Silver Award: NHS Greater Glasgow and Clyde Mental Health Improvement Team (hosted by Glasgow City HSCP)

iii. Developing Our Teams

i-Matter

We have continued to implement i-Matter, the national staff engagement questionnaire which measures staff engagement within teams and supports the production of team action plans.

Activity

Response rates increased to 62% during 2019 which meant that an Employee Engagement Index (EEI) could be provided for the HSCP for the first time (60% response required). The EEI score of 77 achieved is classified by i-Matter as being 'Strive and Celebrate' and staff scored their experience of working in the HSCP as 6.9 out of 10. There was also a further increase in the teams this year who followed up the feedback with a team action plan (41%), compared to 32% in 2018 and 26% in 2017.

Team Effectiveness Framework

The Team Effectiveness Framework was developed to support managers to review the areas of team purpose, roles and objectives, with the aim of agreeing priorities and achieving a clearer sense of identity and links to broader organisational objectives and priorities. It has continued to be rolled out across a number of services in the last year, including learning disability, speech and language therapy, homelessness, prison health care, primary care, sexual health, community mental health teams, intermediate care and health improvement.

Primary Care

Organisational Development Approaches have been introduced into primary care as part of work to support the roll out of the Primary Care Improvement Plan. This has included the delivery of 'You as a Collaborative Leader', a multi-agency, multi-disciplinary approach to looking at leadership and collaboration. 50 participants covering 28 practices and localities participated in the last year.

Management Development

14 HSCP staff also participated in the NHS GG&C Ready to lead Programme which supports team development and service change. 40 staff also undertook Conversations for Change and Coaching Conversations development, which are intended to support the way that change is managed and implemented.
Health Improvement

Glasgow City Health Improvement (HI)

Teams deliver training and awareness raising sessions across the city on a variety of health improvement topics including nutrition and food, gender based violence, parenting, alcohol and drugs and suicide prevention. Sessions are targeted at HSCP and partner staff and local communities. These are designed to raise awareness of health improvement messages, support lifestyle changes, and build capacity to enable participants to deliver training to their own service users.

Activity

Over the course of the year, 749 training sessions were delivered with 8560 people attending. This compares to 857 sessions and 8378 attendees (2018/19); 746 sessions with 6229 people attending (2017/18); and 650 sessions with 5495 people attending (2016/17).

2.8 EQUALITIES

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

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

Glasgow City HSCP Equalities Working Group was established to oversee the programmes of work related to equalities and report upon progress. Achievements over the last year in respect to these duties have included:

- Reported **progress** in taking forward the first HSCP **Mainstreaming and Equality Plan (2016-20)** and the equality outcomes specified within it
- Developed a new **Equalities Mainstreaming Report 2020-2024** which specifies the following updated equalities outcomes:

  - ***Outcome 1:*** Fairer Scotland - addressing poverty and socio-economic disadvantage impact
  - ***Outcome 2:*** Disability - removing barriers for staff and service users, creating fairer and more accessible workplace and services
  - ***Outcome 3:*** Human Rights - raising awareness of our rights, including financial inclusion and upholding dignity and respect throughout our services
  - ***Outcome 4:*** Race - Consider changes in the demographics of the population and needs associated with staff and service users. This includes cultural awareness, safe spaces and mental health issues related to BME
  - ***Outcome 5:*** Sexual Orientation - create safe spaces for staff and service users, raising awareness of LGBT+ communities and inclusivity
  - ***Outcome 6:*** Mental Health - consider the impact of mental health in all that we do
  - ***Outcome 7:*** Equality Impact Assessment - consultation with service users, staff training and online resources
  - ***Outcome 8:*** Intersectionality - adopt a more holistic lens which considers the impact on people with intersectional protected characteristics

- To inform this, a staff Equalities Survey was undertaken which was completed by 676 members of staff; a public engagement event held which was attended by 85 people; and a number of focus groups arranged by partners including Glasgow Equality Forum and Glasgow Disability Alliance.
- Undertaken Equality Impact Assessments (EQIAs) which have become an integral component when creating, reviewing and making changes to services which will impact on HSCP service users and staff. A full list of all EQIAs which have been undertaken to date can be accessed **here**

- Directed the Community Health contract to build capacity within Easterhouse, using innovative approaches to English Language learning via community cookery and volunteering. A summer holiday programme has also been developed with partners including Glasgow Kelvin College and the Forestry Commission, which aims to promote culture exchange and support integration and inclusion
- Increased awareness of mental health and wellbeing services amongst members of the deaf community by delivering an information session to them in British Sign Language (BSL) and signposted HSCP staff to BSL and Deaf awareness training
- Attended the first meeting of the BSL User Reference Group and discussed activity within the HSCP and across Glasgow City Council to progress the BSL Action Plan 2018-2024
- Progressed the development of an e-learning module for staff around the needs of asylum and refugee seekers
- Signed a Hate Crime Pledge on behalf of the HSCP and worked to raise awareness of the importance of third party reporting of hate crime
- Pollok Civic Realm adopted a multi-disciplinary partnership approach to achieve Bronze LGBT charter mark status. This included LGBT capacity building and staff training across partners including the HSCP, Glasgow Life, Primary Care, Pharmacy, Dental Services and LGBT Youth
- NHSGGC Equality and Human Rights Team delivered a number of sessions on Unconscious Bias to a wide range of primary care staff in the North West including GP's, reception staff and practice managers
- Supported the roll out of the Gender Friendly Nursery Programme

STAFF FEEDBACK

The Gender Friendly Nursery is an early years primary prevention strategy, which was piloted in North East Glasgow and developed in partnership between Health Improvement and a number of voluntary organisations. It involves training and awareness raising and aims to support early years establishments to promote gender equality and reduce gender stereotyping. It aims to make staff aware of the links between these and a range of public health and other social issues, including gender based violence, mental health and suicide, homophobia and transphobia and the gender pay gap. It is currently rolling out across Glasgow City council nurseries and 11 establishments are working towards becoming accredited Gender Friendly Nurseries. Training has been delivered to 69 staff from 47 nurseries and feedback from staff has been very positive and has included the following:

- *'I really enjoyed the course. It made me think about the nursery practice and stereotypes. I will look forward to delivering this to staff'*
- *'I will use the knowledge I have gained from this training to inform my practice and create a positive, gender friendly environment for the children in my care'*
- *'I would like my nursery to take on the training, do the audit and then create a plan of action. Ultimately, I'd like us to get the accreditation'*
- *'Training was excellent, lots to take back to staff and go over what we do already and what little things we could change, that I haven't thought about before'*
- *'Great, thought provoking and interesting debates. Very worthwhile training'*
- *'Made me think more about unconscious bias'*

The programme has received attention nationally. It features in 'Gender Equal Play', a guidance document from the Care Inspectorate and Zero Tolerance; as a spotlight case study by the First Minister's National Advisory Council on Women and Girls; and as part of an educational resource developed by the University of West of Scotland on behalf of The Scottish Government. A short film featuring Glasgow children has also just been completed to enhance the training and will be launched in 2020.

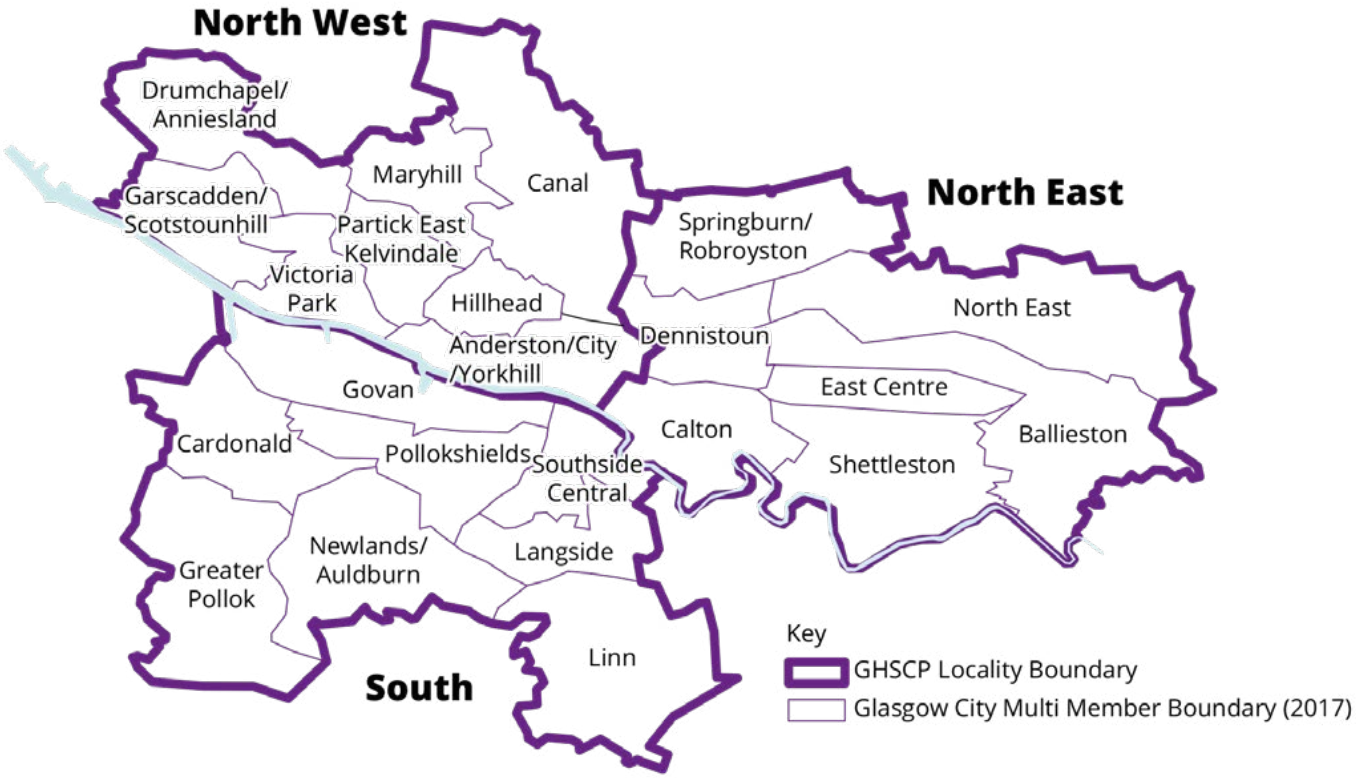
LOCALITY PLANNING IN GLASGOW

3

3.1 LOCALITY AREAS

To ensure consistency in how local services are delivered, 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 178,232 people and a breakdown by age is shown in the following table:

Age Band	Number of People	% of Population	% of this age band in Glasgow City
0 to 15 years	30,449	17.1%	30.5%
16 to 64 years	122,654	68.8%	27.7%
65 years and over	25,129	14.1%	29.8%
All	**178,232**	**100.0%**	**28.5%**

Source: NRS Small Area Population Estimates for 2018.

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 221,449 people and a breakdown by age is shown in the following table:

Age Band	Number of People	% of Population	% of this age band in Glasgow City
0 to 15 years	29,937	13.5%	30.0%
16 to 64 years	164,527	74.3%	37.2%
65 years and over	26,985	12.2%	32.0%
All	**221,449**	**100.0%**	**35.4%**

Source: NRS Small Area Population Estimates for 2018.

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 226,729 people and a breakdown by age is shown in the following table:

Age Band	Number of People	% of Population	% of this age band in Glasgow City
0 to 15 years	39,552	17.4%	39.6%
16 to 64 years	155,026	68.4%	35.1%
65 years and over	32,151	14.2%	38.2%
All	**226,729**	**100.0%**	**36.2%**

Source: NRS Small Area Population Estimates for 2018.

3.2 MANAGEMENT ARRANGEMENTS

Management Teams

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 section 3.5 below.

Primary Care Implementation Groups

Each locality has a Primary Care Implementation Group engaging with primary care contractors, which link to the overall city-wide Primary Care Steering Group. The 144 General Practices within Glasgow have been divided into 'clusters' to take forward the quality agenda in primary care. There are 21 GP clusters, 7 in each locality, with an average patient population of 34,000.

Each of the clusters has identified a Cluster Quality Lead and a development programme has been implemented to support their learning needs, with a specific focus on using quality improvement methodology.

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 look at how community services can align with the clusters to facilitate more integrated working. To support this activity, a suite of measures have been identified and are reported upon in Practice Activity Reports, which are shared quarterly within clusters, allowing them to compare performance between member practices.

Locality Engagement Forums (LEFs)

Across the City, we have established Locality Engagement Forums in each of the Partnership's localities, which feed into local management arrangements and city-wide networks. The Locality Engagement Forums 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**. During 2019/20 these continued to flourish, providing opportunities for members and the wider public to engage with and influence the HSCP.

3.3 LOCALITY PLANS

Each locality has developed a **Locality Plan**, which details how they are taking forward the IJB's **Strategic Plan (2019-22)** and responding to locally identified needs and priorities. To better align locality plans with this overarching 3-year Strategic Plan, current locality plans also cover the 3-year period from 2019-22. Locality plans describe:

- Health and social care needs/ demands including changes from the previous plan
- Key service priorities, informed by the IJB **Strategic Plan 2019-22**
- 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.

3.4 PARTICIPATION AND ENGAGEMENT

During 2019/20, the Locality Engagement Forums (LEFs) co-ordinated a range of meetings at locality and city wide levels. These were used to:

- Disseminate information to stakeholders on local services and projects, with presentations made on a range of areas including the following:
  - Marie Curie services
  - GP Out of Hours services
  - Engagement of refugee/asylum seekers
  - Volunteer Charter
  - Glasgow Wellbeing for Longer and Festive Funds (**see chapter 2**)
- Consult on key developments and plans including the following:
  - Glasgow City HSCP **Strategic Plan (2019-22)**
  - Review of Out of Hours Services
  - **Primary Care Improvement Plan**
  - **Locality Plans**
  - NHSGGC Moving Forward Together
  - North East Health and Social Care Hub development
  - Sexual Health Service Implementation Plan
  - Review of the HSCP Participation and Engagement Strategy and Structures
  - Older Peoples' Services Transformation Programme
  - GP Surgery Closure in Springburn Health Centre
  - Implementation of the Mental Health Strategy
  - Review of Overnight Support
  - Integrated Children's Service Plan Consultation (2020-23)

These meetings have been complemented where appropriate, by the use of several other participation and engagement mechanisms including:

- Written and online questionnaires/ surveys
- Focus groups
- Face to face interviews
- Presentations at Community Councils, local community groups and other user/carer networks and forums
- Pop up stalls and 'drop-in' information sessions at wider community events
- Information leaflets/posters translated into a range of community languages
- Newsletters
- Use of the HSCP website and the HSCP and Chief Officer Twitter profiles
- Production and sharing of a video of a LEF meeting

Examples of participation and engagement, one city-wide and one from each locality, which help to illustrate the work being done to involve key stakeholders including communities, service users, patients and carers are described below.

City-wide - Review of Participation and Engagement Arrangements

The **Glasgow City Integration Joint Board** is required by the **Public Bodies (Joint Working) (Scotland) Act 2014** to involve and consult with relevant stakeholders, including patients and service users, in the planning and delivery of services. The **Integration Scheme** between Glasgow City Council and NHS Greater Glasgow and Clyde requires the Integration Joint Board to produce a Participation and Engagement Strategy.

This **strategy**, approved in October 2016, is now under review and locality participation and engagement structures form a significant part of this exercise. Information and discussion sessions have been held in each of the locality fora during 2019/20 and feedback from these sessions will be used to inform and shape the outcomes of the review which will be ongoing during 2020/21.

North East – North East Health and Social Care Hub

During 2019/20, the focus for community engagement in the North East continued to be around the ongoing development of the **North East Hub** which once open, will be Scotland's biggest health and social care centre.

The development will accommodate 900 staff and bring together community health services currently located at nine different sites. From the outset, it was recognised that input from the local community was vital if the Hub was to deliver new and innovative services to meet the health and social care needs of the local population. Over the past year, the Hub Delivery Group has ensured there has been positive engagement with staff and the local community, enabling their views to inform the design options and the preparation of the Outline Business Case.

Engagement included a survey of service users over three days at Parkhead Health Centre and Social Work locality office; over 40 public meetings; dedicated sessions with service users, staff, partners, local community groups and third sector organisations; and engagement stands at two local supermarkets.

Members of the North East LEF also had four separate engagement sessions with the architects during the year and visited several other sites which the architects had been involved in building. Throughout this process, efforts have been made to engage traditionally hard to reach groups including young people, clients with mental health issues, people with learning disabilities, recovery groups, and asylum seekers and refugees.

Following feedback received during these consultation and engagement opportunities, a number of elements have been captured in the design for the Hub. These include a community space which will incorporate a library, a café to combat social isolation and public meeting rooms. There will also be the potential to open the building outwith normal working hours for community purposes.

North West - Primary Care and Out of Hours Services

In January this year the chair of NW LEF welcomed over 30 members, along with staff, Carers Services and 5 Community Councils to discuss changes to primary care services, the review of out of hours services and the creation of an Urgent Care Resource Hub (UCRH) which will provide more streamlined, integrated out of hours services in the city.

There was an informative and lively discussion where participants had the opportunity to voice any questions, concerns and suggestions. There was agreement that there needs to be clear information about when, where and how to access services and that this information needs to be made accessible to everyone, if the benefits of these changes were to be to optimised. In respect of the UCRH, participants were reassured that a communication plan would be put in place for both the 'lead in' period and launch of the UCRH in 2020.

South - Draft Locality Plan Consultation

As with the Strategic Plan, each of the draft Locality Plans is subject to consultation prior to being finalised. As part of the consultation process the draft South Locality Plan 2019-22 was circulated for comment and feedback to a wide range of user, carer, and third sector and voluntary groups, as well as to local structures including the Carer's Forum, Older People's and Children's Services Planning Groups, Primary Care Implementation Group and GP Committee. At an engagement session in November 2019, participants had the opportunity to discuss each of the service areas of the Plan which resulted in a wide and varied number of comments, issues and points being recorded.

These were used to inform and shape the priorities, proposals and actions detailed in the Plan. Follow up engagement sessions provided an update on the progress of key priorities and gave patients, service users, and other key stakeholders with a further opportunity to discuss service ambitions and challenges for the South locality.

3.5. THRIVING PLACES

A key part of the **Community Empowerment (Scotland) Act 2015** is that local people have the right to be involved in local decision making. Councils and other public sector organisations also have a duty to improve outcomes in areas disadvantaged by inequalities. HSCP staff, in particular Health Improvement staff, continue to take a focused neighbourhood approach in recognition of persistent inequalities which exist within and between communities and they support over 300 partnerships in the city. Much of this work is aligned with the **Community Planning Thriving Places** approach, which aims to find a better way of working between organisations and with communities, to make better use of existing resources and assets and improve outcomes.

Thriving Places activity is being taken forward in **10 specific neighbourhoods** across Glasgow (3 in the North East, 3 in the North West and 4 in the South), which are all particularly deprived in comparison to the rest of the city. Each developed a 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 a 10-year action plan. Links to these 10 individual Thriving Places 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 Household

The Thriving Places programme currently funds a Community Connector in each of the 10 neighbourhoods to bring local community groups, services and organisations together to address local priorities. Community Connectors are employed by an organisation within each area which already has good links with local people.

HSCP Health Improvement staff play a key role in Thriving Places activity by supporting and facilitating local partnerships to develop co-produced local programmes; providing guidance and support around data collection, analysis, monitoring and evaluation; and enabling access to funding streams. Examples of activity being progressed city wide and within each locality are described below:

City Wide - Community Breakfasts

One initiative widely rolled out across all Thriving Places neighbourhoods is the provision of community breakfasts. These are a weekly drop-in activity, supported by community volunteers, which provide a free healthy breakfast and an opportunity for local residents of all ages to chat in a friendly and welcoming environment. These breakfasts, which have been very popular, aim to reduce social isolation, combat food poverty and provide informal access and signposting to a range of local services.

USER/CARER FEEDBACK

Comments from people who have attended or supported Community Breakfasts include:

'Great banter, made new friends, fab food.'

'We enjoy the company and look forward to the breakfast service with a smile.'

'It gives us the chance to connect to our neighbours and friends and provide whatever support they need, even if that is just a chat.'

'Has given me the opportunity to volunteer and give something back to my community.'

CASE STUDY

J, aged 78, attended the 'The Brekky' which is supported by Thriving Places Ruchill and Possilpark, North Glasgow Housing Association and The Grove (Christian Community). During his first visit, he had a chat with the Community Connector and other local people, volunteers and staff. Through chatting it was clear that he needed urgent support from several services and community groups. He revealed he had no family and had several serious health issues. His grip had weakened and he could not easily open jars, bottles or medication. He revealed he had a colostomy bag and sometimes had accidents which he found embarrassing and frustrating and he said he was struggling to wash his clothes. It was also obvious during this first visit that his housing arrangements were unsuitable because of accessibility issues.

J still comes every week to 'The Brekky' and recently celebrated his 79th Birthday. His life has changed a lot since his first visit. He was provided with support and was signposted to other agencies which could help address the issues relating to his health and wellbeing and accommodation. He now lives in a ground level home in sheltered accommodation which he loves and his clothes are being laundered by a local firm. He joined the Glasgow Disability Alliance (GDA) and has received support with benefits and advice on housing adaptations. He has also become involved in some of their activities and is in the process of getting a link worker.

J commented 'I am so happy now I cannot believe the difference in my life in just a few short months. I am glad I dropped in to 'The Brekky', I cannot thank you all enough for everything you have done for me.'

Parkhead, Dalmarnock and Camlachie - STEM (Science, Technology, Engineering & Mathematics) Activity

STEM is a national initiative aimed at raising young people's engagement and achievement in Science, Technology, Engineering & Mathematics subjects and careers. During the school Spring Break, Parkhead, Dalmarnock and Camlachie Thriving Place and the West of Scotland Housing Association held 3 STEM events for local families, in partnership with the Glasgow Science Centre, YOMO (Young Movers), Glasgow Kelvin College and Glasgow Life. The events proved to be highly successful and as a result a 9-week STEM project was delivered by Glasgow Life to young people aged 8 to 12 years at the local Community Centre in Barrowfield.

Following on from this, in November the Thriving Places team organised and facilitated a STEM employability event at the Parkhead Forge to encourage more young people to look at careers in science, technology, engineering and maths. The event was supported by 6 local employers and children (aged 8 to 12) from STEM clubs in 4 local primary schools took part in STEM demonstrations. Over 60 people from the local community attended and feedback was extremely positive, with interest expressed in attending similar future events. The children also enjoyed taking part and were keen to demonstrate their STEM knowledge. The event led to new partnerships being created between local schools and employers, with a view to future STEM-based collaborations.

Drumchapel - Engagement with Parents and Children

During 2019/20, the Thriving Places team made significant progress in developing partnerships with local primary schools in Drumchapel and worked closely with local head teachers, staff and parents' groups to form good working relationships. As these have developed, there has been a significant increase in contact from schools looking for assistance for families on a range of issues including housing, anti-social behaviour and racism.

As consequence of this, the team have developed a reputation as a local point of contact for signposting and support. Engagement activity included school parents' evenings where images of 'Drumchapel old and new' were used to stimulate family conversations on the past, present and future of Drumchapel. This type of engagement enabled the team to naturally signpost local families to activities and services in the area which they may benefit from, including men's groups, health and wellbeing resources and money advice services.

Further engagement with schools has involved support for families who have arrived in Drumchapel, seeking asylum or as refugees. These are some of the most vulnerable members of our community, who are unable to navigate the process of school enrolment due to language barriers and a lack of knowledge of local schools and procedures. Families have been very grateful for this assistance and their children have benefitted from being able to begin or recommence their education.

USER/CARER FEEDBACK

Positive feedback has including the following from a local Acting Head Teacher:

'St. Clare's Primary School is delighted to be working in partnership with Thriving Places, an organisation that truly empowers the people of Drumchapel to have a greater say in the decisions that affect them. Morven has been instrumental in engaging our parents and carers in meaningful dialogue about how they can help shape their local community, integrating new ideas and services in doing so. Thriving Places is to be commended for its grass roots approach to effecting positive change in Drumchapel and for its efforts in engaging the wide spectrum of individuals who live locally. We look forward to our continued partnership working with Thriving Places, mindful that we all play a very important role in securing the very best possible future for the children and young people growing up in Drumchapel'.

Priesthill and Househillwood - Tackling Social Isolation through Storytelling

Social isolation has been identified as a priority issue within Priesthill and Househillwood and a thematic group has been developed to tackle this, with the aim of creating connections, building relationships and reducing isolation. The group is attended by HSCP South Health Improvement Team, Sanctuary Housing Association, Glasgow Life and a range of local housing, church and voluntary organisations.

During 2019/20, the group began working with the **Village Storytelling Centre** who believe that everyone has a story worth hearing and that these stories can change lives. They go along to local people's homes and encourage them to talk about their life story, their hopes, their interests or whatever they feel comfortable with at that time.

The main aim is to encourage people to make the first steps in changing any circumstances which may be affecting them and work towards building a better life.

An example is provided in the case study on the next page.

CASE STUDY

Harry is a 32-year-old male who hadn't left his house in over five years. After talking with a Welfare Rights Officer, a further meeting was arranged with a Community Connector whose experiences working with Harry are reflected upon below:

'We sat in his living room and I listened to his story. Through the loss of loved ones, mental and physical health problems, negative self-esteem and a growing fear of social situations, life became easier to sit inside. Harry started drinking every night disconnected from all his friends and family members. Days turned into months, months turned into years. The longer it went on, the harder it was to change'.

After listening to his story, I asked several questions about the changes Harry wanted to make to his life and if he felt ready to do so, which he did. Luckily, that week a community cinema event was being held. I told Harry about this and asked if he wanted to come along because we needed a hand, to which he said 'Okay, I'll do it'. On the day, he expressed how much he was dreading making this step, but knew it was what he had to do. I walked him from his door to the event and we set up the hall together. Harry, although quiet at first, really hit it off with the cinema night organiser. They talked about politics, stories from the past, movies and music and a relationship was formed.

This was the first time Harry had left the house in over five years apart from one hospital visit with his mum. The following week, Harry told me he has started going on walks in the evening and got emotional one night when he felt the rain on his face. He said to me, 'I know it sounds silly, but I can't believe what I've been missing. Feeling the rain hit against me inspired me to keep pushing myself so I can put my life back together.' Harry continues to push himself into social situations and is creating new relationships in his life which are making significant changes to his wellbeing.'

FINANCIAL PERFORMANCE

4

4.1 INTRODUCTION

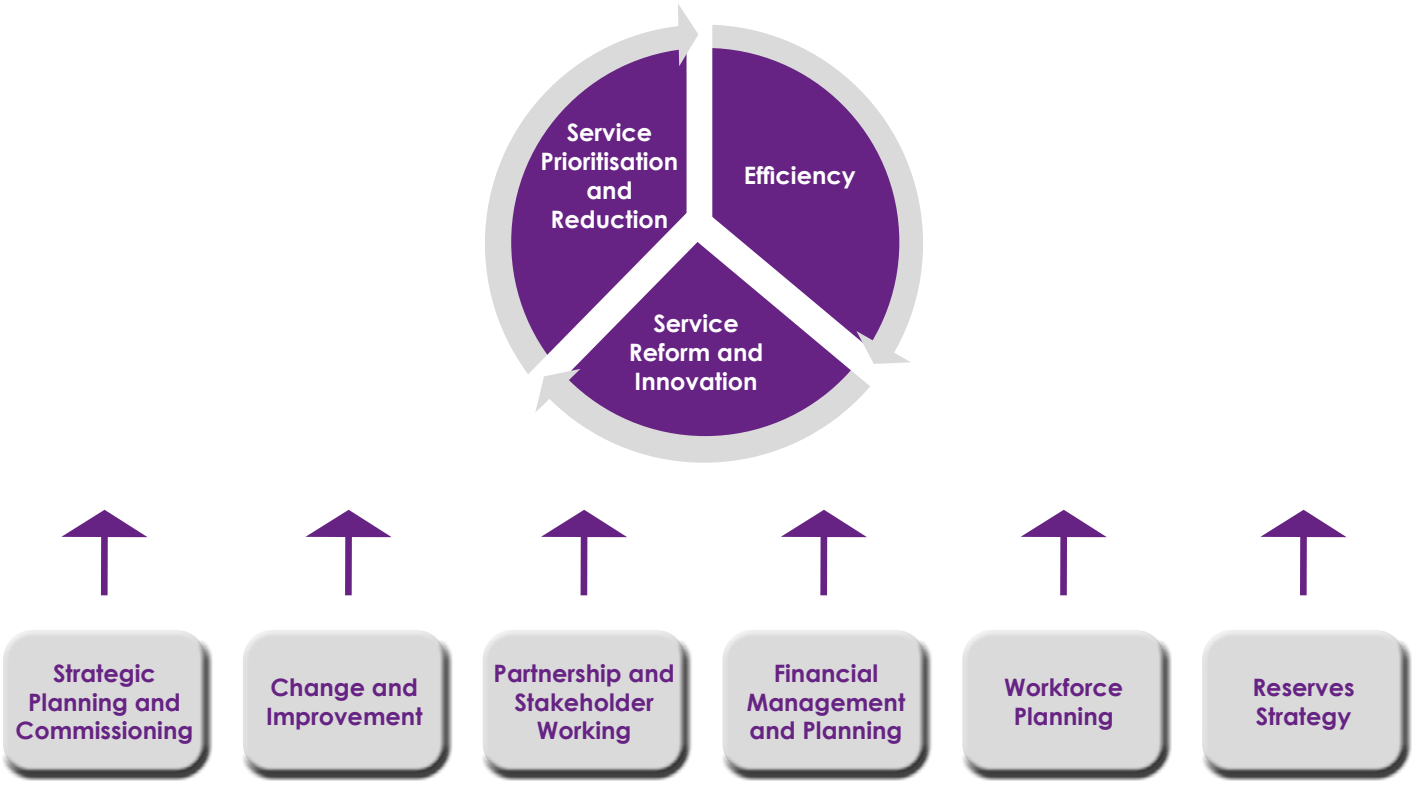
National Health and Wellbeing Outcome 9 is set out below and within this chapter, we seek to demonstrate how we have achieved this. Firstly, we provide an overview of financial performance during 2019/20.

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 2020/21.

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

4.2 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:



4.3 2019/20 FINANCIAL PLANNING

The total financial resources available to the partnership for 2019-20 were around £1.2billion. This can be seen in the table below, along with trend information for previous financial years.

Client Group	2016/17 £000's	2017/18 £000's	2018/19 £000's	2019/20 £000's
Children and Families	153,782	155,330	153,891	156,492
Adult Services	315,065	317,370	327,579	343,162
Older People Services	313,237	313,404	314,676	343,658
Resources	69,168	59,104	58,650	52,420
Criminal Justice	17,655	16,741	17,797	18,480
Primary Care	315,110	319,680	331,951	354,479
TOTAL	**1,184,017**	**1,181,629**	**1,204,544**	**1,268,691**

4.4 2019/20 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 2019/20 was £216.2m, which excludes the budget value for Adult Mental Health and Elderly Mental Health inpatient services.

4.5 2019/20 FINANCIAL MANAGEMENT

The financial position for public services continues to be challenging. This required the IJB to have robust financial management arrangements in place to deliver services within the funding available in year, as well as plan for 2020-21.

Budget Monitoring throughout 2019-20 has forecast an underspend of £8.5m. The final position secured in relation to these areas was an underspend of £7.9m and is shown in the table below. 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 (£3.5m). A balance of £3m also remains within the prescribing contingency and was not utilised in 2019-20.

	Note	£ millions
Underspends as a result of vacancies and staff turnover	1	-7.5
Early delivery of transformation programme savings for 2020/21	2	-3.3
Part year implementation of local and national priorities	3	-1.7
Total Underspend		-12.5
Less		
Demographic, health and deprivation - demand higher than budget	4	0.5
Budgeted use of reserves - not drawn down in 2019/20	5	4.2
Net underspend compared to forecasted £8.5m		-7.9
Local and national priorities which will not be completed until future financial years	6	-3.5
Prescribing contingency not utilised	7	-3.0
Total underspend related to 19/20 activity		-14.3

Notes

1. Employee recruitment continues to represent a challenge both in terms of timescales to recruit and the availability of the skills mix required within the workforce market.

   A number of actions continue to be progressed including streamlining recruitment processes, aligning recruitment timescales with the availability of newly qualified professionals, development of targeted recruitment, and training strategies to develop existing and new staff to meet the skills requirements of our services.

   Some progress has been made, with the underspend reducing from the £10.3m forecast during the year. However, further work is required.

2. The Transformation Programme has secured early delivery of transformation savings for 2020/21 in 2019/20.

3. A part year implementation of investments in Carers Services has resulted in an underspend this financial year.

4. Overspends are being experienced within Adult Services as a result of the demand being experienced across the system within personalisation, purchased services and homeless services. This overspend is less than forecasted during the year as a result of less than anticipated admissions and discharges from care homes, and as the result of the level of income recovered from clients who are due to make contributions, including historic debt recovery.

5. As part of the 2019-20 budget, it was assumed that earmarked reserves would be used to assist a phased implementation of the savings in Homelessness (£1.3m) and to manage the demand in Older People Services for care home placements (£2.9m). In light of financial performance, at outturn it was agreed that this would not be transferred from earmarked reserves.

6. A number of commitments made in 2019/20 in relation to local and national priorities will not complete until future years (£3.5m). These include psychological therapies, care experienced young people and funding for a perinatal mother and baby unit. The majority of this relates to ring-fenced funding which has been received to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding.

7. The removal of the risk share arrangements in 2018/19 in relation to Prescribing requires the IJB to deal with over and underspends. In 2019/20, this budget included an element of contingency, originally for potential cost consequences as a result of Brexit. In March, an estimated 20% increase in volumes as a result of Covid-19 has required us to utilise some of this contingency, leaving a balance of £3m not utilised at the end of the year.

   The IJB elected to transfer £14,279,000 to earmarked reserves for specific commitments in 2019/20. This is in line with the IJB's reserve strategy. Details of this can be found **here**

4.6 CHANGE AND IMPROVEMENT

Within the Partnership, over the course of the last year, we have been taking forward a Transformational Change Programme which has been approved by the IJB, across the entirety of the HSCP's business. This is described in detail in **Chapter 2**. 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. 93% of budget savings targets in respect of the IJB's Transformation Programme were achieved in 2019/20 and reflects the challenges experienced in delivering savings in areas where the IJB continues to see high demand for services.

4.7 CAPITAL INVESTMENT AND PRIORITIES

Health and Care Centres

June 2019 saw the opening of the new Woodside Health and Care Centre at a cost of just over £20m. A broad range of services are provided from the new facility including 8 GP practices, a dental practice, a day centre for older people, district nursing, podiatry, physiotherapy, children's services, health visiting and alcohol and drug recovery services. The local community has been involved throughout, from selecting the location to the design and are represented on the project board.

Additionally, work continued on the plans for the new Health and Social Care Hub in the North East of the city. A preferred site has been identified and the Outline Business Case was approved by the NHS Capital Board in May 2020, with a consultation and engagement plan ensuring local community involvement in this process (see also **Chapter 3**).

Older People's Residential and Day Care Centres

As part of the Tomorrow's Residential and Day Care programme, work has also been completed on the new Victoria Gardens and Meadowburn residential care homes, costing £14m and £24m, respectively (see also **Chapter 2**).

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 pursuing a programme of new build developments and refurbishments within children's residential services.

During 2019/20, there was a full refurbishment of the Chaplet accommodation and work has commenced to redevelop the Airth Drive property, and on 2 new builds at Butterbiggens Road and Mosspark Drive. These will help to support our high standards of care for children and young people and help facilitate their successful integration into the wider community.

Homelessness Services

Work has been progressing with the design and planning of the Rodney Street extension, with building work scheduled to commence April 2020.

Enhanced Drug Treatment Service

Work was completed in Hunter Street to provide the Enhanced Drug Treatment Service (EDTS), which opened in November 2019 (see also **Chapter 2**).

Sandyford

Planning and design work was undertaken to relocate the Sexual Assault Recovery Service (SARC) to William Street Clinic from the current location within Sandyford Central, with building works scheduled to commence summer 2020.

Adult Mental Health Services

Work continues on improving the Adult Mental Health Ward at Stobhill Hospital with the intention for it to be completed by August 2020.

Woodside Health and Care Centre

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4.8 FINANCIAL OUTLOOK FOR 2020/21 AND BEYOND

The financial position for public services continues to be challenging and the IJB must operate within significant budget restraints and pressures. In March 2020, the IJB conditionally approved its budget for 2020/21, subject to approval of Health Board funding by NHS Greater Glasgow and Clyde, and Glasgow City Council making a final funding offer to the IJB. The receipt of draft budget offers from partners has prevented the IJB from approving a final budget by the statutory deadline of 31 March 2020. The IJB will be required to further consider its budget in June once final funding offers are known.

This draft budget identified a potential funding gap of £13.8m, which will be addressed through a wide range of service reforms and efficiencies to address budget pressures in 2020/21 and support achievement of the National Health and Wellbeing Outcomes. 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 2020/21 Annual Performance Report.

A Medium Term Financial Outlook was reported to the IJB on the 25 March 2020. 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 Scottish Living Wage and policy commitments in relation to primary care and mental health
- Impacts of Brexit, such as uncertainty regarding the future employment rights of health and social care staff from EU countries
- Local pressures linked to demand as a result of demographic, deprivation and health

This looks forward to 2022-23 and identifies the need for a further £69m of savings to deliver a balanced budget in 2021/22 and 2022/23.

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. Delivery of effective and lasting transformation of health and social care services is central to the vision of the IJB. The IJB's **Strategic Plan 2019-2022** outlines its ambitions over the medium term and the Transformation Programmes which support their delivery (See also **chapter 2**).

There has been significant progress already made in transforming services. As well as delivering financial savings, this has enabled services to increase their effectiveness and efficiency, and manage the increasing demand and complexity of the patients and service users supported. The IJB is committed to transforming services and this programme of work will continue moving forward, however future gains will be smaller and this alone will be unable to bridge the funding gap which has been identified above.

In June 2019, the IJB approved the development of a Maximising Independence Programme for Glasgow City, as described in detail in **Chapter 2**, which seeks to deliver a sustainable health and social care service for the City. Delivery of this programme is supported by £8.5m of funding over the next two years.

This will support a community investment fund to build community capacity in our localities, expansion of the rehabilitation and enablement resource, and development of family support models which will build on the successful use of those within Children and Families as described in **Chapter 2**.

The IJB has a clear strategy to support delivery of the Strategic Plan over the medium term 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. The current pandemic is impacting on the IJB's ability to support full delivery of the Strategic Plan, but it is also providing opportunities for us to consider new ways of working which could influence delivery of the Strategic Plan over the longer term.

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 2020/21.

PERFORMANCE SUMMARY

5

5.1 INTRODUCTION

In chapters 2 and 3 of this report, we highlighted key areas of work carried out by the Partnership and localities during 2019/20. In this chapter, we draw on several different sources to give a more detailed picture of how the Partnership is performing.

Section 5.2 summarises the internal and external audit and inspection processes which have been undertaken during the last year. Section 5.3 then describes how we are performing in relation to our suite of Key Performance Indicators, with section 5.4 focusing on our performance in relation to the National Integration Indicators and Ministerial Strategic Group (MSG) Indicators.

Drawing on the above information, key achievements in relation to our performance over the last 12 months are highlighted in section 5.5. Finally, in section 5.6, several areas for improvement going forward are identified.

5.2 INSPECTION AND PRACTICE AUDIT

i. Care Inspectorate Grades for Glasgow City HSCP Registered Services

Between April 2019 and March 2020, the Care Inspectorate undertook both scheduled and unscheduled inspections across 27 services provided by Glasgow City HSCP, including services provided previously by Cordia LLP (Housing Support and Care at Home Services).

A New Inspection Process, related to the **New Health and Social Care Standards**, was introduced by the Care Inspectorate in 2018. The new process was rolled out initially to older people's residential care homes and has now been extended to other care groups. During the last year, 22 services were inspected using the new methodology while 5 services were inspected using the previous methodology.

The gradings provided by both processes can be compared and are shown together on the table below which provides a summary by service area. As shown, the overall quality of care was assessed as 'good' or better (Grade 4 and above for each Standard assessed) in 78% of the 27 services inspected during this period, with variations between service areas in terms of numbers inspected and grades.

Service Area	No. of Units Inspected	% services graded 'good' or better* across all standards assessed
Care Homes (Older People)	3	67%
Residential Children's Houses	18	72%
Home Care and Other Support Services	6	100%
Total	27	78%

**Grade 4 and above for each Standard assessed*

The following table 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**.

UNIT	Date Inspection Completed	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?	No. of Requirements
CARE HOMES (OLDER PEOPLE)							
Riverside House	11/07/19	5	5	4	5	4	0
Orchard Grove House	07/08/19	5	4	not assessed	not assessed	not assessed	0
Hawthorn House	13/08/19	4	4	not assessed	not assessed	not assessed	0
RESIDENTIAL CHILDREN'S HOUSES							
Monreith Rd	28/05/19	4	4	not assessed	not assessed	4	0
Crawford St	12/06/19	5	5	5	4	4	0
Kempsthorn	06/08/19	5	5	not assessed	not assessed	not assessed	0
Dalness	16/08/19	2	2	not assessed	not assessed	2	3
Hamilton Park Avenue	29/08/19	4	3	4	4	4	0
Wellhouse	12/09/19	5	5	not assessed	not assessed	not assessed	0
Norse Road	13/09/19	4	3	4	3	3	1
Wallacewell	20/09/19	5	5	not assessed	not assessed	not assessed	0
Broomfield Crescent	04/10/19	5	4	not assessed	not assessed	not assessed	0
Hinshaw Street	17/10/19	4	4	not assessed	not assessed	not assessed	1
Plenshin Court	17/10/19	5	5	not assessed	not assessed	not assessed	0
Crossbank Crescent	24/10/19	5	5	not assessed	not assessed	not assessed	0
Milncroft Road	20/11/19	4	4	not assessed	not assessed	not assessed	0
Main Street	21/11/19	3	3	not assessed	not assessed	not assessed	1
Netherton	28/11/19	5	5	not assessed	not assessed	not assessed	0
Newlands Road	05/12/19	5	3	not assessed	not assessed	not assessed	0
Chaplet Avenue	19/12/19	4	5	not assessed	not assessed	not assessed	0
Balmore	20/12/19	4	4	not assessed	not assessed	not assessed	0

UNIT	Date Inspection Completed	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?	No. of Requirements
HOME CARE AND OTHER SUPPORT SERVICES							
GCC Adoption Service	30/04/19	4	4	not applicable	not assessed	4	0
GCC Fostering Service	30/04/19	4	4	not applicable	not assessed	4	0
Petershill Road Community Support Project	15/08/19	5	5	not applicable	5	not assessed	0
Home Care Service - North East	19/12/19	4	not assessed	not applicable	not assessed	4	0
Home Care Service – North West	19/12/19	4	not assessed	not applicable	not assessed	4	0
Home Care Service – South	19/12/19	4	not assessed	not applicable	not assessed	4	0

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. Recent reports presented during 2019/20, giving details of inspections by care group and details of recommendations/areas for improvement can be accessed on the HSCP website via the following links:

Care Inspectorate Activity within Children's Residential Services

Home Care and Housing Support Service Care Inspectorate 2019

Care Inspectorate Activity within Directly Provided Older Peoples Services

ii. 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 2019 and March 2020 is listed in the following table.

Audit/ Self-Evaluation	Service Area
Audit	Admission to 24-hour services (Older People)
Audit	Emergency Detention Certificates (EDC) Audit
Audit	Family Group Decision Making
Audit	Acute Mental Health Hospital Discharge
Audit	Adult Support and Protection (ASP) Tripartite Self-Evaluation
Audit	ASP Sexual Abuse Referrals
Audit	Provider Policies on Whistleblowing (Audit Tool)
Evaluation	Mental Health Officers Review
Evaluation	Evaluation of Staff Supervision (Children's Residential)
Evaluation	Child Protection Referrals
Evaluation	Clustering (Supported Living) (ongoing)
Evaluation	Whistleblowing Policy (ongoing)
Evaluation	Homecare Linguistics (ongoing)
Audit	Complaints Handling Audit
Audit	Kinship Breakdown
Audit	Long Term Homelessness

5.3 LOCAL PERFORMANCE INDICATORS

The Glasgow City HSCP reports quarterly on a range of local and national indicators to evidence progress made in relation to the 9 National Health and Wellbeing Outcomes (See Appendix B), as well as our own strategic priorities.

A list of key performance indicators comparing current and baseline performance, is provided in the following tables, along with a description of the system used to rate our performance. A more detailed set of operational indicators are reported to the IJB Finance, Audit and Scrutiny Committee and management teams within the regular **Quarterly Performance Reports**.

Where status against target is available, performance measures have been rated on a traffic light basis using Red, Amber or Green (RAG) categories to reflect this. Outlined below is a key to the classifications used in this report. The Status is provided for the end of 2019/20 and the 4 previous years.

Direction of Travel compares the year-end figure for 2019/20, with the corresponding figure for the end of 2015/16 (Baseline) and the previous year 2018/19. It is worth noting that year end performance for some KPIs may have been affected by Covid-19.

KEY TO PERFORMANCE STATUS		
	**RED**	Performance misses target by 5% or more
	**AMBER**	Performance misses target by between 2.5% and 4.99%
	**GREEN**	Performance is within 2.49% of target
	**GREY**	No current target and/or performance information to classify performance against.

DIRECTION OF TRAVEL	
▲	Improving
▶	Maintaining
▼	Worsening

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
OLDER PEOPLE									
1. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP	2	**ACP conversations held** 800	N/A	N/A	N/A	N/A	**530**	New updated indicator for 2019/20. New data collection systems being finalised this year so no RAG rating.	
		Summaries completed and shared with GPs 200	N/A	N/A	N/A	N/A	**130**	New updated indicator for 2019/20. New data collection systems being finalised this year so no RAG rating.	
2. Number of people in supported living services.	2	**Target currently under review**	231	231	734	842	**789**	▲	▼
3. Percentage of service users who receive a reablement service following referral for a home care service.	2	**Hospital discharges** 70%	83% ✓	73% ⚠	72.8% ⚠	75.8% ✓	**68.9%** ✓	▼	▼
		Community referrals 70%	79% ✓	76.5% ✓	78.2% ✓	74.8% ✓	**75.5%** ✓	▼	▲

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
4. Total number of Older People Mental Health patients delayed (Excluding AWI)	9	0	11	11	16	9	**15**	▼	▼
5. Intermediate Care: % users transferred home.	2	>30%	25%	29%	21%	24%	**19%**	▼	▼
PRIMARY CARE									
1. Prescribing Costs: Compliance with Formulary Preferred List.	9	78%	City wide data not available	City wide data not available	79.45%	78.0%	**77.49%**	**N/A**	▼
UNSCHEDULED CARE									
1. New Accident and Emergency attendances (18+). MSG 3	9	153,791	153,791	155,029	156,783	162,600	**159,916**	▼	▲
2. Total number of Acute Delays	9	20	N/A	41	60	59	**77**	**N/A**	▼
3. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). MSG 4	9	39,919	41,582	38,870	29,897	38,656	**45,318**	▼	▼

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
4. Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (65+).	9	1,910	10,715	6,050	2,098	3,781	**6,571**	▲	▼
CARERS									
1. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement	6	1,650 per annum	N/A	N/A	1,942	1,984	**1,932**	New indicator from 2017/18	▼
CHILDREN'S SERVICES									
1. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks.	4	95%	NE 95% NW 93% South 96%	NE 99% NW 98% South 98%	NE 93% NW 96% South 96%	NE 98% NW 99% South 99%	**NE 98%** **NW 95%** **South 96%**	NE ▼ NW ▼ S ▼	NE ▼ NW ▼ S ▼

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
2. Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks	9	100%	100%	100%	93.6%	86.4%	**51.9%**	▼	▼
3. % of young people currently receiving an aftercare service who are known to be in employment, education or training.	4	75%	67%	61%	67%	74%	**68%**	▲	▼
4. Number of out of authority placements.	4	Reduce to 31 by year end 2019/20	126	111	67	51	**46**	▲	▲
5i. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months)	1	95%	94.6%	93.8%	93.9%	92.3%	**93.2%**	▼	▲
5ii. Mumps, Measles and Rubella (MMR) Vaccinations:(% Uptake at 5 yrs)	1	95%	95.9%	96.4%	96.0%	96.0%	**96.5%**	▼	▼

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
ADULT MENTAL HEALTH									
1. Psychological Therapies: % of people who started treatment within 18 weeks of referral.	9	90%	N/A	NE 87.1%  NW 81.7%  S 96.5% 	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%** 	**N/A**	NE ▼ NW ▲ S ▼
2. Total number of Adult Mental Health delays	9	0	17 	12 	21 	13 	**19** 	▼	▼
ALCOHOL AND DRUGS									
1. % of clients commencing alcohol or drug treatment within 3 wks of referral	7	90%	97% 	97% 	92% 	98% 	98% 	▲	▶

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
HOMELESSNESS									
1. Number of households reassessed as homeless/ potentially homeless within 12 months.	4	<480 per annum	395	493	444	400	437	▼	▼
CRIMINAL JUSTICE									
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	9	80%	64%	65%	67%	66%	76%	▲	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	9	85%	94%	97%	80%	76%	85%	▼	▲

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
HEALTH IMPROVEMENT									
1. Alcohol Brief Intervention Delivery	4	5,066 per annum	5,643 ✓	7,400 ✓	6,470 ✓	5,055 ✓	**4,394** ✗	▼	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	5	**19/20 Q3Target** 818	1,229 ✓	1,250 ✗	1,398 ✓	1,412 ✓	**1,389** ✓	▲	▼
3. Women smoking in pregnancy (general population)	1	<12%	n/a	n/a	10.6% ✓	10.4% ✓	**9.8%** ✓	**N/A**	▼
4. Women smoking in pregnancy (most deprived quintile)	5	<17% for 19/20	n/a	n/a	18.7% ✓	18.9% ✓	**14.6%** ✓	**N/A**	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population)	1	31.4% by end 19/20	n/a	25.7% (2016)	26.9% (2017)	30.4% (2018) ✓	**31.8%** ✓ **(Q4 2019)**	**N/A**	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	5	22.4% by end 19/20	n/a	18.2% (2016)	20.3% (2017)	21.2% (2018) ✓	**24.9%** ✓ **(Q4 2019)**	**N/A**	▲

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
HUMAN RESOURCES									
1. NHS Sickness Absence rate (%)	1	<4%	6.3%	6.19%	5.42%	6.23%	**6.37%**	▼	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	1	ADL per employee per annum <10.2 ADL	9.9 ADL	12.1 ADL	12.1 ADL	14.5 ADL	**15.7** ADL (19/20)	▼	▼
BUSINESS PROCESSES									
1. Percentage of NHS Stage 1 complaints responded to within timescale*	3	70%	n/a	n/a	96.6%	96.2%	**96%**	**N/A**	▶
2. Percentage of NHS Stage 2 complaints responded to within timescale*	3	70%	n/a	n/a	60%	70%	**80%**	**N/A**	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale*	3	70%	n/a	n/a	61%	67%	**57%**	**N/A**	▼

INDICATOR	OUTCOME NUMBER	19/20 TARGET	2015/16 BASELINE	2016/17 YEAR END	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2018/19
4. Percentage of Social Work Stage 2 Complaints responded to within timescale*	3	70%	n/a	n/a	29%	46%	**51%**	**N/A**	▲
5. Percentage of elected member enquiries handled within 10 working days.	3	80%	93%	92%	94%	88%	73%	▼	▼

Notes* The Scottish Public Services Ombudsman developed and published model complaints handling procedures for both the NHS in Scotland and Social Care Providers. These were implemented on 1st April 2017 and the resulting change of processes led to the introduction of new performance indicators.

5.4 NATIONAL INTEGRATION INDICATORS

The Core Suite of 23 National Integration Indicators were published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland and provides trends over time where available.

i. Scottish Health and Care Experience Survey (2017/18)

Information on 9 of the National Integration Indicators is derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey report can be accessed at **Scottish Health and Care Experience Survey (2017-18)** and the results are summarised below.

Please note that results from the 2019/20 survey were originally due to be published nationally in April 2020 but, due to staff redeployment during the Covid-19 pandemic, the publication has been delayed and the most recent survey results are not yet available. A revised publication date is still to be announced. When this becomes available, this table will be updated accordingly.

NATIONAL INTEGRATION INDICATOR	OUTCOME	GLASGOW	SCOTLAND
1. Percentage of adults able to look after their health very well or quite well	1	90%	93%
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	82%	81%
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	80%	76%
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	77%	74%
5. Percentage of adults receiving any care or support who rate it as 'excellent' or 'good'	3	79%	80%
6. Percentage of people with positive experience of the care provided by their GP practice	3	86%	83%
7. Percentage of adults supported at home who agree that their services/support had an impact on improving or maintaining their quality of life	4	80%	80%
8. Percentage of carers who feel supported to continue in their caring role	6	38%	37%
9. Percentage of adults supported at home who agreed they felt safe	7	85%	83%

ii. Operational Performance Indicators

Please note that there is a time lag associated with the production of information for indicators 11 and 18. For indicators 12-16 and 20, Public Health Scotland have recommended the 2019 calendar year as the most recent time period to be reported on within APRs, with financial years referred to for years prior to this. This recommendation has been made due to completeness issues for data from more recent months. When full year-end information becomes available in due course, these tables will be updated accordingly.

Indicator No. / Outcome	11. Premature mortality rate per 100,000 persons: by calendar year					
Outcome 9	2015	2016	2017	2018	Direction of Travel	
					2015-2018	2017-2018
Glasgow City	634	617	614	625	▲	▼
Scotland	**441**	**440**	**425**	**432**		

Indicator No. / Outcome	12. Rate of emergency admissions per 100,000 population for adults.						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel	
						15/16 - 2019	18/19 - 2019
Glasgow City	14,816	14,363	12,910	13,089	13,179	▲	▼
Scotland	**12,295**	**12,229**	**12,210**	**12,275**	**12,602**		

Indicator No. / Outcome	13. Rate of emergency bed days per 100,000 population for adults						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel	
						15/16 - 2019	18/19 - 2019
Glasgow City	145,113	146,841	140,255	138,539	136,430	▲	▲
Scotland	**128,541**	**126,891**	**123,383**	**120,177**	**117,478**		

Indicator No. / Outcome	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel	
						15/16 - 2019	18/19 - 2019
Glasgow City	98	102	96	98	98	▶	▶
Scotland	**98**	**101**	**103**	**103**	**104**		

Indicator No. / Outcome	15. Proportion of last 6 months of life spent at home or in a community setting						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel 15/16 - 2019	Direction of Travel 18/19 - 2019
Glasgow City	86	87	87	88	88	▲	▶
Scotland	**87**	**87**	**88**	**88**	**89**		

Indicator No. / Outcome	16. Falls rate per 1,000 population aged 65+						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel 15/16 - 2019	Direction of Travel 18/19 - 2019
Glasgow City	81%	86%	90%	86%	91%	▲	▲
Scotland	**83%**	**84%**	**85%**	**82%**	**82%**		

Indicator No. / Outcome	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel 15/16 - 19/20	Direction of Travel 18/19 - 19/20
Glasgow City	81%	86%	90%	86%	91%	▲	▲
Scotland	**83%**	**84%**	**85%**	**82%**	**82%**		

Indicator No. / Outcome	18. Percentage of adults with intensive care needs receiving care at home					
Outcome 9	2015	2016	2017	2018	Direction of Travel 2015-2018	Direction of Travel 2017-2018
Glasgow City	56%	55%	57%	58%	▲	▲
Scotland	**61%**	**62%**	**61%**	**62%**		

Indicator No. / Outcome	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel 15/16 - 19/20	Direction of Travel 18/19 - 19/20
Glasgow City	627	464	324	458	549	▲	▼
Scotland	**915**	**841**	**762**	**793**	**783**		

Indicator No. / Outcome	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel	
						15/16 - 2019	18/19 - 2019
Glasgow City	24%	25%	25%	25%	25%	▼	▶
Scotland	**23%**	**23%**	**24%**	**24%**	**23%**		

The indicators below are currently under development by NHS Scotland Information Services Division (ISD).

INDICATOR NUMBER	OUTCOME
10. Percentage of staff who say they would recommend their workplace as a good place to work	8
21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home	2
22. Percentage of people who are discharged from hospital within 72 hours of being ready	9
23. Expenditure on end of life care, cost in last 6 months of life	9

5.5 MINISTERIAL STRATEGIC GROUP INDICATORS

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for Health and Community Care, which cover similar areas to the above National Integration Indicators. Health and Social Care Partnerships have been asked to develop plans and identify targets in relation to these, which are shown below for 2019/20, along with performance over the last four years.

Please note that for indicators 1 and 2 below, as is the case with some of the above National Integration Indicators, due to data completeness issues for recent months Public Health Scotland have recommended the 2019 calendar year as the most recent time period to be reported on within APRs, with financial years referred to for years prior to this. Information for indicator 5 is also only provisional and no information is yet available for indicator 6. When full year-end information becomes available in due course for all of these indicators, this table will also be updated accordingly.

INDICATOR	2015/16	2016/17	2017/18	2018/19	19/20 Target	Actual
1.Number of Emergency Admissions (18+)	70,133	69,656	62,725	63,898	66,624	64,598 (2019)
2i. Number of Unscheduled Hospital Bed Days - Acute (18+)	493,371	515,275	506,792	496,071	453,866	505,620 (2019)
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay	36,956	33,278	21,377	19,324	33,260	17,119 (2019)
2iii. Number of Unscheduled Hospital Bed Days – Mental Health (18+)	190,791	187,654	182,524	180,888	181,371	191,574 (2019)
3. New Accident and Emergency (A&E) attendances (18+)	153,791	155,029	156,783	162,600	153,791	159,916
4.Total number of Bed Days Lost to Delays (All delays and all reasons 18+)	41,582	38,870	29,897	38,656	39,919	45,318
5. Percentage of last six months of life spent in Community setting	86%	86.7%	87.3%	87.6%	87.8%	89%
6. Percentage of the Population at Home - Supported and Unsupported (Aged 65+)	94.5%	94.7%	94.7%	94.8%	95.4%	Not Available

5.5 KEY PERFORMANCE ACHIEVEMENTS

In this section, we highlight where performance has shown the greatest improvement over the past 12 months.

INDICATOR	BASELINE YEAR END 18/19	YEAR END 19/20
Children's Services		
Number of children in out of authority placements	**51**	**46**
Mumps, Measles and Rubella (MMR) Vaccinations: % uptake in Children aged 24 months	**92.3%**	**93.2%**
Criminal Justice		
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	**66%**	**76%**
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days	**76%**	**85%**
Health Improvement		
Women smoking in pregnancy (general population)	**11.5%**	**9.8%**
Women smoking in pregnancy (most deprived quintile)	**18.9%**	**14.6%**
Exclusive Breastfeeding at 6-8 weeks (general population)	**30.4%**	**31.8%**
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	**21.2%**	**24.9%**
Business Processes		
Percentage of NHS Stage 2 complaints responded to within timescale	**70%**	**80%**

5.6 AREAS FOR IMPROVEMENT

Ongoing improvement is sought across all services within the HSCP and a range of mechanisms are in place to scrutinise performance at city wide and locality levels as described in **chapter 1**. Specific areas we would like to improve and key actions we will progress to achieve these improvements are summarised in the table below:

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Older People			
Total number of Older People Mental Health (OPMH) patients delayed (Excluding AWI)	0	15	The challenging target continues to be exceeded. While there is regular and robust scrutiny of all delays, there is an ongoing issue in sourcing suitable care home placements for patients. Actions we will take to achieve improvement include: • Resolve existing issues in relation to sourcing suitable care home placements for patients • Continue to fund additional care home places • Continue to implement and refine the new 72-hour discharge pathway
Intermediate Care: Percentage of users transferred home	>30%	19%	Whilst HSCP staff at all times seek to return people to their own homes, it is not always possible. Increasing levels of frailty of people being supported in the community can lead to frailer people entering the Intermediate Care system. Performance levels can also be affected by the small numbers involved which can lead to monthly fluctuations in the percentage figures. Actions we will take to achieve improvement include: • Ensure approaches to encourage discharge home from intermediate care are actively pursued including partnership working with Housing Options, the use of Clustered Supported Living care packages and active rehabilitation where appropriate • Regular analysis of data at locality level and through City-wide improvement group

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Unscheduled Care			
New Accident and Emergency (A&E) attendances (18+) MSG Indicator 3	153,791	159,916	A&E attendances have been increasing both nationally and in NHS Greater Glasgow and Clyde (GG&C), although standardised rates per head of population indicate a lower use of A&E by Glasgow residents compared with other HSCPs in GG&C. A comprehensive programme of work, designed to shift the balance of care and safely reduce A&E attendances, has been developed by all HSCPs across NHSGGC, working with the Health Board and the acute services division, as part of the Moving Forward Together programme **(Unscheduled Care Commissioning Plan)**. Actions in the plan include: • further work to understand the reasons for the rising trends and seek to differentiate between emergency and urgent care so patients get the right treatment at the right time • reducing the number of repeat A&E attendances • Introducing a NHSGGC wide redirection policy • Developing further the role of minor injury units as alternatives to A&E attendance • Developing alternatives to GP Assessment Units • Developing consultant connect and other approaches to improve the interface between GPs and secondary care clinicians • Developing a standard approach to supporting frailty within the community across all HSCPs.

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Total number of Acute Delays and Bed Days Lost to Delays (All delays and all reasons 18+).	20 (delays) 39,919 (bed days)	77 (delays) 45,318 (bed days)	An increasing proportion of these delays relate to AWI patients, as a consequence of the EHRC Judicial Review which led to the Health Board's decision to discontinue beds at Darnley and Quayside Care Homes. These delays are unavoidable under current legislation. Of those delays which the HSCP can impact upon, many are for only a short period of time and reasons for longer delays can relate to issues such as assessment capacity, the availability of suitable placements, patient/ family preferences, the availability of equipment and ensuring the person's house is ready for their return. Actions we will take to achieve improvement in respect to these delays include: • Continue to strengthen the Hospital Discharge Team to ensure consistency of practice and effective partnership working across all hospital sites to speed up the discharge process • Continue to monitor delays daily and implement the detailed action plan • Take forward the HSCP led **Unscheduled Care Commissioning Plan** as part of the wider Moving Forward Together programme • Continue to develop and implement improvements in discharge pathways to Intermediate Care (see above)

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Unscheduled Care			
Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910	6571	Please see above. Actions we will take to achieve improvement in addition to those identified above include: • Ensure the importance of 13ZAs AWI decision making continues to be a focus in practice discussions • Implement the recommendations of the AWI working group to ensure best practice in respect of AWI patients and through flow • Ensure processes around managing applications for guardianship are consistent across the city • Continue to promote the use of the guardianship tracker to ensure that timescales are adhered to and milestones are not missed • Ongoing promotion of Power of Attorney (POA)
Children's Services			
Access to specialist Child and Adolescent Mental Health Services (CAMHS)	100%	51.9% (Mar 20)	There has been a steady deterioration in performance over the last three years. Despite an increase in staffing levels, referrals and demand have also risen, resulting in an increase in the numbers of children on waiting lists From 2020/21, we will be taking over management responsibility for this service from NHSGGC Specialist Children's Services. An Operational Improvement Group has been established to review the CAMHS delivery model and identify all options for responding to increasing demands within the available resource.

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	68%	Lower performance reported in respect of this indicator is linked to reduced recording of the destinations of young people receiving an aftercare service. Actions we will take to achieve improvement include: • Hold Citywide briefings in relation to Continuing Care and Aftercare where the importance of maximising young people's life opportunities is emphasised and the importance of demonstrating this through recording is stressed. • Monitor performance through the Continuing Care and Aftercare Forum.
Adult Mental Health			
Total number of Adult Mental Health delays	0	19 (Mar 20)	This challenging target continues to be exceeded. Lower performance is mainly linked to the complexity of need of this patient group and lack of suitable community resources for them to be discharged to. Actions we will take to achieve improvement include: • Maintaining a focus on delays at regular delayed discharge meetings; to support this we have appointed three discharge coordinators across the city • Review our purchased Mental Health supported accommodation services • Review our community based rehab services • Support delivery of the Health Board wide Mental Health and Moving Forward Together Strategies

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Health Improvement			
Alcohol Brief Intervention delivery (ABI).	5,066	4,394	ABIs are delivered in primary care and in wider community settings. This is the first time the target has not been met in four years. There has been a progressive fall in primary care delivery since the new GP contract commenced, and Q4 wider settings were also lower (Covid 19 related). Efforts to promote ABI delivery across all settings will continue. Although wider settings activity is expected to partially recover, it is anticipated that the decline in primary care reporting (which is no longer a requirement in the new GP contract) will not be reversed. GGC NHS has repeatedly asked the national team to revise the target in line with the new GP contract, but this has not yet happened.
HR			
Sickness absence rates	<4% (NHS) <10.2 ADL (SW)	6.37% (NHS) 15.7 ADL (SW)	Staff absence levels remain a focus for the HSCP. There are particular areas of concern in relation to long term absence cases, and the impact of stress and musculoskeletal issues. Within Social Work, absence in Care Services remains higher than other areas. Actions we will take to achieve improvement include: • Ensure absence reports are regularly available to all managers and training/tool kits are in place to support their absence interactions with staff • Review the current action plan to ascertain what has been working and implement improvements in respect to both short-term intermittent absences and long-term absence • Ensure individual action plans are in place for staff with long term absence • Implement early intervention processes for psychological and musculoskeletal absences

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Business Processes			
Percentage of Social Work Stage 1 Complaints responded to within timescale	70%	57%	Stage 1 complaints handling is carried out primarily within localities and teams rather than by the central complaints team. Improved performance relies on the timeous processing and active management of front-line complaints, ensuring that the relevant information is recorded and passed back to the central team for reporting purposes. Actions to achieve improvement will include: • Work with local teams to support them to turn around written responses more quickly • Increase local manager awareness of the Stage 1 approval and response extension procedures • Seek to manage more complaints under stage 2 of the process by the central team to relieve pressure on front-line services
Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	51%	All stage 2 complaint investigations are carried out by the central complaints team. Performance in this area has been impacted throughout 2017-19 by rising demand, staff shortage and staff absence. Actions we will take to achieve improvement include: • Staffing capacity has recently been enhanced and the impact should be seen during 2020/21 • Resolve issues around competing demands from other work areas, in particular those related to the rising numbers of subject access requests • Ensure that less complex cases are dealt with quickly

APPENDIX A

Glasgow City Profile – Additional Information

Annual Population Survey 2019	Annual household survey providing headline estimates on employment, unemployment and economic inactivity.
Department of Work and Pensions (DWP) Stat-Xplore	Provides data on DWP benefits – regularly updated.
Development and Regeneration Population page	Information on the city's population and needs.
HSCP Demographics Profile for Glasgow City	Last updated April 2020, includes general population estimates and projections at HSCP locality, city and national level plus a profile of health in the city.
ISD Scotland	Provides robust and extensive health information and health intelligence from data collated mostly from services provided through the NHS in Scotland.
Understanding Glasgow	Health and wellbeing profiles for adults and children.
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 Schools Health & Well-being Survey - Glasgow City Report 2014/15	Survey Information on secondary school children's health and behaviours in the city. The latest published survey was for 2014/15. The most recent survey is expected to be reported upon during 2020.
National Records of Scotland (NRS)	Official statistics on registrations of births, deaths, marriages, adoptions in Scotland. Annual population estimates and bi-annual projected population estimates.
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 2017/18.
Skills Development Scotland Annual Participation Measure Report 2019	Provides data on the learning, training and work activity of 16-19 year olds in Scotland.
Scottish Burden of Disease Study	ScotPHO hosted study of health inequalities comparable internationally.

APPENDIX A *(c'td)*

Glasgow City Profile – Additional Information

Scottish Health Survey	Information in relation to the health and health related behaviours of the population of Scotland. Annual survey with latest results from the 2018 survey.
Scottish Household Survey	Annual survey providing robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland's homes.
Scottish Index Multiple Deprivation (SIMD) 2020	Uses multiple indicators to provide comparative information on population deprivation at a small area level (data zones) within Scotland.
Scottish Public Health Observatory profiles (ScotPHO)	Presents a range of information from routine health statistics to survey data.
Scotland's Census	Takes place every 10 years with the last one in 2011 and next due to take place in 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.
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.

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.