








Health Improvement Performance Update

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Key Performance Indicators - Summary

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual) 3801 (To Q3)	Q3	6134 	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 21/22	Q2 21/22	670 	▼
3. Women smoking in pregnancy (general population)	12%	Q3	9.3% 	▲
4. Women smoking in pregnancy (most deprived quintile).	17%	Q3	14.5% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population)(reported in arrears)	33% by end of 21/22	Q3	28.3% 	▼
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 21/22	Q3	20.9% 	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.4% by end of 21/22	Q3	24% 	▲

Key Performance Achievements & Challenges

Achievements

- *Alcohol Brief Interventions (ABI's)*

- ✓ Significant recovery with annual target met at Q3
- ✓ 94% of ABI's from wider settings, only 6% from primary care. Wider settings includes delivery by third sector partners e.g. GCA, and all other HSCP services, including custody suites etc.



- *Smoking Cessation*

- ✓ Pandemic service change from group work to 1-2-1 telephone support, capacity and disclosure intensified service
- ✓ Change has seen more successful quits at 12 weeks (49% compared to previous 32%)
- ✓ Glasgow City HSCP achieved the major share (72%) of the GGC NHS smoking cessation LDP target 2020/21 and continuing this year
- ✓ Quit Your Way team received Community Champions Award in 2021

Challenges

Reported decline in the exclusive breastfeeding at 6-8wks for women in Glasgow

- ✓ Increase in mix feeding practices in many parts of Scotland – reducing the exclusive breastfeeding component
- ✓ Staffing challenges generating some flow and waiting times issues for women requiring more specialist feeding support and to health visitor activity
- ✓ Popularity of on-line community breastfeeding support has declined but face-2-face affected by pandemic restrictions
- ✓ Mitigating through UNICEF Gold Standard practices in all localities, breast pump loan scheme continuing and extending telephone peer support service (broadening diversity of peer supporters simultaneously) for another 12 months

Taking Forward the HSCP Strategic Priorities

Long Term Outcomes

More years in good health, and longer lives, for men and women in Glasgow, with fewer differences between neighbourhoods and groups

Medium Term

Improved mental wellbeing and resilience

Improved health in neighbourhoods and groups

Reduced poverty and raised aspirations

Reduced exposure and use of tobacco

Rebalanced relationship with alcohol and reduced drug use

More people being a healthy weight and active

Key Objectives

- Contribute to implementing GIRFEC with a focus on reducing impact of adverse events in early childhood (ACES)
- implement child and youth mental well-being framework
- implement adult mental well-being framework
- develop an early years mental health framework to optimise resilience

- support area regeneration
- develop community assets for health
- build capacity of other organisations
- place based influence on HSCP
- support co-production and inclusive community approaches
- Implement the Youth Health and Well-being Framework
- Targeted interventions with equalities groups

- challenge the stigma of poverty
- contribute to mitigating child poverty
- use the Fairer Scotland Duty to 'poverty proof' prevention strategies
- support access to financial advice and employability
- mitigate welfare reform
- Challenge and advocate for system changes that reduce poverty

- protection programmes to reduce uptake of tobacco
- protection programmes to reduce exposure to tobacco smoke
- promote and support smoking cessation
- foster a tobacco free culture

- provide leadership and enable the prevention components of the cities Alcohol and Drug Partnership (ADP) Strategy
- deliver prevention and cultural change programmes
- external harm reduction programmes including alcohol brief interventions
- contribute to programmes to protect the public in terms of alcohol availability
- contribute to community recovery

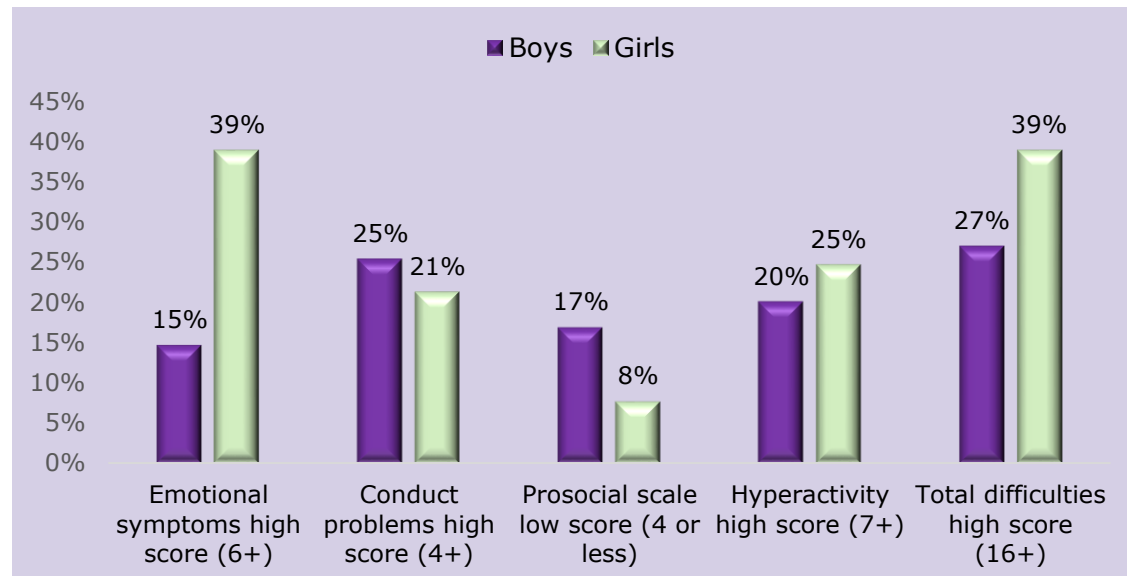
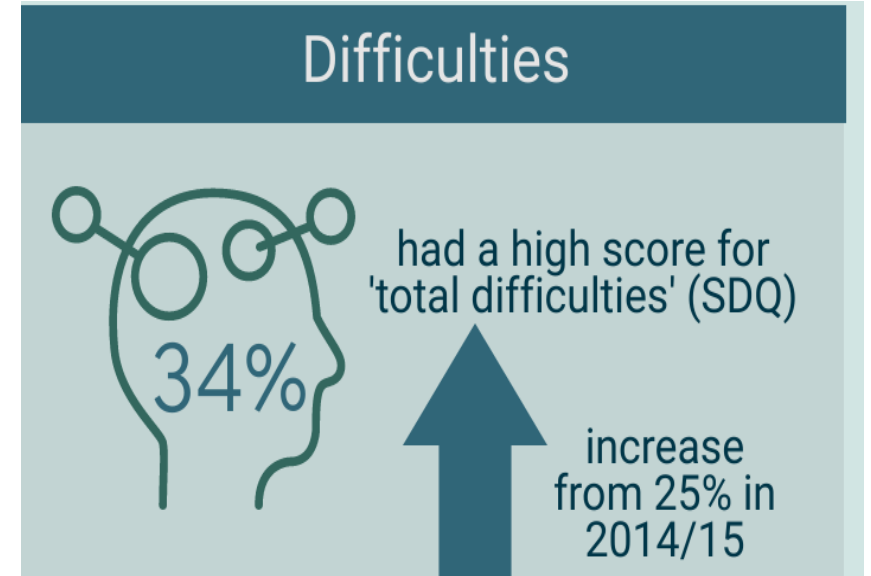
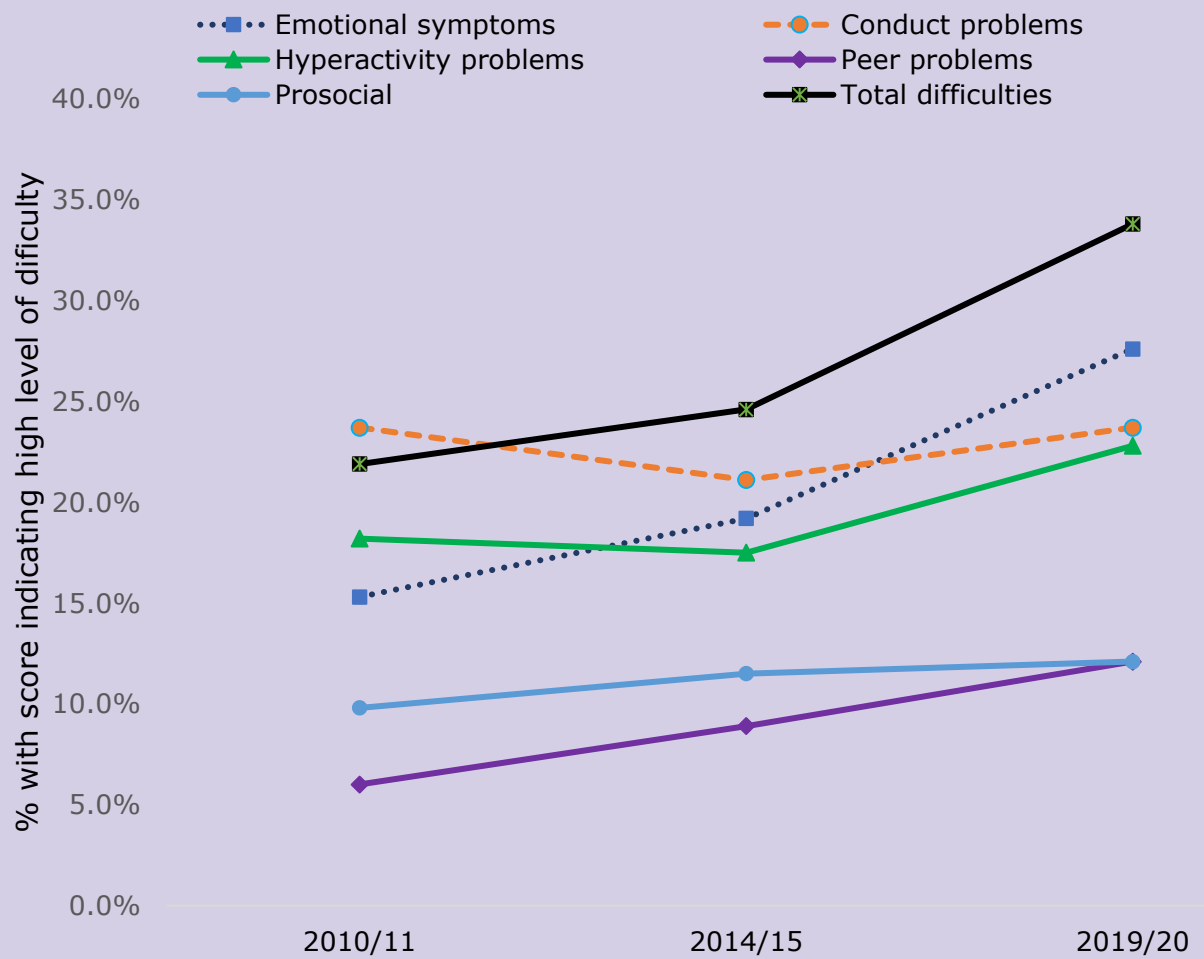
- promote breastfeeding and healthy early years
- extend programmes to be more active more often
- support access to affordable and nutritious food
- promote healthy weight interventions
- promote healthy cooking skills
- promote healthy environments for food and activity

By fostering collaborative processes for change through partnerships; informing through public health intelligence and involving those most affected, to generate innovative delivery mechanisms for prevention across and beyond the HSCP.

School Health and Well-being Survey 2020

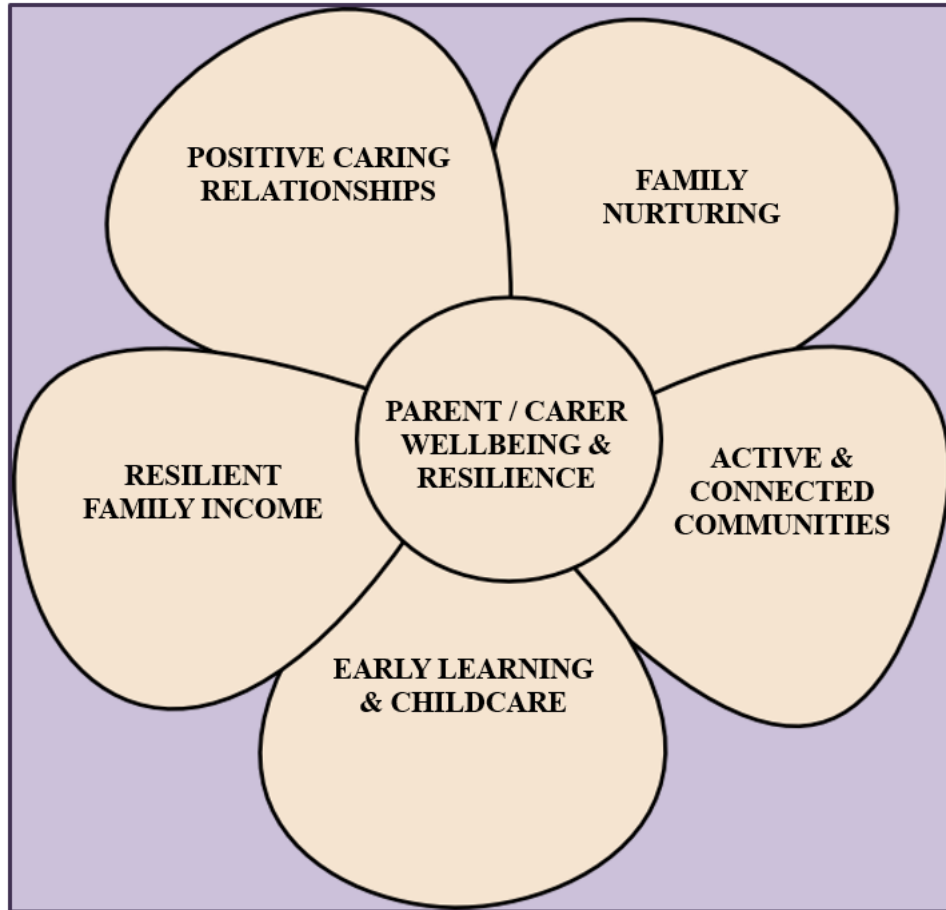
Strengths and Difficulties

Fieldwork December 2019-March 2020 (Pre-COVID) 7,534 responses from 24 secondary schools, analysis S1-S4 (38% of the S1-S4 school roll in Glasgow), weighting applied



Action areas and future priorities

Early years (pre-school) Mental Well-being Framework



TRANSFORMING CHILD AND YOUTH MENTAL HEALTH
 A GUIDE TO PROTECTING AND PROMOTING GOOD MENTAL HEALTH

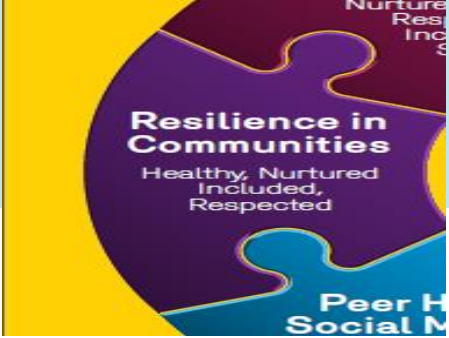
NHS
 Greater Glasgow and Clyde

The puzzle pieces represent the following goals and their associated values:

- One Good Adult**: Nurtured, Healthy, Respected, Included, Safe
- Resilience in Schools**: Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included
- Guiding Through the Service Maze**: Included, Healthy, Nurtured, Safe
- Distress, Self Harm and Suicide Prevention**: Nurtured, Healthy, Safe
- Peer Help Social Media**: Included, Healthy, Respected, Responsible
- Resilience in Communities**: Healthy, Nurtured, Included, Respected

QR code and reference: ml - 303544 v1.0

Resilience in Communities



✓ Children and Young Peoples Mental Health within BAME communities Report

- need for improved cultural competence of our workforce and systems to better understand how cultural nuances impact effective engagement with BAME young people and families
- need to develop anti-racist practice across our workforce and systems that acknowledges the impact of racism on cyp's MH
- Much more collaborative working with community based orgs & better data monitoring



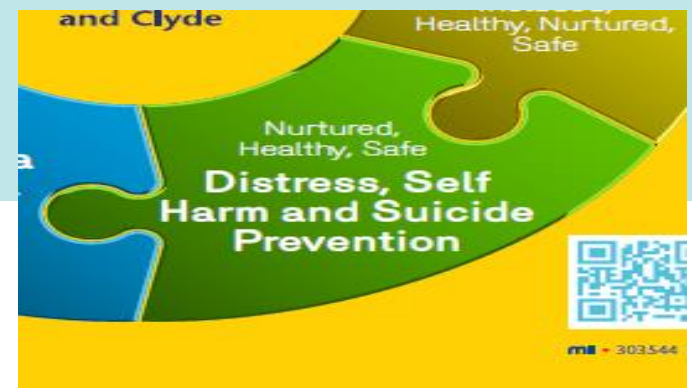
- ✓ Youth Work within Youth Health Service
- ✓ Mental Well-being developments LGBT communities
- ✓ Childrens Neighbourhood Scotland (Drumchapel, Castlemilk, Parkhead)
- ✓ Third Sector Youth Mental Health Network established (GCVS) and 3rd sector mapping of initial MH supports/services complete

- ✓ **Training.** 413 staff working with children/young people trained Q1 +2 inc. third sector, colleges, education, Glasgow Life, HSCP staff. Training included Mental Health Awareness Child and Youth, Child and Youth Mental Health Improvement Resources; LGBT+ parent and families, Loss and Grief during a Pandemic; Sleep and Mental Health; Seasons for Growth; Self Harm; Stigma and Discrimination
- ✓ Parent/carer consultation complete and support gaps identified
- ✓ Early years framework positive interventions e.g. Dolly Parton book pilot (North East)
- ✓ Piloting; Community Link Worker in CAMHS


School Health and Well-being Survey :
 Higher levels of positive activities (clubs, volunteering, community award activity etc) were significantly associated with higher levels of 'resilience' (using CRYM scores)

Distress, Self Harm and Suicide Prevention

- ✓ Compassionate Distress Response Service 16+ referrals opened Sept'21, extending pathway to 3rd sector trial Jan-March 2022
- ✓ Parentline Trial (Jan-March'22) for guardians of young people accessing CDRS
- ✓ Suicide Prevention Training (9 courses, 67 trained Q1+2), and locality cluster response collaborative (South Glasgow)
- ✓ Training the trainers ; Educational Psychologists in 'What's the Harm' for training educational staff in dealing with self harm



NHS Greater Glasgow and Clyde Youth and Young Adults Suicide Prevention Group



Executive Summary:

"A Snapshot of Youth Suicide Prevention Across NHSGG&C"

Stakeholders + literature review reported an increase in the numbers of young people presenting in mental distress

- Referral Pathways - don't feel easy + waiting list challenges, agreement that robust and timely responses rather than only clinical
- Workforce – need for preparedness on the issues (training)
- Collaboration - Emerging digital approaches, peer to peer support and co-production

PRIORITIES

- Longevity of services and pilots from short term funding sources
- Balance between generating well-being actions and early intervention
- Reinvigorating the workforce!!