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**Item No: 11**

**Meeting Date: Wednesday 23<sup>rd</sup> June 2021**

**Glasgow City  
Integration Joint Board**

**Report By: Susanne Millar, Chief Officer**

**Contact: Duncan Goldie, Performance Planning Manager**

**Phone: 0141 287 0398**

**Annual Performance Report 2020/21**

**Purpose of Report:**

To present and seek approval of the Annual Performance Report for the Health and Social Care Partnership for the year 2020/21.

**Background/Engagement:**

The IJB have previously agreed that an Annual Performance Report would be produced and presented to them each year. There have been four previous [Annual Performance Reports](#), covering the financial years 2016/17 to 2019/20.

**Recommendations:**

The Integration Joint Board is asked to:

- a) approve the attached Annual Performance Report for 20/21;
- b) note that some final year-end figures will be included once available;
- c) approve that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Chief Officer; and
- d) note that a glossy Version and Summary Version will also be produced and published as has been done previously.

**Relevance to Integration Joint Board Strategic Plan:**

This report reviews performance against agreed local and national performance indicators and against the commitments within Glasgow City IJB's [Strategic Plan \(2019-22\)](#).

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<b>Implications for Health and Social Care Partnership:</b>	
<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP activity and performance within the report is mapped against the Partnership's strategic priorities and the 9 National Health and Wellbeing Outcomes.
<b>Personnel:</b>	None
<b>Carers:</b>	The report includes a section relating to carers.
<b>Provider Organisations:</b>	None
<b>Equalities:</b>	None
<b>Fairer Scotland Compliance:</b>	Not applicable
<b>Financial:</b>	None
<b>Legal:</b>	<p>This Annual Performance Report is normally required to be published within 4 months of the end of each reporting year although the <u>Coronavirus Scotland Act (2020), Schedule 6, Part 3</u> enables IJBs to extend the date of publication of APRs until the end of November if required.</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 Act and accompanying guidance outlined core contents expected within these Annual Performance Reports. The guidance indicates that APRs are for HSCPs to provide an assessment of performance in planning and carrying out the integrated functions for which they are responsible. It also states that they are to be produced for the consideration of the Partnerships themselves and it is primarily their responsibility to act upon the information and recommendations within them.</p>
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	None

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<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.
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<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

### 1. Purpose

- 1.1 The purpose of this report is to present and seek approval of the Annual Performance Report for the Health and Social Care Partnership for 2020/21.

### 2. Background - Scottish Government Performance Guidance

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. This Annual Performance Report is normally required to be published within 4 months of the end of each reporting year although the [Coronavirus Scotland Act \(2020\), Schedule 6, Part 3](#) enables IJBs to extend the date of publication of APRs until the end of November if required.
- 2.2 Guidance on these Annual Performance reports was produced by the Scottish Government in March 2016. This indicates that APRs are for HSCPs to provide an assessment of performance in planning and carrying out the integrated functions for which they are responsible. It also states that they are to be produced for the consideration of the Partnerships themselves and it is primarily their responsibility to act upon the information and recommendations within them. It also indicates that the reports should be made available online with consideration given to making them accessible to the public.

### 3. Recommendations

- 3.1 The Integration Joint Board is asked to:
- a) approve the attached Annual Performance Report;
  - b) note that some final year-end figures will be included once available;
  - c) approve that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Chief Officer; and

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- d) note that a Glossy Version and Summary Version will also be produced and published.

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# **DRAFT ANNUAL PERFORMANCE REPORT 2020/21**

**Version 1**

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# **1. INTRODUCTION**

## **1.1 PURPOSE OF REPORT**

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

This is the fifth report for the Glasgow City Integration Joint Board (IJB) and within it we look back upon the last year (2020/21). 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**

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 Integration Joint Board.

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

- School nursing and health visiting services
- Social care services for adults and older people
- Carers support services
- Social care services provided to children and families
- Homelessness services
- 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 164 dental practices and 7 orthodontic practices, 163 community pharmacies and 103 optometry practices.

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### 1.3 AREA PROFILE

Key demographic characteristics of the city are summarised below. A more comprehensive [Demographics Profile](#) is available, containing demographic data and indicators at Scotland, Glasgow City and HSCP locality level. The profile relates to the health and social care of the population and includes further data on population and households, health, lifestyles, poverty and deprivation in addition to the high level information shown here. The profile also covers topics not included below, such as social care, social health/capital, education or participation in learning/employment and crime/criminal justice. Additional information sources where further information can be found are listed in **Appendix A**.

#### ***Current Population***



Glasgow is densely populated with 3,624 people per km<sup>2</sup> and most people living in flats (67.8%). This is very different from the Scottish average of 70 people per km<sup>2</sup>



with most people living in houses (65.8%). (*NRS Small Area Population Estimates (SAPE) 2019; Scottish Household Survey 2019*)

Glasgow is a diverse city. 77.5% of people living in Glasgow were born in the UK and 22.5% were born outside the UK. Scotland's percentage of people born outside the UK (11.1%) is less than half the Glasgow rate with 88.8% of Scotland's people being born in the UK. (*NRS SAPE 2019 and Scottish Survey Core Questions (SSCQ) 2019*).

88.5% of Glasgow's total population has a White ethnic background and 11.5% has a Black or Minority Ethnic (BME) background, whilst the proportion of Glasgow local authority school pupils with a non-White ethnic background is 24.3% - more than double the BME percentage of the total population. By comparison, Scotland's overall population is 96.0% White and 4.0% BME, with 8.6% of local authority school pupils having a non-White ethnic background. (*NRS SAPE 2019; Scotland's Census 2011; Scottish Government Pupil Census Supplementary Statistics 2020*)

### **Projected Population**



The overall population of Glasgow is expected to grow by 1.2% between 2021 and 2026 and 2.4% between 2021 and 2030. Within this overall increase, the child population (0-17 years) of Glasgow is forecast to decrease by 4.0% between 2021 and 2031 while the adult (16-64 years) population is expected to increase by only 0.2% and the older people (65+) population is expected to increase by a far greater proportion of 21.8%, over this 10 year period.

Scotland's population is also expected to grow overall, by 0.8% between 2021 and 2026 and by 1.4% between 2021 and 2030. Within this small overall increase between 2021 and 2030 are expected decreases in both the child and adult populations of 6.4% and 2.2% respectively and a large increase of 20.2% in the older people population. (*NRS Population Projections 2018*)

### **Life Expectancy**

The Life Expectancy (LE) and Healthy Life Expectancy (HLE) indicators shown below illustrate that on average, Glasgow people live fewer years in good health (from birth) and die younger than Scotland's people. In addition, the Life Expectancy and Healthy Life Expectancy of Glasgow males are shown to be lower than those of Glasgow females.

- A Glasgow male is expected to live to 54.6 years of age in good health (HLE) compared to a Scottish male who is expected to live a further 7.1 years in good health, to 61.7 years of age
- A Glasgow female is expected to live to 57.6 years of age in good health (HLE) compared to a Scottish female who is expected to live a further 4.3 years in good health, to 61.9 years of age
- A Glasgow male is expected to live 73.6 years of age (LE) compared to a Scottish male who is expected to live a further 3.6 years, to 77.2 years of age
- A Glasgow female is expected to live to 78.5 years of age (LE) compared to a Scottish female who is expected to live a further 2.6 years, to 81.1 years of age

Glasgow has higher than average death rates for deaths attributable to many causes. This is demonstrated by the premature mortality rate, of deaths from all causes for

Glasgow people under 75, which is 607 per 100,000 population, almost 50% higher than the Scottish average rate of 406 per 100,000 population (Sources: *Public Health Scotland 2020/NRS 2019*).

### **Key Health and Wellbeing Indicators**

The following high level indicators illustrate some key aspects of the health of, or factors that may impact on the health of, Glasgow's people. More detailed information on these and other related indicators can be found in the [Demographics Profile](#):

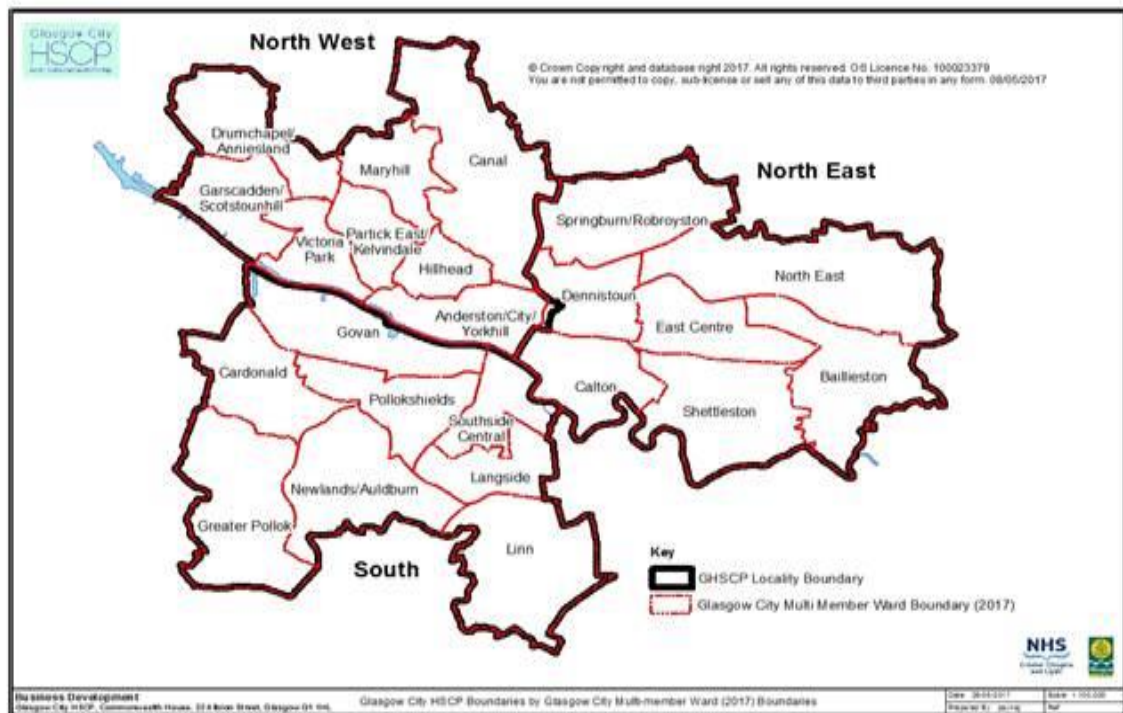
- 73.0% of Glasgow adults rated their health positively (*NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18*)
- 10.5% of Glasgow adults said their health was bad/very bad, compared to 8.1% of Scottish adults (*Scottish Survey Core Questions (SSCQ) 2019*)
- 28.6% of Glasgow adults have a limiting condition or illness (*NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18*)
- 23.0% of Glasgow adults have common mental health problems, scoring 4+ on GHQ12<sup>a</sup>, compared to 17.0% of Scottish adults (*Scottish Health Survey (SheS) 2016 to 2019*)
- 8117 people or 2.2% of the Glasgow adult population aged 30+ are estimated to have dementia (*Alzheimer's Scotland 2017*)
- 61.0% of Glasgow adults are overweight (inc. obese) (BMI of 25 or higher) whilst 27.0% are obese (BMI of 30 or higher) compared to the respective figures for Scotland of 65.0% overweight and 29.0% obese adults (*SheS 2016 to 2019*)
- 30.0% of Glasgow adult males and 19.0% of Glasgow adult females are current smokers (*NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18*)
- 30.0% of Glasgow adult males and 14.0% of Glasgow adult females have hazardous/harmful levels of alcohol consumption. Both percentages are lower than for Scotland overall (33.0% males; 16.0% females) (*SheS 2016 to 2019*)
- There are an estimated 11,869 to 18,060 problem drug users in Glasgow (*Public Health Scotland (PHS) – Prevalence of Problem Drug Use in Scotland 2015/16*)
- 14.4% of Glasgow adults provide unpaid care to others (*NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18*)
- 87.0% of Glasgow households have home internet access – similar to the national average of 88.0% (*Scottish Household Survey (SHS) 2019*)
- 19.3% of all Glasgow people are classed as income deprived compared to 12.1% of all Scots (Scottish Index of Multiple Deprivation (SIMD) 2020)
- 28.0% of Glasgow children aged 0-15 are living in relative<sup>b</sup> low income families compared to 20.0% of children in all Scottish families (*UK Government Official Statistics – DWP/HMRC/NRS 2018/19 – Children in Low Income Families Statistics*)

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## **1.4 LOCALITIES**

Glasgow is divided into three areas, known as localities, to support operational service delivery and to enable planning to be responsive to local needs. To ensure consistency in local service delivery with key partners, the Glasgow City Health and Social Care Partnership has adopted the same strategic areas as the Glasgow Community Planning Partnership. Services are managed and delivered within three

local areas, known as localities. These localities – North West, North East and South – are shown on the city map and described in more detail below.

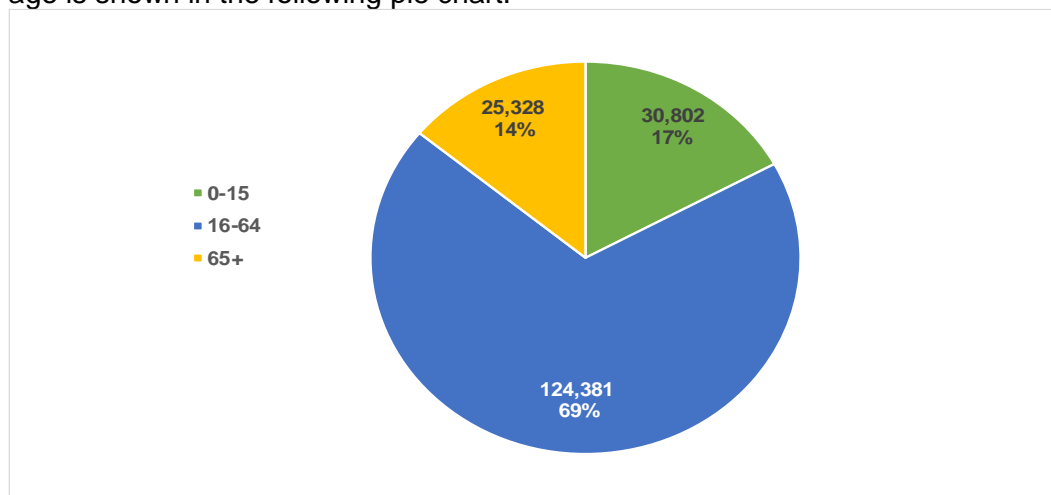


### ***North East Locality***

North East Locality covers the following wards:

- Calton
- Dennistoun
- Springburn/Robroyston
- East Centre
- North East
- Shettleston
- Baillieston

The total population of North East Glasgow is 180,511 people and a breakdown by age is shown in the following pie chart:

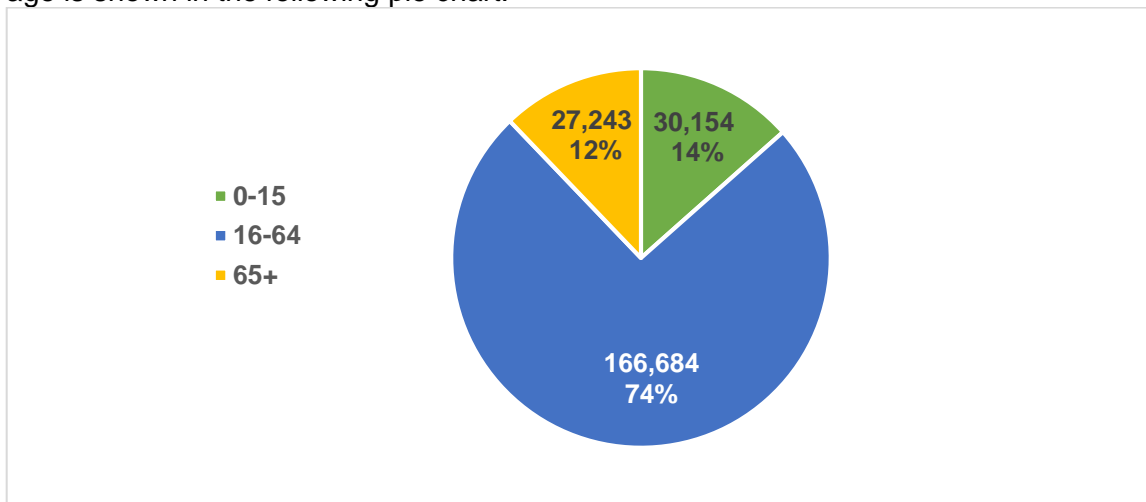


### ***North West Locality***

North West Locality covers the following wards:

- Anderston/City/Yorkhill
- Hillhead
- Canal
- Maryhill
- Partick East/Kelvindale
- Victoria Park
- Garscadden/Scotstounhill
- Drumchapel/Anniesland

The total population of North West Glasgow is 224,081 people and a breakdown by age is shown in the following pie chart:

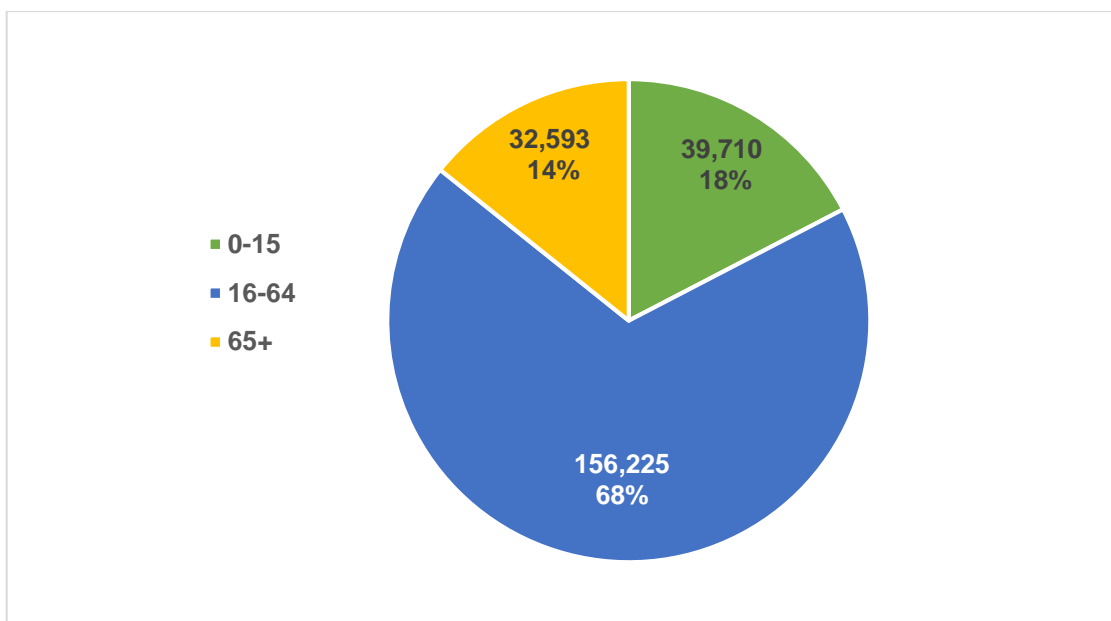


### ***South Locality***

The South Locality covers the following wards:

- Greater Pollok
- Cardonald
- Govan
- Pollokshields
- Newlands/Auldburn
- Southside Central
- Langside
- Linn

The total population of South Glasgow is 228,528 people and a breakdown by age is shown in the following pie chart:



### ***Locality Management Arrangements***

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

### ***Community Planning***

Links with Community Planning partners are maintained at a strategic level through the Community Planning Area Senior Officers Group and the Community Planning Partnership Board. At a neighbourhood level, locality teams support the development of Thriving Places with community planning partners and others, as described in more detail in 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 has been

identified and are reported on 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 2020/21 COVID-19 has significantly impacted the LEFs ability to engage with stakeholders, as is described in greater detail in chapter 2.

### **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.

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## **1.5 STRATEGIC VISION AND PRIORITIES**

### **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).

### **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 using evidence from what we know works
- showing transparency, equity and fairness in the allocation of resources and taking a balanced approach by positively allocating resources where health and social care needs are greatest, with decisions based on evidence of what works and innovative approaches, focussed on outcomes for individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- developing a competent, confident and valued workforce
- striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- developing a strong identity
- focussing on continuous improvement, within a culture of performance management, openness and transparency

### ***Our Priorities***

The highest priority for the Glasgow City Health and Social Care Partnership is delivering transformational change in the way health and social care services are planned, delivered, received and experienced in the city. We believe that more of the same is not the answer to the challenges facing Glasgow, and we will strive to deliver on our vision through the following strategic priorities:

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

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## **1.6 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.

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## **1.7 STRUCTURE OF THE REPORT**

In chapter 2, we reflect upon the Covid19 pandemic, describing how the HSCP has responded and the impact on service delivery.

Chapter 3 is structured around the HSCP's strategic priorities and within it we highlight some of the key achievements and developments over the last 12 months, and consider our performance in relation to Key Performance Indicators associated with each priority. Drawing on this information, key achievements in relation to our performance over the last 12 months are highlighted and areas for improvement going forward identified.

Chapter 4 discusses the work which has been undertaken to update the HSCP's Equalities Outcomes and considers the impact of the pandemic upon equalities. The Thriving Places programme which takes a focused neighbourhood approach to seek to reduce inequalities is discussed and work undertaken in these areas in the last year is highlighted.

In chapter 5, 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 2021/22 considered.

Chapter 6 provides information on inspections undertaken over the last twelve months by the Care Inspectorate and Mental Welfare Commission and describes the internal audit and evaluation activity undertaken.

Finally, in chapter 7 we consider the HSCP's performance in relation to the Core Suite of National Integration Indicators which were published by the Scottish Government in order to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. Trends over time and comparisons with Scotland as a whole are provided.

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## 2. COVID-19 AND THE HSCP RESPONSE

### 2.1 INTRODUCTION

Within this chapter, we reflect upon the impact of the Covid-19 pandemic. During the last year, business continuity plans have been implemented and temporary governance arrangements introduced to manage the HSCP's emergency response and to plan for the recovery of services. These have been led by the HSCP's Executive Group, linking in as appropriate with wider Glasgow City Council and NHSGGC planning structures.

The focus within this chapter is largely at HSCP level and it provides an overall summary of the ways in which the Partnership has responded to the challenges created by the pandemic. More detailed information on individual service responses can be accessed through the [Service Updates](#), which have been regularly published on the HSCP website over the last 12 months and in the [Chief Officer Updates to the IJB](#).

### 2.2 CHANGING MODELS OF SERVICE DELIVERY

#### ***Community Health and Social Care Services***

Across the HSCP, community services switched to alternative models of delivery which included telephone and online based service provision, with a range of packages used to interact with service users /patients and their teams, including *Attend Anywhere*, *Near Me* and *Microsoft Teams*. To support this, work has been undertaken to expand staff access to mobile technology, including telephones and laptops, and access to a range of digital platforms.

In addition to individual contacts, mobile technology has also been used to enable a range of other types of services to continue online. These have included group work and activities; online training and webinars; e-learning modules; and service audits. Examples of such initiatives include the following:

- [Virtual Baby Group](#)
- [Glasgow Recovery Communities](#)
- [Smoking Cessation](#)
- [Welfare Calls by Home Carers](#)

Where required, face to face contact has also been maintained, with triage arrangements introduced to ensure that those with the highest levels of needs have been prioritized and seen face to face if required, either in HSCP premises or in home visits.

In line with government guidelines, where possible staff have worked at home where possible over the course of the pandemic, with some buildings closed and services centralised. Where attendance has been necessary to enable key services to continue, staff rota arrangements have been used and Government and Public Health guidance in relation to building occupancy, social distancing and PPE have been followed to ensure that staff working within HSCP premises and those delivering face to face services have done so in a way which ensures their health and safety and that of their patients/service users.

In addition to being able to adapt their methods of service delivery and working patterns, staff have had to work flexibly in order to support the HSCP response to the pandemic. This has involved some working in different locations and in some cases being redeployed to different roles, in order to support services where absence levels are high due to sickness or shielding requirements, where demands have increased, or where new services are being delivered such as test and protect and the Covid-19 vaccination programme. Where necessary, additional bank and agency staff have also been used to augment the HSCP's full time staffing complement.

### ***Residential Care, Inpatients and Care Homes***

Within residential and inpatient services, a range of steps were taken to minimize risks at the outset of the pandemic. For example, within children's residential services, a review was undertaken to identify those children and young people who could live with family members in order to minimise numbers within each house and support social distancing. Shift patterns were also extended to minimise staff turnover and reduce footfall within houses.

Within adult mental health inpatient services, alternative community based supports were put in place when required to prevent all but the clinically unavoidable admissions and to enable patients to be safely discharged early or temporarily transferred home. Staff were also redeployed from community services to ensure safe staffing levels were maintained throughout the year.

Older People's Care homes have been particularly challenged and the HSCP has liaised closely with them and Health Protection Scotland and the Scottish Government throughout the pandemic to ensure all national guidance has been followed to ensure resident and staff safety. Quality Assurance Visits to care homes were introduced on a routine basis from May 2020 to ensure that there was strict adherence to infection prevention and control and promote a best practice and person led approach. Action plans continue to be developed in response to these visits and their implementation monitored in follow up visits. Further details of all the work undertaken to support these care homes can be accessed [here](#).

Within all of these environments, procedures were introduced to ensure effective infection prevention and control and social distancing measures were introduced such as restricting congregation of residents in group living environments and reducing footfall to essential visits only.

### ***Carers Services***

At the start of the pandemic, the Coronavirus Act temporarily allowed for an easing of formal health and social care assessment duties in relation to carer support. The completion of formal Adult Carer Support Plans or Young Carer Statements was suspended and [Emergency Plans](#) were introduced with Carers' Services supporting over 600 unpaid carers to draw these up. These include information about the care needs of the looked after person, including details about medical conditions and medication they require and contact details of who needs to be informed in the event of an emergency. These offered peace of mind for carers, as well as providing essential information for organisations who may step in to assist in an emergency situation if the carers become ill. While Adult Carer Support Plan and Young Carer Statements have been reintroduced since, work has been undertaken by Carers Services to inform carers as part of the health review processes routinely undertaken

with them, about Anticipatory Care Planning (ACP) and where appropriate, support them to complete these.

### ***Community Engagement***

As described in Chapter 1, Locality Engagement Forums (LEFs) are the key vehicle within localities for community engagement and participation. At the start of the lockdown, all LEF meetings and other participation and engagement activity was cancelled and this has continued to be the case for face to face meetings. Online meetings and engagement activity resumed, however and have increased over the course of the year.

In March 2021, three city-wide online [LEF Spring Engagement Sessions](#) were held which aimed to provide opportunities for patients, service users and members of the community to share their views, engage in the work of the HSCP, and provide information on how HSCP services are responding to the pandemic through their recovery plans. These were also used to promote the LEFs and encourage new members to join in local engagement activity. A range of promotional materials were distributed in advance of the sessions with questionnaires used to gather views on the content of these online sessions.

### ***Communications***

A key focus for the HSCP's Communications Team during the last year has been to ensure stakeholders have access to key information and are kept fully informed about the HSCP's business continuity arrangements and the status of the service recovery plans. Key activities undertaken in this regard include the following:

- maintenance of a dedicated webpage on the HSCP's website providing links to information, guidelines and advice on COVID-19
- regular email communications, dedicated briefings and news updates on HSCP responses to the COVID-19 pandemic for HSCP staff and IJB Members
- regular personal video messages from Senior Management Team members published on the HSCP's website and Twitter profile
- development of online forms on Your Support Your Way Glasgow and Glasgow City Council websites including a COVID-19 form for providers and a self-assessment form for carers
- production of a range of material to promote and support a safe working environment including posters on physical distancing, hygiene and other controls to ensure compliance with Government and Public Health legislation and guidelines
- production of videos to support the health and safety and health and wellbeing of staff which were also published on the HSCP's YouTube channel including PPE for care at home staff; health and safety within care homes; lateral flow testing; and staff wellbeing and mindfulness.
- supporting staff engagement through a range of surveys including the Everyone Matters Survey, the Mental Health Check-in Survey and Barr Street COVID-19 Community Assessment Centre Survey

Work was also undertaken by the Health Improvement Team in the South of the city to respond to misinformation, fears and conspiracy theories, particularly in relation to Covid-19 and the vaccination programme amongst the Roma population within Govanhill. The group agreed that information videos in Romanian and Slovakian were likely to be an effective way to reach people across a wide range of platforms and

services. Work was progressed with partners including GCDT (Govanhill Community Development Trust), Community Renewal, Romano Lav and the NHSGGC Equalities and Human Rights Team. Short videos were produced in [Romanian](#) and [Slovakian](#) which provided factual information and key messages about Covid-19, isolation and the vaccine, and work is underway on a third one in Romani.

### **Digital Inclusion**

A number of challenges have been reported by staff involved in delivering these alternative service models over the course of the last year with some users unable to access online services due to a lack of equipment and/or skills to use it. A range of services have been involved in seeking to overcome these obstacles, with some support made available nationally by the [Connecting Scotland Initiative](#) and by other local voluntary organisations.

### **Case Studies**

#### **Care Services**

*Care Services manager Yvonne Kelly and social care worker Sharon Kinnon stepped into help an elderly service user who was feeling particularly isolated after the closure of day centres due to the pandemic. The 98-year-old war veteran's daughter lives in England and was worried about her father's mental well-being after he was unable to attend his regular day centre. She contacted the service and asked if there was any way they could help. Yvonne Bailie, team leader said 'With all the restrictions Yvonne and Sharon tried to think outside the box. They contacted several organisations to see if they could help and finally Glasgow's Golden Generation agreed to provide a tablet for the service user. His daughter was delighted, and it arrived just before Christmas Day. A family friend helped set it up and show him how to use it, so he was able to use it to video chat with his family down south on Christmas. In addition, they have also sourced a Polish speaking befriender to call him once a week and chat to him in his native tongue. I am really proud of how Yvonne and Sharon went the extra mile to help prevent this vulnerable service user from feeling isolated during such an uncertain time.'*

#### **Care Homes**

*With the onset of COVID-19, the care home sector was particularly challenged which meant that the older people living within our care homes lost essential links to their families and friends, resulting in the risk of social isolation and loneliness. To redress this, Victoria Gardens accessed tablets and used smart phone technology to provide video calls with families. The activity co-ordinators also continued to engage with local communities remotely to provide opportunities to participate wherever possible in a virtual way. Opportunities provided included:*

- *Engaging local nursery/school pupils to do video messages and write to residents*
- *Community members writing letters which feature on a tree within the reception area for people to see*
- *Using tablets for weekly contact with family and friends to reduce stress and loneliness for residents and keep social contact with outside world*
- *Live streaming of local community singing groups into the care home*
- *Making religious services available online*
- *Streaming of reminiscence materials by a local community dementia group*
- *Provision of weekly virtual language lessons by Lingo Flamingo*

- *Enabling virtual access to the Football Memories project via Scottish Football Association and Alzheimer's Scotland*
- *Use of the Near Me system for virtual GP appointments and access to Care Inspectorate as well as Social Work reviews*

### ***Covid-19 Community Assessment and Vaccination***

The COVID 19 Community Assessment Centre was opened at Barr Street, Maryhill in March 2020 as part of the wider [COVID 19 Community Pathway](#). This provides face-to-face assessments for patients who have Covid symptoms and is staffed by teams of GPs, nurses, health care support workers and administration staff. A number of additional services are also based there including administration of Glasgow City adult flu vaccinations and care home resident/staff Covid 19 testing. During 2020/21, over 16,000 patients attended, approximately 75% of all attendances at NHS GG&C centres. Around 80% of the patients were discharged home with 20% referred to acute care demonstrating the importance of the centre in reducing pressures on emergency departments and GP practices. HSCP staff have also been supporting the mass vaccination programme at 5 [Vaccination Centres](#) across the city.

## **2.3 RECOVERY AND LEARNING**

Performance was initially adversely affected at the outset of the pandemic as capacity was reduced across a range of services and alternative models introduced. Throughout the course of the year, services have been reinstated to varying degrees with social distancing and safety measures in place. Recovery plans continue to be implemented in response to the dynamic nature of the pandemic and the ongoing changes to government guidance.

Over the course of the year as Recovery plans have been implemented, the impact upon performance has reduced as service capacity has expanded and demands increase towards pre-Covid levels. This is discussed in more detail in Chapter 3 and trends over time are highlighted within the HSCP [Quarterly Performance Reports](#).

As these Recovery plans are being implemented, services across the HSCP are assessing these experiences in order to build upon the lessons learned from the pandemic and identify where there may be opportunities to consolidate some of the most effective practices which have been implemented over the last 12 months and incorporate these going forward within mainstream service delivery.

This will lead to some permanent and transformative changes in the way services are offered, with greater flexibility for the benefit of both service users and the efficiency of services, with them being delivered both in physical spaces and remotely going forward. This will include opportunities for online assessments, the delivery of training, as well as ongoing engagement and participation opportunities through the Locality Engagement Forums, which have all been delivered virtually over the course of the last year and have been positively received.

In addition to these, it will include a number of specific service developments which have been introduced and which have proven to be effective and have been well received by service users/carers and staff. Examples of these are described in Chapter 3 and include the [Discharge to Assess Pathway](#) in Older People's Services, [Mental Health Assessment Units](#) and the [Learning Disability Outreach Service](#).

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### 3. DELIVERING OUR KEY PRIORITIES

This chapter is structured around the HSCP's Strategic Priorities:

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








For each Priority, we profile some of the key developments/achievements in the last 12 months. We then consider performance in relation to some of our Key Performance Indicators (KPIs) which are associated with each Strategic Priority and the impact of Covid-19 on performance is highlighted.

Indicators where performance has shown the greatest improvement over the past 12 months are highlighted, along with areas where we would like to see improvements over the next year. Key actions which we will progress to achieve these improvements are then summarised.

Progress will be monitored through the range of [performance management](#) mechanisms in place to scrutinise performance at city wide and locality levels described in Chapter 1. A more detailed set of operational indicators are also reported to the IJB Finance, Audit and Scrutiny Committee and management teams within the regular [Quarterly Performance Reports](#).

#### Key

Within the following sections, Performance Status has been classified as Red, Amber or Green (RAG) and the key below explains these categories. The **Status** is provided for the end of 2020/21, the previous 2 years and the baseline of 2015/16. The **Direction of Travel** details whether the current figure (2020/21) is better or worse in comparison with i) the Baseline (2015/16) and ii) the previous year 2019/20.

KEY TO PERFORMANCE STATUS		
	<b>RED</b>	Performance misses target by 5% or more
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%
	<b>GREEN</b>	Performance is within 2.49% of target
	<b>GREY</b>	No current target and/or performance information to classify performance against.
DIRECTION OF TRAVEL		
		Improving
		Maintaining
		Worsening



### 3.1 PREVENTION, EARLY INTERVENTION AND HARM REDUCTION

In tackling this Strategic Priority, we have continued to work with a wide range of partners across the City to improve overall health and wellbeing, prevent ill-health and increase healthy life expectancy. This work is underpinned by agreed priorities for Health Improvement which focuses on reducing health inequalities and changing the culture in relation to health behaviours in the city.

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

#### 3.1.1 KEY DEVELOPMENTS/ACHIEVEMENTS

##### *i. Living Works Suicide Prevention*

In July 2020, Glasgow City become the first local authority in Scotland, and the second in the UK, to achieve the Living Works Suicide Safer Community Designation in recognition of the progress that had been made in the city in respect to suicide prevention and awareness. This award required the submission of four years' worth of evidence (2014-2018) of multi-agency suicide prevention work, which has been led by the HSCP.

##### *ii. Kick the Silence' and Young People's Mental Health*

Within the South locality, a partnership programme 'Kick the Silence' was progressed in response to the number of young people reporting poor mental health within lockdown. This initiative was intended to raise awareness of mental health issues and supports available for young people and involved a number of initiatives including a Facebook live Q and A session on young people's mental health hosted by Kris Boyd (Ex Kilmarnock and Rangers Player) and life coach Ali Campbell; a football tournament involving 8 local youth football teams; and the creation of 'Kick the Silence' Facebook and Twitter pages (@SilenceKick).

Health Improvement Teams also developed an online training calendar with a focus on mental health which proved very popular, leading to additional sessions being scheduled. In the South sector, a Suicide Response Group was also established in response to local deaths of young adults which included representatives from various HSCP services and partners including Police Scotland. This Group developed an action plan which covered a wide range of areas including surveillance, information

sharing, prevention and communications and media, and learning from this will inform work will be used to inform work across the city.

### **iii. 'Don't Wait' Smoking Cessation Campaign**

Local Smoking cessation services worked in partnership with the Health Board wide Smoking Cessation Team and colleagues in NHS Lothian and NHS Lanarkshire to design and deliver the [Don't Wait](#) social media campaign which ran from January to March 2021. This aimed to increase public awareness of smoking harms and the support services available locally, and encourage self-referrals into the service. Innovative methods were adopted, including the use of podcasting and video case studies, with the key message being it was never too late to see the benefits that come from quitting smoking.

#### **Case Study**

*'I decided to stop smoking because of my daughters and having COPD. I found the service website online and contacted them. I needed support and I knew I couldn't do it by myself. I had only tried once before with the chemist and wasn't able to stop. I've been smoke free for 16 weeks.*

*I would recommend the Community service because there is somebody there you can rely on and speak to. It's much better than just reading about stopping smoking and I got a better perspective on why I wanted to stop. Talking made a big difference and helped me with other problems at that time too.*

*This is the first time in 35 years I've been smoke free and it's my biggest achievement after having children. Smoking was a burden and was holding me back – after stopping it was like a shackle was released.*

*Smoking got me through heartache, grief and stress – good times and bad – it was a constant, so I had no belief in myself that I could stop.'* (50 year old man, North-West).

### **iv. Breastfeeding – Supporting Polish and Asian Communities**

During the last year, the scoping exercise exploring the breastfeeding support needs of the Polish and South Asian communities, funded by the Scottish Government, has been completed and the final [Report](#) has been published. A working group has been established to take forward its recommendations. Developments include a pilot telephone antenatal and postnatal peer support service for new mums targeting BME communities, and a resource for children and families' staff promoting the breastfeeding support options in the city which has been made produced in a range of languages.

### **v. Youth Health Services Expansion**

Youth Health Services continued to be provided in the last year but plans for the phased rollout of a single [Youth Health Service](#) (YHS) across the city were affected by the pandemic. However, recovery plans have been developed and this has involved the remobilisation of the expansion plans. These are now being progressed and as reported to the IJB in [January](#). This will lead to the opening of new Youth Health Services in Easterhouse, Pollok, Springburn and Govan in the first half of 2021.



### User/Carer Feedback

*'I like the way the Youth Health Service Nurse made us feel so at ease when she spoke to myself and my daughter, nothing was a bother. She helped us access other agencies I never would have known about, looking forward to more face to face time when Covid is over .... Great service.'* (Parent)
























*'The Youth Health Service has helped me so much with my confidence and anxiety. It has pushed me to become more sociable.'* (Young Person)

### vi. Glasgow Food Plan

The HSCP are members of the [Glasgow City's Food Policy Partnership](#) and have supported the development of the draft [Glasgow City Food Plan](#), which aims to improve the food system in Glasgow and make sustainable and healthy food available to everyone in an equitable way. This Plan was the subject of an extensive consultation over the last year, involving over 600 people and was undertaken adopting methods of engagement which were safe and Covid secure.

### 3.1.2 PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks. (Outcome 4)	95%	NE 95% 	NE 98% 	NE 94%  (Jan 2021)	NE ▼ NW ▲ S ▼	NE ▼ NW ► S ▼
Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks (Outcome 9)	100%	100% 	51.9% 	60.8% 	▼	▲
Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months) (Outcome 1)	95%	94.6% 	93.2% 	95.15%  (Q3)	▲	▲
Mumps, Measles and Rubella (MMR) Vaccinations: (% Uptake at 5 years) (Outcome 1)	95%	95.9% 	96.5% 	96.15%  (Q3)	▲	▼

INDICATOR (Health & Wellbeing Outcome)	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
Psychological Therapies: % of people who started treatment within 18 weeks of referral. (Outcome 9)	90%	N/A	NE 69.9%  NW 90.3%  S 80.3% 	NE 53.6%  NW 92.1%  S 91.4% 	N/A	NE ▼ NW ▲ S ▲
% of service users commencing alcohol or drug treatment within 3 weeks of referral (Outcome 7)	90%	97% 	98% 	98%  (Q3)	▲	►
Alcohol Brief Intervention Delivery (Outcome 4)	5,066 per annum	5,643 	4,394 	4,269 	▼	▼
Smoking Quit Rates at 3 months from the 40% most deprived areas. (Outcome 5)	20/21 Q3 Target 884	1,229 	1,389 	903  (Q3)	TBC	TBC
Women smoking in pregnancy (general population) (Outcome 1)	<12%	n/a	9.8% 	8.2% 	N/A	▲
Women smoking in pregnancy (most deprived quintile) (Outcome 5)	<17% from 19/20	n/a	14.6% 	12.4% 	N/A	▲
Exclusive Breastfeeding at 6-8 weeks (general population) (Outcome 1)	32.2% by end 20/21	n/a	31.8%  (Q4 2019)	31.5%  (Q2)	N/A	▼
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones). (Outcome 5)	23.4% by end 20/21	n/a	24.9%  (Q4 2019)	21.8%  (Q2)	N/A	▼

## Key Achievements

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

INDICATOR	BASELINE YEAR END 19/20	YEAR END 20/21
Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks	51.9%	60.8%
Mumps, Measles and Rubella (MMR) Vaccinations: % uptake in Children aged 24 months	93.2%	95.15% (Q3)
Women smoking in pregnancy (general population)	9.8%	8.2%
Women smoking in pregnancy (most deprived quintile)	14.6%	12.4%

## Areas for Improvement

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Access to specialist Child and Adolescent Mental Health Services (CAMHS)	100%	60.8%	<p>The restrictions associated with the pandemic has limited face to face appointments to those deemed essential and online/telephone contact is being offered to all other children and young people. In addition, teams have experienced increased numbers of emergency presentations, which can reduce the ability to allocate children with the longest waits. Actions we will take to improve performance include:</p> <ul style="list-style-type: none"> <li>• Waiting List Initiative – this involves a comprehensive review and validation of current waiting lists; and appointment of additional staff on a fixed term basis</li> <li>• Work with referrers to improve referral processes and to increase understanding of what CAMHS is able to offer and what else is available may better meet the needs of children and young people.</li> <li>• Analysing learning from the service response during the pandemic in order to contribute to efforts to make sustainable improvements</li> <li>• Building on a successful pilot of a digital group for parents of young children with anxiety, roll this out across all parts of the service</li> </ul>
Alcohol Brief Intervention delivery (ABI).	5,066	4269	<p>ABIs are delivered in primary care and in wider community settings. There has been a progressive fall in primary care delivery since the new GP contract commenced. ABI face to face delivery has also been significantly impacted by COVID restrictions.</p>

			<p>To improve performance as we move forward and COVID restrictions are relaxed we will re-establish face to face delivery, although the timescales for this remain unclear. We will also continue to work with HSCP staff and partners to maximise newly developed online approaches.</p> <p>The decline in primary care reporting is not expected to be reversed as it is no longer a requirement in the new GP contract. Requests have been made by NHSGGC to revise the target to reflect this but this has not yet occurred.</p>
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## 3.2 PROVIDING GREATER SELF-DETERMINATION AND CHOICE

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Providing Greater Self-Determination and Choice and consider performance in relation to KPIs associated with this theme. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

<b>Outcome 3</b>
People who use health and social care services have positive experiences of those services, and have their dignity respected
<b>Outcome 4</b>
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Outcome 5</b>
Health and social care services contribute to reducing health inequalities

### 3.2.1 KEY DEVELOPMENTS/ACHIEVEMENTS

#### ***i. Children's Rights Service (CRS)***

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, as well as to young people in continuing care and aftercare. The pandemic has limited the engagement opportunities available to young people this year but a number of activities have been progressed including:

- Consultation on the Glasgow Integrated Children's Services Plan with the CRS supporting 30 young people to give their views on what was important to them, for the new Plan
- Involving 4 young people in interviews for new Children's Rights Officers and inviting questions from others for residential worker and manager interviews
- Contributing to the Children's Rights Service Annual report

#### ***ii. Understanding Young People's Mental Health and Wellbeing Needs***

The People Achieving Change Group (PAC) 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. Research has been planned by PAC, with the support of the CRS and HSCP staff, into the mental health needs of care experienced young people, with the aim of helping to inform future service development and support. Although this was delayed due to the pandemic, researchers have been appointed and PAC will be involved in directing and driving this research over the course of 2021.

#### ***iii. Viewpoint Development***

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 securely complete a questionnaire prior to a LAAC (Looked After

and Accommodated Children) review or CP (Child Protection) review case conference.

A working group is currently undertaking a consultation exercise with care experienced children and young people to gather their thoughts on the Viewpoint tool and inform a review of the questionnaires currently being used. The aim is to involve children and young people in developing shorter, strengths focussed questionnaires that would be available via the Viewpoint MyView app on personal phones or other devices, for completion online.

Once this work has been completed, the working group will encourage workers to promote the use of Viewpoint with children and young people. Analysis of aggregate responses from completed questionnaires will be included in future performance reports, once children and young people have started to use the revised questionnaires in sufficient numbers.

#### ***iv. Personalisation***

Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013, aims to provide people with greater choice and control over the support they receive and continues to be offered to social work service users. At the end of March 2021:

- A total of 3,063 adult service users were in receipt of personalised social care services (a small decrease of just over 3% since March 2020 when was 3,163).
- Children with disabilities in receipt of personalised services rose by 7% over the same period (from 272 to 291).
- The proportion of service users who chose to receive their personalised budget as a direct payment increased from 17% to just under 19% overall. This varied between client groups with 36% of children with disabilities receiving a direct payment compared to 14% of adults.

#### ***v. Free Personal Care***

Following an amendment to the [Community Care \(Personal Care and Nursing Care\)\(Scotland\) Act](#) free personal care (FPC) 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](#) was updated to reflect this major change in legislation. There were 2,066 service users under 65 in receipt of free personal care (FPC) in March 2021; a rise from the March 2020 figure of 1,900. 96% of current service users under 65 in receipt of FPC have either a Learning Disability, a Physical Disability or a Mental Health issue.

#### ***vi. Income Maximisation***

The HSCP is a key funding partner with Wheatley Group and Glasgow City Council of Financial Inclusion Partnership services, which support community based NHS staff to refer patients to a range of dedicated Money Advice providers. The HSCP also supports the Deep End Money Advice project which has embedded money advice services directly within a range of GP practices across the city and a two year Scottish Government funding package has recently been negotiated to expand this to a greater number of HSCP GP Practices. On the Social work side, the HSCP hosts a

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. Performance in respect to these services in the last year is summarised below:

#### *Financial Inclusion Partnership*

Over the period Q1-Q3 of 2020/21, there was a reduction of approximately 27% in referrals in comparison with 2019/20 (3399 compared to 4674). However, the financial gains only fell by 11% (£4.9 million achieved for clients in 2020/21). In contrast, total debt managed in 20/21 (£604k) was 67% lower than in 2019/20 which may, in part, reflect loan repayment holidays introduced during the pandemic.

#### *Deep End Money Advice Project*

In Q1 to Q3 of 2020/21, GP Practice staff made 398 referrals to the service, a 61% reduction in comparison to the same period in 2019/20. Anecdotal feedback indicates that GPs are less likely to enquire about patient money worries via telephone or virtual consultations, the primary means of engagement during the pandemic. The total financial gain generated for patients was almost £1.5m and £94k of debt was managed (£17k Housing and £77k non housing debt).

#### *Welfare Rights Social Work Service*

The Social Work service also saw fewer service users and represented fewer people at appeals hearings, with the number of hearings reducing due to the increased time required to undertake them by telephone/video conferencing.














The service represented 462 clients at social security appeal tribunals compared to 843 the previous year. The number of appeal sessions for the year was down to 295 compared to 424 the previous year.

In 2020/21 £1.98m (£1.16m ongoing and £833k in arrears) has been generated in successful claims for benefit for service users receiving a chargeable service. This compares to £5.09m in 2019/20 and £4.55m in 2018/19.

#### *Case Study*

*Client A was referred to the Welfare Rights service as she received notification that her award for Income Support was stopping in May 2020 due to her daughter turning five years old. The client has serious health concerns which result in difficulty dealing with day to day living tasks and render her unfit for any type of employment. She was advised on what benefits she should be receiving and supported over the telephone to apply for them, including Child Tax Credit for her daughter and Universal Credit. She was also supported through a Crisis Grant application to the Scottish Welfare Fund; a referral to Glasgow North East Foodbank; and a referral to Home Energy Scotland for fuel advice. Budgeting advice was also given with regards to managing priority bills. The client achieved a total financial gain of £15,560 per year as a result of the advice received.*

### 3.2.2 PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP (Outcome 2)	ACP conversations held 800	N/A	530	227 	N/A	▼
	Summaries completed and shared with GPs 200	N/A	130	58 	N/A	▼
Intermediate Care: % users transferred home. (Outcome 2)	>30%	25% 	19% 	25% 	►	▲
Has the Carer's Service improved your ability to support the person that you care for? (Outcome 6)	70%	N/A	87% 	90% 	N/A	▲
Number of out of authority placements (Outcome 4)	40 by year end 2020/21	126 	46 	34 	▲	▲
% of young people currently receiving an aftercare service who are known to be in employment, education or training. (Outcome 4)	75%	67% 	68% 	80% 	▲	▲



## Key Achievements

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

INDICATOR	BASELINE YEAR END 19/20	YEAR END 20/21
Intermediate Care: % users transferred home	19%	25%
% of young people currently receiving an aftercare service who are known to be in employment, education or training	68%	80%
Number of children in out of authority placements	46	34

## Areas for Improvement

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP	800 conversations	227	<p>The COVID-19 pandemic has limited staff capacity to engage with people on the topic of ACPs and future care planning. Negative perceptions of what an ACP is have also affected uptake. Actions to be taken to improve performance include:</p> <ul style="list-style-type: none"> <li>Continue to promote the dedicated <a href="#">website</a> which has been developed which provides information and resources to help people think about future planning</li> <li>Refocus staff attention on ACPs within Older People &amp; Primary Care Teams as service recovery plans are progressed</li> <li>Promote the use of ACPs within the context of new ways of working such as remote consultation</li> <li>Continue to deliver the new MacMillan ACP Programme which has developed a number of resources to support managers, staff and the general public to promote ACPs</li> </ul>
	200 Summaries	58	

Intermediate Care: Percentage of users transferred home	>30%	25%	<p>COVID-19 restrictions continue to have an impact on the percentage of people returning home due to COVID infection control requirements, the frailty of individual service users and the impact of COVID on other services involved in discharge processes.</p> <p>A recovery plan for intermediate care has been implemented with a focus on home discharge options. It is anticipated, however that we will continue to experience barriers while other services remain affected by the pandemic.</p>
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### 3.3 SHIFTING THE BALANCE OF CARE

Transformation Programmes have been delivered across HSCP services in recent years, with the balance of care shifting away from institutional, hospital-led services, towards those that support people more in the community and which promote recovery and greater independence wherever possible. Progress in delivering these Programmes is overseen by the Integration Transformation Board, chaired by the Chief Officer and within this section, we profile some of the key developments which have been able to be progressed over the last year and consider performance in relation to KPIs associated with this theme. Within this section, we consider the range of Transformation Programmes delivered across Children's, Adult, Older People and Primary Care. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

#### 3.3.1 KEY DEVELOPMENTS/ACHIEVEMENTS

##### ***CHILDREN'S SERVICES***

Glasgow's [Transformation Programme](#) for children's services aims to deliver a sustainable shift in the balance of care for Glasgow's children. Key aims are to enable children looked after within other local authorities to return and be supported within their local communities, and to reduce the number of families accessing statutory services. This is allowing savings to be generated which are being reinvested in prevention and earlier intervention work in our most disadvantaged communities and in increasing the availability, accessibility and quality of family support services. We have continued to work in partnership with CELCIS (Centre for Excellence for Children's Care and Protection) in the development and implementation of this Transformational Programme and some of the key developments progressed in the last 12 months include:

##### ***i. Integrated Children's Services Plan***

The Children's Services Directorate of the Scottish Government authorised Local Authorities to delay the publication of their Children's Services Plans in order to take into account the learning from the pandemic and the inter-agency response to it. It resulted in a set of refreshed priorities and an associated action plan that takes into account the extent of poverty, social isolation and digital exclusion that affected Glasgow's children and their families during the pandemic. This [Plan](#) was approved by the IJB in March 2021 and submitted to the Scottish Government Children and Families Directorate in April 2021

### ***ii. Respect Programme***

The Respect Programme was established between Police Scotland and children's residential houses in the south of the city and involves the provision of one to one support to care experienced children and young people. The initial pilot period has seen a reduction in criminalisation of children and young people in residential units, fewer crimes reported by unit staff and improved relationships between young people, residential staff and Police Officers.

### ***iii. Family Nurse Partnership Money Advice***

A pilot project to embed money advice within the Family Nurse Partnership (FNP) was implemented in 2019 enabled by Scottish Government Child Poverty funding. Following the success of this pilot, this service will be extended from April 1<sup>st</sup> 2021 to ensure all new mums living in North East Glasgow will be seen by family nurses and receive a holistic needs assessment of their current financial and housing status and wider familial support needs.

### ***iv. Raising Practice Standards***

Work has been undertaken to explore the core components of consistently high quality care within foster, residential and intensive family support care practice, with the aim of reducing placement breakdown and placement moves. The aim is to achieve this by equipping staff and carers with the appropriate skills/competences, supported by structured development and coaching opportunities. This has led to a proposal to develop a model of care practice which could be adapted to other settings in the future.

Work has also commenced on an Autism Spectrum Disorder (ASD) Test of Change to identify and implement best practice in respect to autism assessment and support to children and their families in the North East of Glasgow. A Multiagency Steering Group was established in November 2020 to take this work forward and once completed will be shared with NHSGGC HSCPs as a model of good practice.

### ***v. Balance of Care Indicators***

As can be seen below, in line with the strategic aims of the transformation programme, there has been a reduction over time in both LAC and LAAC children, as well as the number in foster care:

<b>Looked After and Accommodated Children (LAAC)</b>								
<b>Year</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Direction of Travel since 2015/16</b>	<b>Direction of Travel since 2019/20</b>
<b>Total LAAC</b>	<b>1352</b>	<b>1203</b>	<b>1078</b>	<b>960</b>	<b>899</b>	<b>801</b>	▼	▼
<b>Children Looked After at Home (LAC)</b>								
Looked After at Home	545	496	469	443	539	436	▼	▼
Kinship Placements	1191	1144	1125	1100	1064	1087	▼	▲
<b>Total LAC</b>	<b>1736</b>	<b>1640</b>	<b>1594</b>	<b>1543</b>	<b>1603</b>	<b>1523</b>	▼	▼
<b>Overall Total (LAAC/LAC)</b>								
<b>LAAC/LAC Total</b>	<b>3088</b>	<b>2843</b>	<b>2672</b>	<b>2503</b>	<b>2502</b>	<b>2324</b>	▼	▼
<b>Unaccompanied Asylum Seekers</b>								
Unaccompanied Asylum Seekers	18	17	23	52	87	33	▲	▼

The totals shown above for LACC include foster placements as well as Out of Authority Placements. Trends in relation to these components are shown below:

<b>Out of Authority Placements</b>								
<b>Year</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Direction of Travel since 2015/16</b>	<b>Direction of Travel since 2019/20</b>
Out of Authority Placements	126	111	67	51	46	31	▼	▼

<b>Foster Care</b>								
<b>Year</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Direction of Travel since 2015/16</b>	<b>Direction of Travel since 2019/20</b>
Purchased*	283	262	232	206	182	168	▼	▼
Provided*	766	666	608	550	511	487	▼	▼
<b>Total</b>	<b>1049</b>	<b>928</b>	<b>840</b>	<b>756</b>	<b>693</b>	<b>655</b>	▼	▼

\* Includes 1 Young Unaccompanied Asylum Seeker

## **OLDER PEOPLE'S AND CARE SERVICES**

Through the [Transformation Programme](#) for Older People, the HSCP is aiming to support a shift in the balance of care away from institutional care (hospital and care homes) towards supporting people more in the community. The HSCP has also been working with all five HSCPs in NHS Greater Glasgow and Clyde (GGC), along with the Acute Services Division and the NHS Board, to develop and then implement a system wide Strategic Commissioning Plan for Unscheduled Care Services, as part of the [Moving Forward Together](#) programme. Some of the key developments progressed in the last 12 months include:

### ***i. Discharge to Assess Pathway***

During the last year, a Discharge to Assess Pathway has been developed to alleviate pressure on acute hospitals. This involves social work staff working with acute ward staff, individuals and their families to gather essential information to support an immediate discharge plan which is then followed up with a full social work assessment after hospital discharge. This results in a reduced hospital stay and a follow up assessment and care support in a homely setting. This pathway has proved successful and will be evaluated with the aim of informing future service delivery post pandemic.

### ***ii. Care Services Recruitment***

A specific challenge facing Home Care Services as they have moved towards recovery is the recruitment of new staff to respond to staff shortages, with reluctance to work in a potentially Covid Positive environment impacting on existing numbers and new recruits. In response a Home Care Recruitment Campaign was launched and HSCP staff worked alongside the council's marketing, social media and PR team to run a multi-platform recruitment campaign and took steps to improve and accelerate the recruitment process. In recognition, this campaign was a finalist in the Association for Public Service Excellence (APSE) awards in the category '[Best Efficiency and Transformation Initiative](#)'.

### ***iii. NHSGG&C OPMH 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. After a pause due to the pandemic, work recommenced with progress made on developing a model for inpatient acute and complex care beds. Work has also begun on the development of a framework for community based services to support the shift away from inpatient services and to improve the links between the Adult and Older People's Mental health Strategies in order to ensure a cohesive approach across both. An update on [progress](#) of this and the Adult Mental Health Strategies was provided to the IJB in March 2021.

#### **iv. Balance of Care Indicators**

National Integration Indicators are described in more detail in Chapter 7. Some of these give an indication of the balance of care for older people over time and enable national comparisons as below.

Indicator	Area	15/16	16/17	17/18	18/19	19/20	Direction of Travel since 2015/16	Direction of Travel since 2018/19
15. Proportion of last 6 months of life spent at home or in a community setting	Glasgow	86%	86.7%	87.3%	87.6%	88.3%	▲	▲
	Scot	87%	87.3%	88%	88.1%	88.7%	▲	▲
18. Percentage of adults with intensive care needs receiving care at home		2015	2016	2017	2018	2019	Direction of Travel since 2015	Direction of Travel since 2018
	Glasgow	55.5%	55.2%	56.6%	58.3%	59.1%	▲	▲
	Scot	61.2%	61.6%	60.7%	62.1%	63.1%	▲	▲

#### **ADULT SERVICES**

The Adult Services [Transformation Programme](#) sets out the aim of shifting the balance of care away from high cost inpatient, residential and ‘buildings’ based services and delivering more effective community based alternatives. The Recovery Model of Care has been introduced across a number of services and seeks to support greater self-determination and choice and the intention is 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.

A number of strategies have been developed underpinned by these principles across the various Adult Service Areas including the [5 year Strategy for Mental Health \(2018-23\)](#) and associated [financial framework](#); the [Sexual Health Transformation Programme](#) and [Implementation Plan](#); and the [Homelessness Rapid Rehousing Transition Plan](#). Key achievements over the last year across these areas have included:

##### **i. Mental Health Assessment Units**

Consolidating the unscheduled care response to mental health and addictions needs, two [Mental Health Assessment Units](#) were established during the early phase of the pandemic. These divert people with mental health and distress issues away from hospital emergency departments and provide them with more appropriate specialist mental health services and supports. These can be referred to by a range of services including NHS 24 and GP Out of Hours, along with A&E departments, the Scottish Ambulance Service and Police Scotland. Building on the success of these, the business cases for a sustainable model for these units has been agreed by HSCPs and NHSGGC and they will become a part of mainstream service delivery going forward.

## **ii. Compassionate Distress Response Service (CDRS)**

CDRS was launched on 25<sup>th</sup> May 2020. It is operated by Glasgow Association for Mental Health on behalf of the HSCP and provides an immediate response to people experiencing emotional distress. Access is via general practice during the day, and first responders at night and weekends, adding a vital, non-clinical response in complement to the re-organisation of unscheduled care accelerated during the pandemic. It has been well received by both individuals using the service and those referring to it with over 1200 people being supported so far.

### **User Feedback**

*'I feel like I can see a glimpse of light now. I feel very relaxed and able to talk to you about things I have never spoken about, you just make me feel comfy and safe...without you I wouldn't be here, I couldn't cope. I'd be dead.'* (CDRS Client)

## **iii. Mental Health Integrated Hospital Discharge Team (MHIDT)**

The Mental Health Integrated Hospital Discharge Team (MHIDT) is a dedicated city wide service, covering the three adult psychiatric inpatient sites across Glasgow, which after a successful pilot, became fully operational in October 2020. It aims to improve interfaces between all those involved in providing care within hospital and community settings and facilitate the development of effective discharge plans which ensure safe, timely and sustainable discharges back into the community. The service has been positively received by patients, family members and staff.

## **iv. New Mental Health Wards**

Two brand new [acute mental health wards](#) were opened up in September 2020. The £10.7m purpose built wards, represent the latest in clinical thinking and design. The two wards – Elgin and Appin – have space for up to 40 inpatients, with Elgin dedicated to adult acute mental health inpatient care and Appin focusing on older adults with functional mental health issues.

## **v. Sexual Health and HIV Prevention Outreach Service**

From 4<sup>th</sup> May 2020, the expanded Sexual Health and HIV Prevention Outreach service commenced which uses the IEP (Injecting Equipment Provision) mobile van as a clinic site. This service targets those at high risk of sexually transmitted infections, HIV and other blood borne viruses, and unintended pregnancy in sites close to their accommodation or places they frequent for support with drug or addiction use. Indications show that the service is proving acceptable to the target group, especially to females, who are particularly vulnerable and that it has been providing a key service during a time when this group were unable to access this support elsewhere.

## **vi. Early Medical Abortion at Home**

Prior to the pandemic, women requesting abortion were seen in clinic for a consultation and scan, and were then offered either hospital admission or completion of medical abortion at home. Following release of Scottish Government and Royal College of Obstetrician guidance, the Termination of Pregnancy and Referral (TOPAR) service at Sandyford began offering telemedicine Early Medical Abortion at



Home (EMAH). Women were offered a telemedicine consultation with a specialist doctor or nurse within 24 working hours to determine suitability and if deemed appropriate would then be provided with the necessary medication and support materials and information. Women who were assessed as unsuitable were booked to attend hospital for abortion instead. 87% of those women who undertook an abortion in the last 12 months chose EMAH with the remaining 13% attending hospital for a medical abortion.

### ***vii. West of Scotland Rape and Sexual Assault Service***

Work has been undertaken with neighbouring NHS Boards to prepare their new facilities in support of patients' choice in attending closer to home after experiencing rape or sexual assault. These facilities and all associated processes and procedures for the new [West of Scotland Rape and Sexual Assault service](#) (hosted in Glasgow) will be in place by April 2021. The aim is to have an interim staffing model concluded as a transitional phase working towards the agreed model which eventually will operate 365 days/year. It is anticipated that the Glasgow facility will be complete later in 2021.

### ***viii. Postal Condom Service***

A postal service for free condom delivery was established as around 80% of approximately 500 free condoms venues closed during periods of maximum restriction. This service has accounted for around half of all materials distributed over the last 12 months. Two four week social media advertising campaigns for the postal service were run in May and December. Although some venues have been able to reopen throughout the year, postal services have been maintained.

### ***ix. Learning Disability Outreach Service***

Learning disability day services were closed in the early stages of the pandemic in line with national guidance to safeguard the health and wellbeing of vulnerable service users, with a telephone support service introduced. As a result of increased isolation, a decision was taken to introduce an outreach service in the summer of 2020 which provided community based support to service users in their own home or in a local community setting. This service has been very positively received by participating service users and their families/carers and it is felt to have prevented breakdowns in care arrangements and subsequent crisis situations and/or hospital admissions. As a result, there is an expectation that in light of their success, outreach services will be retained and continue to be an important part of a future day care model, even when the building-based service resumes.

### ***x. Preventing Homelessness in the Pandemic***

Homelessness Services faced significant challenges during the pandemic as it worked to ensure that vulnerable households had access to emergency accommodation at a time when availability was critically affected by the pandemic. In response, hotels in Glasgow city centre and surrounding areas were repurposed to provide emergency accommodation. Work was also undertaken with the Wheatley Group and other Housing Associations across the city to make additional [temporary furnished](#) flats available across the City. This has ensured that anyone requiring emergency accommodation can access it and led to a reduction to single figures of the number of people sleeping rough within the City Centre.

Alongside this, the Homelessness Health Service and the Homelessness Addictions and Mental Health teams all adapted service delivery from a clinic based model to an assertive outreach approach, which has been delivered across hotels and emergency homeless accommodation to ensure that service users had ongoing access to services during the pandemic. A new Young Person's Team was also established during the pandemic and, working closely with Homeless Casework Team, seeks to engage specifically with those aged under 25. HSCP services have also worked with partners in the voluntary sector to ensure that those in emergency accommodation had access to food and other key support.

#### ***xi. Increasing Settled Accommodation***

As the social distancing measures have eased and housing associations have been able to provide offers of accommodation, casework teams have been able to start to rehouse homeless households into settled housing. In September 2020, the Integrated Joint Board agreed to realign Rapid Rehousing Transition Plan funding and 13 new Social Care Workers were recruited to Homelessness Services to provide additional capacity, in order to support the reduction of households in temporary accommodation and improve service responses to households with complex case histories. Since late August 2020, when the housing associations were permitted to re-engage in mainstream letting activity, the Council has secured approximately 2900 settled lets, a significant increase on recent years, which has allowed the HSCP to reduce its use of bed and breakfast type accommodation for homeless households.

#### ***xii. Housing First***

The Housing First Service, using an assertive outreach approach, has been working with local Homelessness Services to identify people with enduring and complex experiences of homelessness who were staying in city centre hotels who may want to consider the Housing First approach. This service provides assessment and flexible one to one bespoke support of approximately eight hours per week for those moving to a tenancy, and provides a starter package of basics required to set up a home. Overall tenancies for the Housing First Service have reached 158 with 83% tenancy sustainment rate and no evictions in two years. A [virtual information event](#) designed to promote the Housing First approach and encourage other Glasgow housing associations to come on board and support this approach was held in November 2020.

#### ***xiii. Homelessness Advice and Support Centre***

A brand-new [multi-agency advice and support hub](#) for people who are homeless or at risk of homelessness was opened in September 2020 in Argyle Street. This initiative is expected to radically reshape the experience and impact for people at risk of, or experiencing, homelessness in Glasgow. It is designed so that staff from partner agencies will be able to meet clients, 'hot desk' and share ideas and practice with fellow support workers. People using the hub are able to access a wide range of support all 'under one roof' from expert providers. These include financial and legal advice, counselling and digital support, as well as health and wellbeing services. It is run by the Simon Community and was set up in partnership with the HSCP, Glasgow City Mission, Marie Trust and Turning Point Scotland.

## Case Study

*On Monday 9<sup>th</sup> February 2021, Simon Community Outreach staff had raised concerns for the welfare of a vulnerable service user who had been rough sleeping due to the low temperatures and snow fall. They linked in with HSCP staff and located the service user, spent some time with him in an environment he advised he felt safe and through chatting and listening to him, were able to allay his fears and encourage him to take up an accommodation placement with support. By providing a more responsive outreach model that met the service user's needs, they were able to provide a service to this vulnerable man who had been refusing to seek assistance for over two years. He was provided with temporary accommodation and subsequently continued to engage well and is now focusing on securing his own permanent home.*

### **xiv. Glasgow Recovery Communities**

Recovery Communities in Glasgow won the [Volunteering Award](#) at the 2020 Scottish Health Awards. These communities complement services offered through Alcohol and Drug Recovery Services and other statutory and voluntary sector partners. They encourage people using drugs and/or alcohol into recovery, by offering them opportunities to engage with others who have overcome addiction themselves, and who use their personal experience to provide advice and practical and emotional support to participants. Around 500 people a week take part in a wide range activities designed to tackle social isolation, promote positive choices, build self-esteem and repair fractured relationships. During the pandemic, support and activities have continued online and peer support from people with personal experience has proved especially important to help people remain abstinent.

## Staff Feedback

*'They have really stepped up during COVID-19. The support they are providing has been absolutely crucial to keep people safe, not only away from drugs and alcohol, but helping with their mental health and well-being and reducing isolation for many who are shielding and live alone. It is amazing and a real privilege to see this level of support the volunteers are providing to help reduce drug and alcohol deaths in Glasgow' (HSCP Addictions Service Staff Member).*

## **PRIMARY CARE**

### **i. PCIP Implementation**

The third iteration of Glasgow's [Primary Care Improvement Plan](#) has recently been published covering the period from April 2021. 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. Updates on progress in implementing this Plan are available through the [Regular Bulletins](#) available on the HSCP website and are [reported](#) to the IJB. Developments over the last year have included the following:

- Pharmacotherapy – ongoing development of pharmacy hubs to support general practice with 124 out of 143 practices now having additional input from PCIP-funded pharmacotherapy services

- Vaccination Transformation Programme – ongoing transfer of vaccinations from general practice including for seasonal flu and pertussis for pregnant women.
- Phlebotomy – opening up of the service to all GP practices across the city
- Urgent Care – 72 practices with registered patients in residential care homes now have access to a new advanced nurse practitioner (ANP) service. This has had a significant impact in reducing the time GPs need to spend on call outs as well as improving the quality of care for patients
- Advanced Practice MSK Physiotherapists (APP) – Over 30 practices have received additional support from the APPs. In response to the constraints on resources (both money and staff) and the lack of clinical space in some smaller practices, a pilot project to run an APP hub in the North West Locality was also established in late 2020.

## **ii. North East Health and Care Centre**




The plans for the new [Health and Care Centre](#) in the North East, which will be built on the site of the former Parkhead Hospital, have been progressed with the Scottish Government approving the Outline Business Case. The target date for completion is 2024 and once complete, it will be Scotland's largest health and social care centre and home to around 900 health and social care staff who are currently located at nine different sites, including three GP practices. It will also include community spaces including a café and Parkhead Library, which will be relocated from its current location. Despite the lockdown, ongoing engagement with the local community on the development of this new Centre has taken place online over the course of the last year with a [dedicated website](#) established to inform the local community of current plans for the Hub and to offer opportunities for them to share their views. A number of live web chat events were also held to allow people to ask questions or share their views with the project team, with dedicated sessions organised for local Community Councils and other local networks.

## **iii. Woodside Health and Care Centre**

Woodside Health and Care Centre in Glasgow was recognised for its innovative design in [Health Building category](#) at the Scottish Design Awards. The centre opened in 2019 and brings together a range of primary and community care services including an older person's day centre, under one roof.

### **3.3.2 PERFORMANCE**

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, which are labelled as MSG indicators below.

INDICATOR (Health & Wellbeing Outcome)	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
Total number of Older People Mental Health patients delayed (Excluding AWI) (Outcome 9)	0	11 	15 	9 	▲	▲

INDICATOR (Health & Wellbeing Outcome)	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
New Accident and Emergency attendances (18+). MSG 3 (Outcome 9)	153,791	153,791	159,916 	113,513 	▲	▲
Number of Emergency Admissions (18+) MSG 1 (Outcome 9)	66,624	70,133	63,324	54,974* 	▲ TBC	▲ TBC
Number of Unscheduled Hospital Bed Days - Acute (18+) MSG 2 (Outcome 9)	453,866	493,371	497,641	427,614* 	▲ TBC	▲ TBC
Number of Unscheduled Hospital Bed Days – Mental Health (18+) MSG 2 (Outcome 9)	181,371	190,791	189,139	160,131* 	▲ TBC	▲ TBC
Total number of Acute Delays (Outcome 9)	20	N/A	77 	103 	N/A	▼
Total number of Bed Days Lost to Delays (All delays and all reasons 18+). MSG 4 (Outcome 9)	39,919	41,582	45,318 	49,902 	▼	▼
Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (65+). (Outcome 9)	1,910	10,715	6,571 	11,163 	▼	▼
Total number of Adult Mental Health delays (Outcome 9)	0	17 	19 	25 	▼	▼

\*Provisional

### Key Achievements

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

INDICATOR	BASELINE YEAR END 19/20	YEAR END 20/21
New Accident and Emergency attendances (18+) MSG Indicator 3	159,916	113,513

## Areas for Improvement

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+).	<b>Delays</b> 0  <b>Bed days</b> 39,919	<b>Delays</b> 103  <b>Bed days</b> 49,902	<p>A recent <a href="#">EHRC Judicial Review</a> decision means that patients who lack capacity are no longer discharged to off-site beds and this has resulted in an overall increase in delays and bed days lost. Adults With Incapacity (AWI) currently account for approximately half of all delays.</p> <p>The NHSGGC wide Discharge to Assess policy has been introduced to speed up the discharge process, and a new action plan agreed by all 6 HSCPs and the Health Board was introduced in January 2021.</p> <p>Please see below for the actions being taken to address AWI delays</p>
Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1,910	11,163	<p>As mentioned above a recent <a href="#">EHRC Judicial Review</a> decision means that patients who lack capacity are no longer discharged to off-site beds and this has resulted in an overall increase in delays and bed days lost.</p> <p>In addition to implementation of the above Discharge to Assess policy, a whole-system peer review of medical and professional decision-making in relation to incapacity has been agreed and will take place later this year. This will include external peers from high performing HSCPs and Health Boards and lessons learned in respect of best practice will be applied across the entire Health Board area.</p>
Total number of Adult Mental Health delays	0	25	<p>Admission routes and discharge relationships continued to be disrupted by issues linked to COVID including COVID- positive patients, community staff requiring to be redeployed to ward areas, and wards closing to admissions and patient movement as a result of infection prevention and control measures. Actions to improve performance include:</p> <ul style="list-style-type: none"> <li>• Establishment of the Mental Health Assessment Units to divert individuals from A&amp;E</li> <li>• Establishment of the Compassionate Distress Response Hubs</li> <li>• Further establishing and developing the work of the Discharge Co-ordination Teams set up in each locality</li> <li>• Continual review of arrangements in respect of both admission to and discharge from hospital.</li> </ul>

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### 3.4 ENABLING INDEPENDENT LIVING FOR LONGER

Work has continued to be progressed across all care groups to support and empower people to live healthy, meaningful and more personally satisfying lives as active members of their community, for as long as possible. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Enabling Independent Living for Longer and consider performance in relation to KPIs associated with this theme.

Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

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

#### 3.4.1 KEY DEVELOPMENTS/ACHIEVEMENTS

##### *i. Community Link Workers*

The Community Link Worker (CLW) initiative is a deprivation based programme which Health Improvement commission from the Health and Social Care Alliance and *We Are With You*. CLWs are embedded in a number of GP practices and take a person-centered approach to support patients with a range of non-medical issues which may be affecting their health and wellbeing. Two CLWs have continued to support the Drumchapel and Yoker Young Adults project throughout 2021/21, with the group continuing their activities online. This group won the 'Community Group of the Year' at the UK National Association of Social Prescribing Link Workers Awards in October 2020

##### **Case Study**

*'I felt like I couldn't get help fae anywhere, then I met the CLW'. There have been lots of things severely affecting me and that I'd been having no luck trying to get sorted out. One thing I had been trying to get sorted out for at least three years was my garden. I have mobility issues, usually to get out I need to get a taxi. In order to access my back garden I needed the plants growing round the banisters, blocking the steps and growing round the handle of my back door, cleared.*

*The guys who usually come to do maintenance only do the middle bit of the garden and won't touch the edges, so that made no difference to me. I had been trying*

*various relevant organisations, as I say for three years, and no one was able to help me with this.*

*After speaking to the CLW it was sorted within a few days! She managed to arrange a team from a local community group, who usually work on other areas, but had increased capacity due to how Covid had affected their work, to come round and clear the garden! I hadn't sat in my garden for years so it has really been making a difference to me.*

*This has been so good for my mental health, especially during lockdown. I'm now able to get some fresh air and interact with neighbours, who are supportive. We've been having barbecues and quizzes.*

*Another issue came up not long after the garden had been sorted. The smoke alarm in my living room started beeping as the battery was running out. I can't reach it although I tried my best to hit it with my walking stick! I left four messages with my landlord and didn't hear back. I sat there with this noise going on for days! Before I thought 'I wonder if my CLW can help,' and gave her a call. The next day I had someone from the fire department out, who said "you must be going mental!" They sorted it and left me a temporary alarm.*

*She also helped me arrange food deliveries and prescriptions getting delivered, both of which I had been running low on and worrying about during the lockdowns. I was lying awake at night worrying about this, now deliveries are happening regularly for me. Now I know she is there and have her number I can relax a bit more. I don't want to call her for everything. For example, I do have two other people from different organisations helping me with my welfare case. At the moment however the DWP want to conduct a PIP assessment by phone rather than in person. This is really worrying. My usual person, who can't come out to see me now because of Covid, gave me advice over the phone about what to watch out for in the assessment, but it is difficult for me to take notes or remember everything. I might phone the CLW and ask if she can assist me in the assessment.*

*Now and again, I speak to her for quite a while on the phone, little check-ins as I don't have many other people to talk to. It's a big help mentally, so important! When I come off the phone I take a big breath and can actually physically feel the benefit. I felt like I couldn't get help anywhere but now she's sorted so many things out, she has been a Godsend!*

## ***ii. Wellbeing for Longer Fund***

One of the key priorities at both a national and local level is to tackle social isolation and loneliness and build stronger social connections. This is even more relevant due to the impact that COVID 19 and lockdown has had on individuals and communities. The HSCP has continued to support the Wellbeing for Longer Fund which through a range of projects, helps to support adults most at risk from social isolation and loneliness. To date, since its creation in 2019, there have been in excess of 3000 beneficiaries delivered by 22 different organisations across the city.

The Wellbeing for Longer Winter Fund (previously the Festive Fund) also ran again this year to support local organisations that provide services to support individuals in Glasgow at risk of being isolated over the festive period. This ran from November 2020 to March 2021 and 67 applications were approved with £115,000 made available to successful applicants. It is estimated that there were 11,700 beneficiaries across the city.



### ***iii. Telecare Improvements***

Significant improvements have been made to call handling and response times within the Telecare service during the last year. During 2020/2021, the 0-60 second call handling target was achieved each month with the exception of October, where staff shielding/self-isolating due to Covid prevented this. This had only been achieved in 3 periods in the previous year. The service is also independently audited each year by Tec Services Association (TSA) to ensure that it meets the stringent requirements of their Quality Standards Framework. The service was [audited](#) in November 2020, with only minor improvement needs identified.

### ***iv. Supporting People with Dementia***

Glasgow has been hailed as world leading and ranked second out of 30 cities across the world for dementia innovation in a report by the Global Coalition of Aging (GCOA), Alzheimer's Disease International (ADI) and the Lien Foundation. This [global study](#) highlights that [Glasgow's Dementia Strategy](#) 'offers a template for cities looking to improve early detection and diagnosis, recognising that a diagnosis is a gateway to support for people with dementia, their carers and families in terms of treatment and care planning'.

Within the last year, agreement has also been reached to commission a new service for post-diagnosis support, which will commence in April 2021. This will offer increased capacity in response to the rising demand which has led to pressures on waiting times in recent years. We have also been working with Inverclyde HSCP and will be implementing the Dementia Care Pathway developed by them as part of the OPMH [Strategy](#).

### ***v. Carers Advice and Information Team***

A Carers Advice and Information Team has been established which has worked to increase the use of social media and communications to convey key messages to the general public e.g. in relation to shielding, carers allowances and grants and PPE. Work undertaken has included significant updating of '[Your Support Your Way Glasgow](#)' website to include information on a range of available resources; and the development and launch of a series of online briefings accessible to GCHSCP staff '[Are You Carer Aware?](#)'

## User Feedback

*Home Care and Reablement Services provide care and support to enable people to live as independently as possible in their own home. The annual service user consultation on the Home Care service was carried out at the end of 2020. The headline figures for the 2020 survey are presented below, along with the figures for the 4 previous surveys (2016, 2017, 2018 and 2019) for comparison.*

*The 2020 survey continued to demonstrate a high degree of satisfaction with the home care service. For example, **86%** 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 2020, with **97%** agreeing that their home carers are helpful and friendly, and **96%** agreeing that their home carers treat them with dignity and respect.*

Statement	% who 'strongly agree' / 'agree' with each statement					National Health and Wellbeing Outcome
	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey	
The home care service I receive has made me feel safer at home	84%	86%	86%	84%	86%	Outcome 7
The contact I have with home carers has improved my quality of life	81%	86%	84%	83%	83%	Outcome 4
I get up and go to bed at a time that suits me	84%	85%	84%	82%	80%	Outcome 3
I feel that I am listened to and my wishes respected	85%	86%	85%	82%	84%	Outcome 3
The service enables me to maintain the standard of personal care that I want	87%	91%	90%	86%	88%	Outcome 4
My home carers are helpful and friendly	97%	98%	98%	94%	97%	Outcome 3
My home carers treat me with dignity and respect	97%	97%	98%	95%	96%	Outcome 3
My home carers are thorough at what they do	88%	91%	91%	89%	92%	Outcome 4
I feel that my right to confidentiality is respected by my home carers	92%	93%	94%	91%	92%	Outcome 3
I am confident that the home carers have the right skills/training to support me	89%	90%	91%	88%	88%	Outcome 8
Telephone calls to the office are always answered promptly	76%	82%	78%	71%	67%	Outcome 3
The home care office staff are always polite and helpful	86%	90%	87%	82%	85%	Outcome 3
Home Care Managers and Staff always respond to any concerns I have	73%	78%	76%	69%	73%	Outcome 8

### 3.4.2 PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
Number of people in supported living services. (Outcome 2)	<b>Target currently under review</b>	231	789	813	▲	▲
Percentage of service users who receive a reablement service following referral for a home care service. (Outcome 2)	<b>Hospital discharges</b> 70%	83% ✓	68.9% ✓	70.9% ✓	▼	▲
	<b>Community referrals</b> 70%	79% ✓	75.5% ✓	81.5% ✓	▲	▲
Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement (Outcome 6)	1,650 per annum	N/A	1,932 ✓	1,928 ✓	N/A	▼
Telecare: Standard (Outcome 2)	From 2019/20 2,750	N/A	2,723 ✓	2,326 ✗	N/A	▼
Telecare: Enhanced (Outcome 2)	From 2019/20 1,500	N/A	1,565 ✓	444 ✗	N/A	▼

#### Key Achievements

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

INDICATOR	BASELINE YEAR END 19/20	YEAR END 20/21
Number of people in supported living services	789	813
Percentage of service users who receive a reablement service following referral for a home care service: Hospital Discharges	68.9%	70.9%

### ***Areas for Improvement***

<b>INDICATOR</b>	<b>Target</b>	<b>Actual</b>	<b>Performance Issues and Actions to Improve Performance</b>
Telecare (Standard)	2750	2326	The risks associated with COVID continue to constrain the provision of telecare. The capacity of the HSCP's Telecare responder agencies and installation services increased over the year. However the reintroduction of lockdown restrictions this year and the associated rise in risk levels have constrained any further capacity to increase equipment provided beyond emergency protocols. Going forward, a review of the referral management system is planned to determine safe options available to restart the supply of enhanced telecare, and minimise risks of cross infection.
Telecare (Advanced)	1500	444	

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### 3.5 PUBLIC PROTECTION

A continued emphasis has been placed on promoting health and well-being, as part of our focus on safeguarding and protecting our most vulnerable children, adults and older people and helping to ensure that they are kept safe from harm. This work has continued to be prioritised in the context of the worldwide Covid-19 pandemic and related challenges. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Public Protection and consider performance in relation to KPIs associated with this theme.

Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 5
Health and social care services contribute to reducing health inequalities
Outcome 6
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7
People using health and social care services are safe from harm

#### 3.5.1 KEY DEVELOPMENTS/ACHIEVEMENTS

##### *i. Adult Support and Protection*

The Adult Support and Protection (ASP) Committee and its sub-groups are the primary strategic planning mechanisms for over-seeing multi-agency support in Glasgow in relation to vulnerable adults. They have expanded their membership over the last year to help promote a wider focus on support alongside protection, allowing fuller consideration to be given to areas of growing concern such as the impact of the Covid-19 pandemic, poverty, homelessness, substance misuse and mental illness.

Data reporting and analysis has also been strengthened during the last year, partly linked to the “real time” data that has been required to meet national reporting requirements linked to the pandemic. This has helped to inform ASP related activity and establish increased reporting around wider aspects of Public Protection including homelessness, addiction and justice matters. Glasgow HSCP has expressed an interest in becoming a learning partner in the context of national work to improve the collation of ASP data, which it is anticipated will lead to a new national data set that will strengthen consistency of recording/reporting at a local and national level.

During 2020/21, there were 4346 Adult Support and Protection referrals and 281 formal investigations completed compared to 6903 and 304 the previous year.

## **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 (CP) 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. Trends over time are shown as follows:

Year	March 18	March 19	March 20	March 21	Direction of Travel since 2018	Direction of Travel since 2020
No. on CP Register	314	388	401	350	▲	▼
	17/18	18/19	19/20	20/21	Direction of Travel since 17/18	Direction of Travel since 19/20
New Registrations	415	517	495	426	▲	▼
De-Registrations	587	443	482	477	▼	▼
Average Time on Register before De-Registration	315	285	255	332	▲	▲

At year-end 2021 49% of the children on the CP register were aged 0-4; 34% (5 to 11); 13% (12 to 15); and 4% (over 15), similar proportions to last year.

## **iii. Enhancing Alternatives to Remand**

Glasgow Community Justice Services received additional Section 27 grant funding from the Scottish Government in May 2020 to bolster the use of bail supervision, diversion from prosecution and structured deferred sentences (SDS). SACRO have been commissioned to deliver additional support to enhance these options and provide courts with credible alternatives to remand. Sessions are being delivered to the Crown Office and Procurator Fiscals Service (COPFS) to encourage referrals and a test of change is underway with Police Scotland to influence police case marking and enhance the use of diversion from prosecution. Additional staff have also been recruited to expand the SDS service in Glasgow and there has been an increase in the numbers of SDS orders made through the Drug and Alcohol Court Teams.










## **iv. Tomorrow's Women Glasgow (TWG) - Police Custody Hub**

Tomorrow's Women Glasgow is a partnership involving the HSCP, Scottish Prison Service (SPS) and other third sector providers who work 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 service continues to evolve and in the last year commenced a test of change with Police Scotland to support the women's Police Custody Hub situated in Govan Police Station. TWG staff are now taking referrals daily from the Hub and are engaging with the women and seeking to reconnect them to the range of services and supports available to them

### **v. Positive Outcomes**

The Positive Outcomes Project seeks to stabilise at risk drug and alcohol misusing offenders by supporting them into mainstream addiction services with the aim of reducing addiction related offending, improving their quality of life and supporting them into training and employment opportunities. Throughout the pandemic the Positive Outcomes Project (POP) has adopted an assertive outreach approach to engage with service users with multiple and complex needs. The service was enhanced in August 2020 with the recruitment of 2 additional mentors to provide a recovery focussed in-reach service to the 3 Police Scotland Custody Hubs in Glasgow. The Project is planning to further develop the service by creating a 'one stop shop' model within the city centre and work is underway to progress this with a preferred site identified.

### **3.5.2 PERFORMANCE**

INDICATOR	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
Number of households reassessed as homeless/ potentially homeless within 12 months. (Outcome 4)	<480 per annum	395 	437 	420 	▼	▲
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence (Outcome 9)	80%	64% 	76% 	76% 	▲	▶
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days (Outcome 9)	85%	94% 	85% 	85% 	▼	▶

### **Key Achievements**

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

INDICATOR	BASELINE YEAR END 19/20	YEAR END 20/21
Number of households reassessed as homeless/ potentially homeless within 12 months.	437	420

### **Areas for Improvement**

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	76%	<p>Unpaid Work (UPW) provision within the city has been suspended at various points throughout the year and when operating has done so at reduced capacity. When courts started making orders again, Covid restrictions prevented social workers attending courtrooms to reduce footfall which meant they were reliant on the clerk of court instructing the person to present to social work Fast Track on leaving court, which did not always happen. Actions being taken to improve performance include:</p> <ul style="list-style-type: none"><li>• Justice social work staff continuing to liaise with the courts/clerks to ensure that a consistent message is given to all service users that they must attend Fast Track post-sentence.</li><li>• Recovery planning has been underway with UPW providers since summer 2020 to increase capacity in the system and once restrictions are lifted it is anticipated that placements can be offered within timescales.</li><li>• Area team staff continue to proactively contact clients who do not present at Fast Track.</li></ul>

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### 3.6 COMMUNICATION AND ENGAGEMENT

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. Work of the HSCP's Communications Team was obviously impacted by the pandemic and some of the key activities undertaken to support the pandemic response were described in [chapter 2](#). Other communications activity over the last year has included the following:

#### ***i. Communications Strategy***

The HSCP's Communications Strategy has been reviewed as part of the wider [review of the HSCP's participation and engagement arrangements](#). This involved a number of activities including a public communications survey and engagement sessions with members of the public, Locality Engagement Forums and IJB members. Over 1000 people participated in the survey, representing a 10.5% improvement from the HSCP's previous communications survey in early 2017. This found that participants were largely supportive of the HSCP's communications framework and approach but identified a number of areas for improvement. These were incorporated into the [HSCP's second Communications Strategy and Action Plan](#), approved by the IJB in September 2020.

#### ***ii. Media Development***

With the development of the HSCP's ICT capability and the increased use of digital and social media channels for people and organisations to get their information from, the HSCP took the opportunity to improve and innovate the ways in which it communicates through the use of videos, graphic design and motion graphics and through the use of digital and social media channels such Twitter (@gchscp) and a dedicated [YouTube](#) channel.

In addition to the work undertaken in relation to [Covid 19](#), these have been used to promote a number of initiatives including the Home Care and HSCP Recruitment Campaigns, the Maximising Independence programme, the Urgent Care Resource Hub and Primary Care Improvement Plan. Going forward the HSCP plans to increase the use of such tools, alongside more traditional forms of communication.

During 1 April 2020-31 March 2021, there were 141,008 visitors to the HSCP's website, and there were 325,416 page views. As at 31 March 2021, the HSCP's Twitter profile had 3,986 followers, with 583 Tweets made during the last year.

#### ***iii. Improving Accessibility***

During the last year, improvements were made to a number of websites including the HSCP's website; Your Support Your Way Glasgow website; Glasgow City Council health and social care webpages; and Glasgow City Child Protection website. This work included the publication of accessibility statements and improvements in their design, layout and content. This was undertaken to ensure they are more accessible and compliant with web accessibility regulations and standards and accompanying accessibility briefings and guidance were made available to staff.

#### ***iv. Awards***

As a result of the pandemic, the internal awards programmes have been suspended. However, submissions have continued to be made for a number of external awards. In addition to the team or service awards described above, a number of members of staff have received individual awards/recognitions:

- Leanne Black, Advanced Prescribing Support Pharmacist won the poster prize at the recent [Scottish Practice Pharmacist & Prescribing Advisers Association](#) Conference
- Colin Fraser (Team Leader) – winner of the [Mental Health Officer of the Year](#) at the Scottish Association of Social Workers awards
- Alex Kane (Specialist Physiotherapist in Children's Services) – winner of the [Scottish Allied Health Professional Award](#) at the Scottish Health Awards

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### 3.7 SUPPORTING OUR STAFF

#### *i. I-Matter*

I-Matter, the national staff engagement questionnaire which measures staff engagement within teams and supports the production of team action plans, was suspended this year as a result of Covid. However, in September staff were invited to respond to a national [‘Everyone Matters’ Pulse survey](#), which adopted a similar methodology. Response rates for the HSCP were 36%, slightly below the average of 38% for NHS Greater Glasgow and Clyde.

Some comparisons can be made with the previous i-Matter survey and with NHSGGC as a whole, as shown below. These show a more positive response amongst HSCP staff than for NHSGGC as a whole across the range of questions specified, along with a higher overall composite satisfaction score. There has been a reduction, however, across most indicators for the HSCP between 2019 and 2020.

Question	Everyone Matters (2020)		IMatter (2019)
	Glasgow HSCP	NHSGGC	Glasgow HSCP
I feel my direct line manager cares about my health and wellbeing	80%	78%	86%
I feel my organisation cares about my health and wellbeing	70%	67%	71%
I am treated with dignity and respect	78%	76%	84%
I am treated fairly and consistently at work	76%	74%	82%
My work gives me a sense of achievement	78%	77%	81%
I get the help and support I need from other teams and services within the organisation to do my job	73%	72%	71%
I feel appreciated for the work I do	71%	68%	74%
I would recommend my organisation as a place to work	73%	71%	75%
Overall Experience Score (On scale of 1 (very poor) to 10 (very good))	6.83	6.67	TBC

#### *ii. Staff Mental Health and Wellbeing Group*

During May 2020, the HSCP also carried out an online check in with staff and how they were feeling. Following this, a HSCP Staff Mental Health and Wellbeing Group was established which sought to build upon and respond to the findings and the wider national evidence which recognises the potentially adverse effects of feelings of isolation, anxiety or depression caused by the pandemic.







This group have produced an action plan to support staff wellbeing and a new [web page](#) has been established which provides information about health and wellbeing and provides links to connect with national and local online resources. They have

also been involved in sharing health and wellbeing support information, disseminating learning and good practice, and supporting managers and staff to respond to these challenges.

### **iii. Virtual Coaching Service**

A virtual coaching service was launched on the 1<sup>st</sup> October 2020 and has had 49 applications to date. The coaching themes covered include coping strategies for stress and mental wellbeing, building resilience and confidence, adapting to home working, work life balance, career management, influencing skills and conflict management. Feedback is also being collected to understand the benefits and areas of improvement for the service for 2021.

### **iv. Performance**

INDICATOR	2021 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2019/20
NHS Sickness Absence rate (%) (Outcome 1)	<4%	6.3% 	6.37% 	5.1% 	▲	▲
Social Work Sickness Absence Rate (Average Days Lost) (Outcome 1)	ADL per employee per annum <10.2 ADL	9.9 ADL 	15.7 ADL 	15.9 ADL 	▼	▼

### **Key Achievements**

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

INDICATOR	BASELINE (YEAR END 19/20)	YEAR END 20/21
NHS Sickness Absence rate (%)	6.37%	5.1%

### Areas for Improvement

INDICATOR	Target	Actual	Performance Issues and Actions to Improve Performance
Sickness absence rates (Health and Social Work)	<p>&lt;4% (NHS)</p> <p>SW Annual Target  &lt;10.2ADL</p>	<p>5.1% (NHS) (2021)</p> <p>SW Total Year figure 15.9 ADL</p>	<p>Issues around COVID-19 have continued to affect this indicator including COVID related absences, and high rates of <a href="#">Special Leave</a> within the NHS. Actions to improve performance will include:</p> <ul style="list-style-type: none"> <li>• Ensuring all assistance and guidance is made available to managers, including the ability to pay staff for leave if the services are struggling to meet statutory commitments</li> <li>• NHS HR COVID Team has been established which supports managers who have staff off with long term COVID related illness</li> <li>• Social Work HR support will be focused on staff groups showing a consistent upward trend in absence, with home care and residential a priority</li> <li>• A review of action plans will be undertaken which will involve reviewing local processes and HR support to managers</li> </ul>

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## 4. 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:

### 4.1 GLASGOW CITY EQUALITIES OUTCOMES UPDATE

New updated [Equalities Outcomes](#) have been produced following the earlier publication of the IJB [Equalities Mainstreaming Report \(EMR\) \(2020-24\)](#) in March 2020. At this time, it was acknowledged that scheduled discussions on the outcomes had been interrupted by the pandemic and additional time was allowed for further engagement. The new outcomes are more clearly aligned with the Strategic Plan 2019-2022 and enable the HSCP to reduce inequality caused by socio-economic disadvantage, in line with the Fairer Scotland Duty, 2018. The 7 new equalities outcomes are;

1. That family support strategy beneficiaries report good person-centred support and delivery that improves children's outcomes across those with protected characteristics and experiencing poverty.
2. Through the Maximising independence Programme more users report that they are supported to live an independent life, via the delivery of supports and advice.
3. Improved patient experience of primary care for people with protected characteristics and experiencing poverty.
4. Improved equalities sensitive practice in the design and delivery of specialist mental health services, HSCP services responding to distress and wider public mental health.
5. Improved care and health outcomes through advancing equalities practice across all HSCP services.
6. The planned 'Parkhead Hub' (the integrated social and primary care, mental health and community hub) will be developed to have equalities at the heart of its culture and design.
7. The IJB members and Senior Management Team provide leadership in progressing the equalities culture of the organisation

Full details of these outcomes along with their corresponding actions, measurements and evidence of progress are provided in our [Equalities Outcomes Report \(2020-2024\)](#)

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### 4.2 INEQUALITIES AND THE PANDEMIC

The Scottish Government has published an [Equality and Fairer Scotland Impact Assessment](#) which provides a framework for decision making as the country moves

out of the pandemic crisis and lockdown is lifted. This highlights the need to understand the impact of the decisions being taken across the diverse population, including equality groups, on children and young people's rights and on the most socio-economically disadvantaged in our society. Further analysis of the impact of the pandemic upon disabled people has been published locally by [Glasgow Disability Alliance](#) and HSCP staff have worked with the University of York to produce a [Discussion Paper](#) on the impact of Covid-19 on mental health and equalities.

Drawing upon such evidence, the HSCP will continue to contribute to the city wide partnership efforts to address the impact of the pandemic, recognising the impact on these groups and working with key partners such as the Glasgow Equalities Forum who are represented on the HSCP Equalities Group.

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### 4.3 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 communities, to make better use of existing resources and assets and improve outcomes.

Thriving Places activity is taken forward in [10 neighbourhoods](#) across Glasgow, 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 plans are provided below:

#### ***North East***

[Easterhouse](#)  
[Parkhead, Dalmarnock and Camlachie](#)  
[Springboig and Barlanark](#)

#### ***North West***

[Drumchapel](#)  
[Ruchill and Possilpark](#)  
[Lambhill and Milton](#)

#### ***South***

[Gorbals](#)  
[Govan](#)  
[Govanhill](#)  
[Priesthill and Househillwood](#)

The Thriving Places programme currently funds a Community Connector in each of the 10 neighbourhoods to bring stakeholders together to address local priorities, who

are employed by a local organisation. HSCP Health Improvement staff play a key role in Thriving Places activity by supporting and facilitating local partnerships, providing guidance and support around monitoring and evaluation, and enabling access to funding streams.

Thriving Places activity has been severely affected by the COVID-19 pandemic. During this period, activity has been focussed on connecting people with services and support. Social media has been used extensively to interact with members of the local community and share information and about a range of support available including:

- Food, mental health, addiction, finance and energy efficiency
- Employability support and job vacancies
- Funding support
- Online activities and events

Examples of activities which have been undertaken within each of the localities in the last year include the following:

### **Govanhill Thriving Place - Mental Health Support Group (GMHSG)**

The Govanhill Mental Health Support Group (GMHSG) was established in response to the 'Govanhill Responds to COVID' survey. GMHSG works collaboratively to support the mental health and wellbeing needs of the whole community and is jointly coordinated by the HSCP Health Improvement Team and Third Sector organisations.

The group aims to strengthen the connection between organisations in order that they are able to work collectively to develop interventions that are informed by local need and identified gaps, are equalities focussed and culturally appropriate. Key to this has been securing funding to support translation of mental health resources including co-production of podcasts with the Women's Health Network in Romanian and Urdu. Another key aspect has been the inclusion of people with lived experience and Cross Point, a local peer led mental health support group being involved in the group in order to influence future activity.

GMHSG also coordinate The Staff Wellbeing Project which provides a programme of wellbeing activities for staff overwhelmed by workload and repeated exposure to people presenting in distress. Alongside this, staff peer support sessions have been delivered fortnightly online, providing a space for staff to share experiences about the impact of Covid-19, identify emerging themes and potential solutions.

### **Staff Feedback**

*'I have found these sessions so valuable throughout the pandemic; connecting with my fellow Govanhill workers and sharing challenges, small victories and tips for self-care. Taking part in the group has encouraged me to assess and reinforce my boundaries and to take a more proactive approach to my own wellbeing. At a time when it was easy to feel detached due to home-working, these sessions brought a warmth and camaraderie that was rarely felt in zoom meetings! It's hard to 'not take your work home with you' when you are working at home in the first place, so taking the time to reflect on the experience of working with people in distress from my own personal space has been very helpful. And knowing that I am not alone in feeling overwhelmed by it at times has been comforting.'* (Staff Peer Support Participant, Dec 2020)



### ***Parkhead, Dalmarnock and Camlachie Thriving Place – Rose Voucher Project***

The Alexandra Rose Charity currently runs the [Rose Vouchers for Fruit and Veg Project](#) in seven locations around the UK helping families on low incomes to buy fresh fruit and vegetables and supporting them to give their children the healthiest possible start in areas where food poverty and child poverty are at their highest levels. The Project was extended to Glasgow during 2020.

To reach those most in need, Thriving Places (Parkhead, Dalmarnock and Camlachie) and the West of Scotland Housing Association worked in partnership with Bridgeton-based company Firm Banana to provide weekly fresh fruit and vegetable boxes to 55 families (127 children) through the Rose Voucher Scheme. Glasgow Life have also supported the project by providing family recipe books that can be borrowed to try out new dishes using the fresh produce delivered. In addition to improving health and wellbeing, the project has also provided the opportunity to identify families who may benefit from other types of services and local initiatives and signpost them as required.



Photo Credit: Glasgow Evening Times

### ***User/Carer Feedback***

*My child gets so excited! He waits at the window for his box and gets so excited when it arrives. It is making a huge difference, as fresh fruit can be so expensive!"*

*"We are shielding, so the fruit and veg has been a god send! I am learning to make lots of soup!"*

### ***Drumchapel Thriving Places- Digital Inclusion***

During lockdown Drumchapel Thriving Places acted as a referral organisation for a recycling project called [GIFTECH](#) to provide PCs to families who live in the area. As part of a partnership with Glasgow Clyde College and the North West Glasgow Voluntary Sector Network, the team were able to deliver PCs and provide internet access to ten families who are part of the asylum-seeking community in Drumchapel. This was hugely beneficial to the recipients with some also using the equipment to video call their family members and friends abroad. Building on this success, the Thriving Places team have linked with Glasgow Life to purchase a further 12 kits to

be distributed across the community and further equipment will be purchased and distributed following a successful application to the Scottish Government COVID Recovery Fund.

### ***User/Carer Feedback***

*A.N. and family received one of the Digital Inclusion kits. He said, 'The PC is very useful for us and helps us so much, we can search for everything that we are looking for online. I use it for online lessons, I study English, language rules and UK Theory driving tests. I also use it for fun by playing games, watching YouTube videos and football games, we video call our families on Skype and Messenger regularly. We are very happy with this. Now I just want to say thanks, refugees and foreigners like me need support from the native people of this country and sometimes we don't know where to get the important things we need'.*

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## 5. FINANCIAL PERFORMANCE

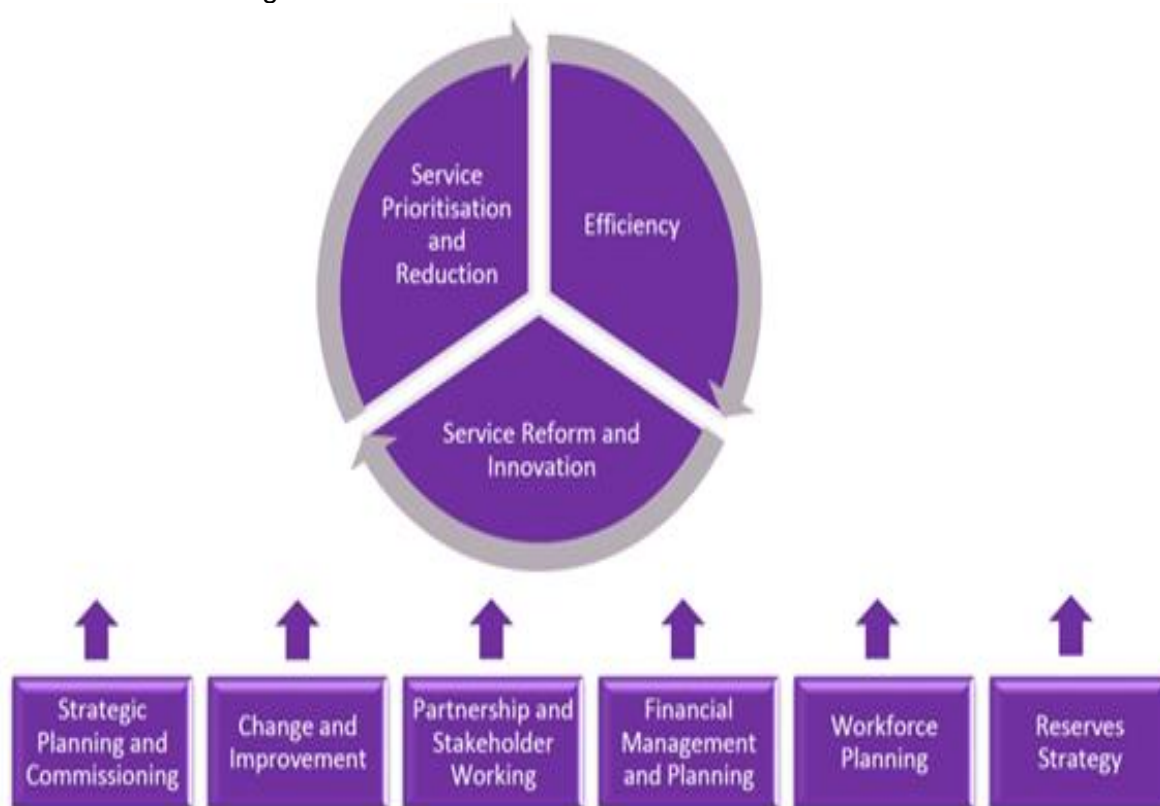
### 5.1 INTRODUCTION

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 2020/21. 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 2021/22.

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

### 5.2 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.



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### 5.3 2020/21 FINANCIAL PLANNING

The total financial resources available to the partnership for 2020-21 were around £1.3billion. 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	2020/21 £000's
Children and Families	148,610	152,871	149,018	152,205	160,895
Adult Services	273,764	266,299	278,030	289,213	311,697
Older People Services	240,766	270,958	277,274	296,757	309,101
Resources	54,324	56,056	61,095	50,425	75,477
Criminal Justice	-1507	-2612	-840	-397	(740)
Primary Care	294,728	310,983	321,112	345,268	374,918
COVID-19	-	-	-	-	46,447
<b>TOTAL</b>	<b>1,010,685</b>	<b>1,054,555</b>	<b>1,085,689</b>	<b>1,133,471</b>	<b>1,277,795</b>

### 5.4 2020/21 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 2020/21 was £237.371m, which excludes the budget value for Adult Mental Health and Elderly Mental Health inpatient services.

### 5.5 2020/21 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 2021-22.

Budget Monitoring throughout 2020-21 has forecast an operational underspend of £14.3m. However, it was recognised that this outturn had been completed with a high level of uncertainty. The IJB operated under the powers introduced by the emergency legislation in relation to Covid 19 during 2021-21. As a result, we had expected our final position to change as we continued to respond to the challenges of the pandemic over the winter months and awaited confirmation of future funding allocations from the Scottish Government. The final operational position secured was an underspend of £17.9m and is shown in the table below.

	Note	£ millions
Underspend as a result of vacancies and staff turnover	1	-9.2
Underspend in services as a result of impact of COVID-19 on demand	2a	-3.3
Reduction in purchased care home places as a result of COVID-19	2b	-1.9
Underspend in spend on supplies and services and transport as a result of services operating at a reduced capacity during the pandemic	2c	-1.2
Delay in progressing the tender activity for Family Support Services, which has been impacted by responding to the pandemic	2d	-1.3
Underspend in prescribing as a result reduced volumes during the pandemic	2e	-2.3
<b>Total Underspend</b>		<b>-19.2</b>
Less		
Health visitor regrading currently unfunded	3	1.3
<b>Net operational underspend related to 20/21 activity</b>		<b>-17.9</b>

## Notes

- 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, especially in the current pandemic. 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. In addition to this, the HSCP has undertaken a recruitment campaign on TV and Radio this year to increase the profile of the HSCP and the range of jobs available. This has generated a high level of interest and it is anticipated that this will have a positive impact on recruitment. The pandemic has had an impact on our ability to keep pace with the recruitment of vacancies. Work is ongoing and will continue to be progressed in 2021/22.
- COVID-19 has had a significant impact on HSCP services both in terms of our ability to support the delivery of existing services and the need for us to divert resources to the delivery of new services as part of the national response to the pandemic. This has impacted on our financial performance in the following ways:-
  - The pandemic has impacted on the ability of the HSCP and our providers to respond to service demand during this period. Many services have been required to prioritise service delivery to emergency only, resulting in a back

log of cases which were waiting to be assessed during lockdown. This has resulted in an underspend. However, as lockdown restrictions are eased and services respond to the backlog, spend in these areas will start to increase and it will be crucial that as part of the IJB's financial planning that funding is held in reserves to meet this demand when it comes.

- b) The pandemic has had a significant impact on care homes with a 13% decrease in admissions levels, but also a 46% increase in discharge levels being experienced this year. Admissions have seen an increase from June to December, with reductions in April to May and from January. Discharges experienced increases in April and May and from October to January.
  - c) With services operating at reduced capacity during the pandemic this has resulted in underspends in some direct service budgets such as transport and supplies and services.
  - d) With resources focused on the response to the pandemic, tender activity for Family Support Services was delayed impacting on the commencement of this new investment area. This new contract will now go live in July 2021.
  - e) Prescribing volumes have been 4.6% lower than last year, with demand for prescriptions being lower during the pandemic. This has negated the impact of higher prices due to short-supply; in addition, there are one-off windfalls from discount rebates and tariff swap reduction.
3. There is a funding gap in relation to Health Visitors following a national regrading which took place a number of years ago. This has resulted in an overspend of £1.3m, for which no funding has been made available nationally.

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 (£37.3m). This relates to ring-fenced funding which has been received to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding. This is higher than normal and reflects the additional funding which has been secured during the year to implement national policy commitments. It is also reflective of the timing of when this funding was received and the difficulty in securing full spend before the financial year end.

The IJB elected to transfer £41.7m to earmarked reserves for specific commitments in 2020/21 and £13.5m to general reserves as a contingency. This is in line with the IJB's reserve strategy. Details of this can be found [here](#)

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## **5.6 CHANGE AND IMPROVEMENT**

Within the Partnership, we have been taking forward a Transformational Change Programme which has been approved by the IJB across the entirety of the HSCP's

business over the course of the last year, as described in Chapter 3 of this report. This Programme is being monitored via an Integration Transformation Board, chaired by the Chief Officer, the aims of which are to:

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

Delivery of the Transformation Programme is closely monitored by the Transformation Board and delivery of associated savings is reported regularly to the IJB and the IJB Finance, Audit and Scrutiny Committee through budget monitoring reporting. 79% of budget savings targets in respect of the IJB's Transformation Programme were achieved in 2020/21 and reflects the challenges which have been experienced in delivering savings in areas where the IJB continues to see high demand for services.

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## **5.7 CAPITAL INVESTMENT AND PRIORITIES**

### ***i. Health and Care Centres***

As described in Chapter 3, work continued on the plans for a new [Health and Care centre](#) in the North East of the city. In addition, surveys and scoping work was undertaken in relation to 6 of our Health Centre sites to enable the redesign of existing facilities to accommodate Primary Care Improvement Plan (PCIP) staff and address minor works and backlog maintenance requirements. Work on these sites is anticipated to start in Summer 2021.

### ***ii. Children's Residential Provision***

Glasgow City HSCP has a statutory requirement to provide the highest standards of care to vulnerable young people and we are proceeding with a programme of new build developments and refurbishments within children's residential services. During 2020/21 the Covid pandemic resulted in work pausing in relation to 2 new builds at Butterbiggins Road and Mosspark Drive, these programmes will recommence during 21/22. Work to develop the Airth Drive property continued, and although delayed will be completed during the first quarter of 2021/22. This investment will help to support high standards of care for children and young people and help facilitate their successful integration into the wider community.

### ***iii. Homelessness Services***

Work had been paused during the pandemic in relation to the Rodney Street extension, however has recommenced and is due to be complete October 2021.



This will provide a permanent location for accommodation that currently resides within the phase 1 temporary building as a result of the closure of Clyde Place.

#### ***iv. Sandyford***

Planning and design work was completed to enable relocation of the Sexual Assault Recovery Service (SARC) to William Street Clinic from the current location within Sandyford Central. Building works were paused due to the pandemic, however, recommenced in March 2021 with building works scheduled to complete in September 2021.

#### ***v. Adult Mental Health Services***

As described in Chapter 3, work concluded on the new purpose built [Adult Mental Health Wards at Stobhill Hospital](#) with the patients moving in during September 2020.

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### **5.8 FINANCIAL OUTLOOK FOR 2021/22 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 2021, the IJB conditionally approved its budget for 2021/22, subject to receipt of a final funding offer from NHS Greater Glasgow and Clyde in the new financial year. The receipt of a draft budget offer from NHS Greater Glasgow and Clyde has prevented the IJB from approving a final budget by the statutory deadline of 31 March 2021. The IJB will be required to further consider its budget later in the financial year once a final funding offer is known.

This draft budget identified a potential funding gap of £5.9m which will be addressed through a wide range of service reforms and efficiencies to address budget pressures in 2021/22 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 2021/22 Annual Performance Report.

A Medium Term Financial Outlook was reported to the IJB on the 24 March 2021. 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, Mental Health, Carers, Alcohol and Drug Partnership
- Inflationary pressures linked to pay and contractual commitments
- 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



- Financial cost of responding to the pandemic and the impact of delivery on our transformation programme.

This looks forward to 2023-24 and identifies the need for a further £52m of savings to deliver a balanced budget in 2022/23 and 2023/24.

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 programme which will support delivery.

There has been significant progress already in transforming services. As well as delivering financial savings, this has enabled services to increase their effectiveness and efficiency, enabling services to 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. This programme will seek to deliver a sustainable health and social care service for the City with a focus on prevention and early intervention approaches which will encourage individuals and communities to support each other. This is a new approach which will cover all care groups and recognises that the best health and social care outcomes are associated with the highest possible levels of self-management and independence. This programme was paused in March 2020 in response to the COVID pandemic. Activity did resume in June and Partners agreed that the programme should be reframed and be informed by the combined learning from the recovery planning processes throughout the system including Acute, third, independent and housing sectors.

Delivery of this programme is supported by £8.5m of funding over the next two years. This includes investment in 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 this within Children and Families.

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 2021/22.

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## 6. INSPECTION AND PRACTICE AUDIT

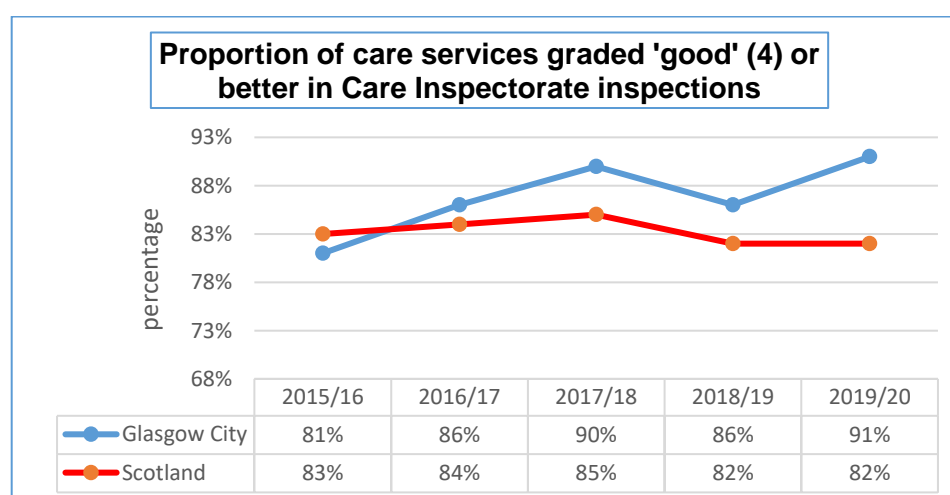
### 6.1 CARE INSPECTORATE GRADES FOR GLASGOW CITY HSCP REGISTERED SERVICES

Targeted inspections during 2020/21 have been short, focused and carried out with colleagues from Healthcare Improvement Scotland and Health Protection Scotland, to assess care and support during the COVID-19 pandemic. The Care Inspectorate has introduced an additional new Standard for Care Homes in addition to the 5 existing ones: How good is our care and support during the COVID-19 pandemic?

Since the last APR, the [Care Inspectorate](#) assessed only one Glasgow City HSCP run service, Meadowburn Care Home. This was inspected on two occasions, on 16<sup>th</sup> March 2021 and then on the 29<sup>th</sup> April 2021. During these inspections, only the COVID specific standard was assessed. The Home moved from a Grading of 2 (Weak) to 3 (Adequate) over this period, with the 2 requirements specified in March met by the time of the April inspection. The results of the latest inspection are summarised below and the full reports can be accessed [here](#).

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well-being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

Glasgow's previous performance in relation to the most recent annual Care Inspectorate grades and comparison with Scotland's performance overall is reported in National Integration Indicator Number 17 in **Appendix C**.



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## 6.2 MENTAL WELFARE COMMISSION LOCAL VISITS 2020

The Mental Welfare Commission (MWC) undertake local visits, either announced or unannounced; these involve visiting a group of people in a hospital, care home or prison service. The local visits identify whether individual care, treatment and support is in line with the law and good practice, challenge service providers to deliver best practice in mental health, dementia and learning disability, follow up on individual cases where the MWC have concerns, and may investigate further; and provide information, advice and guidance to people they meet with. Local Visits are not inspections however the Commission details findings from the visit and provides recommendations that the service is then required to provide an action plan for within three months.

During the period 1st January 2020 to 31st December 2020 the [Mental Welfare Commission made Local Visits](#) to 3 adult and older adult mental health inpatient wards in Greater Glasgow and Clyde.

- [Gartnavel Hospital, Claythorn House](#) (9 January 2020, announced) - an in-patient learning disability service.
- [Leverndale Hospital, Wards 3a, 4a & 4b](#) (20 & 22 January 2020, unannounced) These are the adult acute mental health admission wards (primarily for patients aged 18-65 years) from South Glasgow.
- [Gartnavel Royal Hospital-Iona Ward](#) (12 March 2020, announced). Iona Ward provides 20 continuing care beds for older men and women with complex care needs.

### *Themes and Good Practice*

The main themes identified from the recommendations from the Local Visit Reports are in relation to:

- auditing care plans, ensuring these are reviewed to reflect individual care needs
- record keeping;
- review of medical records and enhanced observations; and
- multi-disciplinary team notes.

The Mental Welfare Commission also includes in their report examples of good practice noted at the visit.

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## 6.3 PRACTICE AUDIT AND EVALUATION ACTIVITY

In addition to external inspections, the Partnership has an ongoing planned programme of audit and self-evaluation to give quality assurance across all service areas. Practice Audit and Evaluation activity carried out by Social Work between April 2020 and March 2021 is listed in the following table.

Audit/Self-Evaluation	Service Area
Evaluation	Mental Health Officers Review
Evaluation	Occupational Therapy Review

Evaluation	Homecare Medication Policy Review (Smart Survey) – Questionnaire was compiled however work was halted because of COVID-19
Evaluation	Adult Duty and Adult Support and Protection (ASP) Hubs
Evaluation	Significant Case Review Methodologies
Evaluation	Domestic Abuse Baseline Survey Report
Evaluation	Domestic Abuse recording methods
Audit	Support Profile- Homeless individuals using Hotels/Bed & Breakfast
Audit	Staff debriefing following violent incidents in Residential Services
Audit	Outcome of Adult and OP Duty referrals

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## 7. NATIONAL INTEGRATION INDICATORS

The Core Suite of 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 \(2020\)](#) (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). These figures are provided below along with the comparative figure for Scotland and trends over time where available.

### 7.1 SCOTTISH HEALTH AND CARE EXPERIENCE SURVEY (2020)

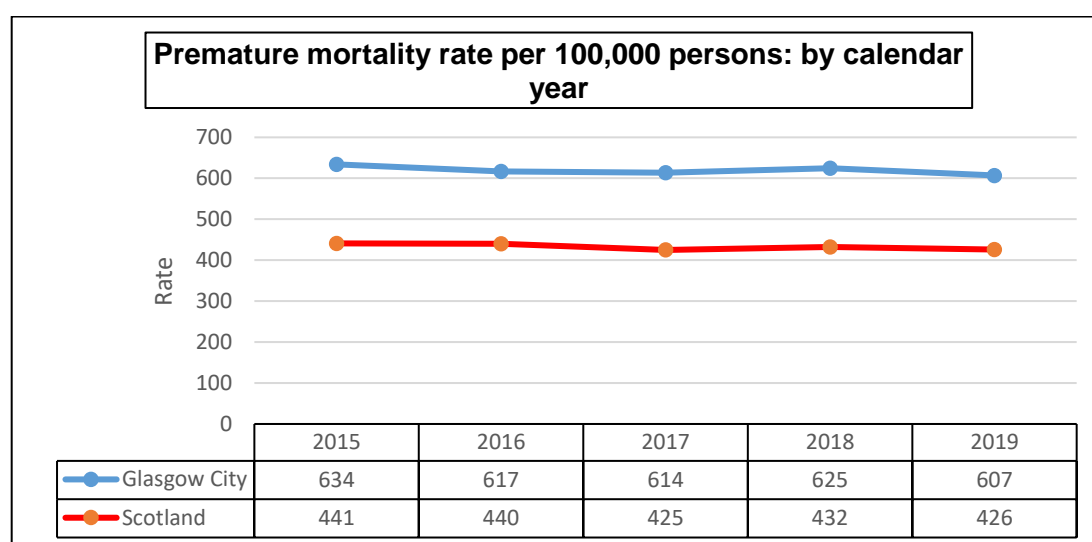
Information on 9 of the National Integration Indicators is derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. Provisional results from the latest [Health and Care Experience Survey \(2020\)](#) which was conducted between September and December 2019 are summarised below. Where comparable results are available from the previous survey (2018), these are shown in brackets. Please note that as these figures are provisional, they may be subject to change.

National Integration Indicator	Outcome	Glasgow	Scotland	Compared to Scottish average
				Above  Below 
1. % adults able to look after their health very well or quite well (2018 data shown as 2020 results still awaited)	1	90%	93%	
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	70%	70%	Same
3. % adults supported at home who agreed that they had a say in how their help, care or support was provided	3	65%	63%	
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	65%	62%	
5. % adults receiving any care or support who rate it as excellent or good	3	69%	69%	Same
6. % people with positive experience of the care provided by their GP practice	3	83% (86%)	79%	
7. % adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	66%	67%	
8. % carers who feel supported to continue in their caring role.	6	36% (38%)	34%	
9. % adults supported at home who agreed they felt safe	7	73%	73%	Same

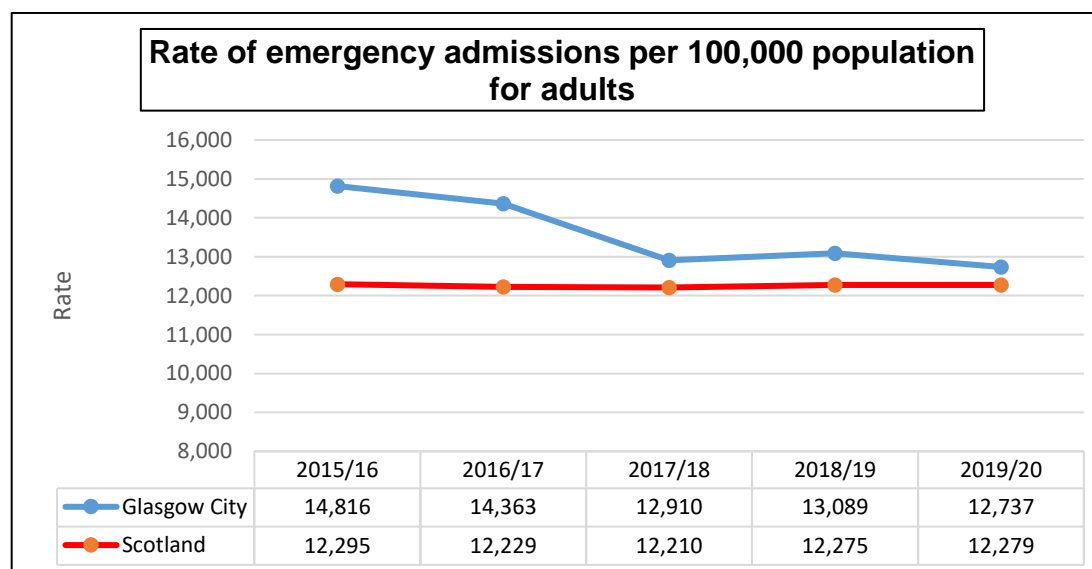
## 7.2 OPERATIONAL PERFORMANCE INDICATORS

Please note that there is a time lag associated with the production of this information and 19/20 data is used within the graphs below to show trends over time and to enable comparisons with Scotland to be made. Some provisional data for 20/21 is shown in the table in section 7.3. When complete 2020/21 data becomes available, the graphs below will be updated.

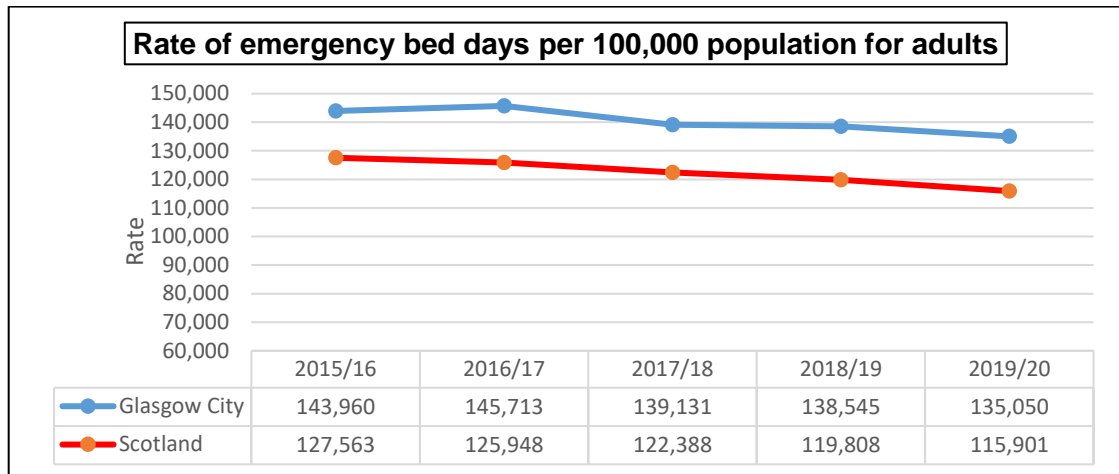
### National Integration Indicator 11



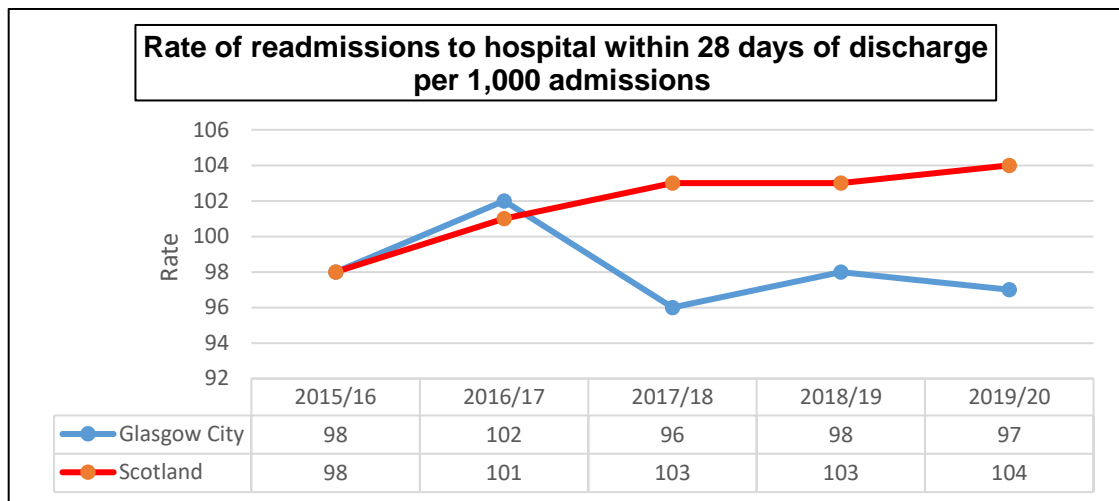
### National Integration Indicator 12



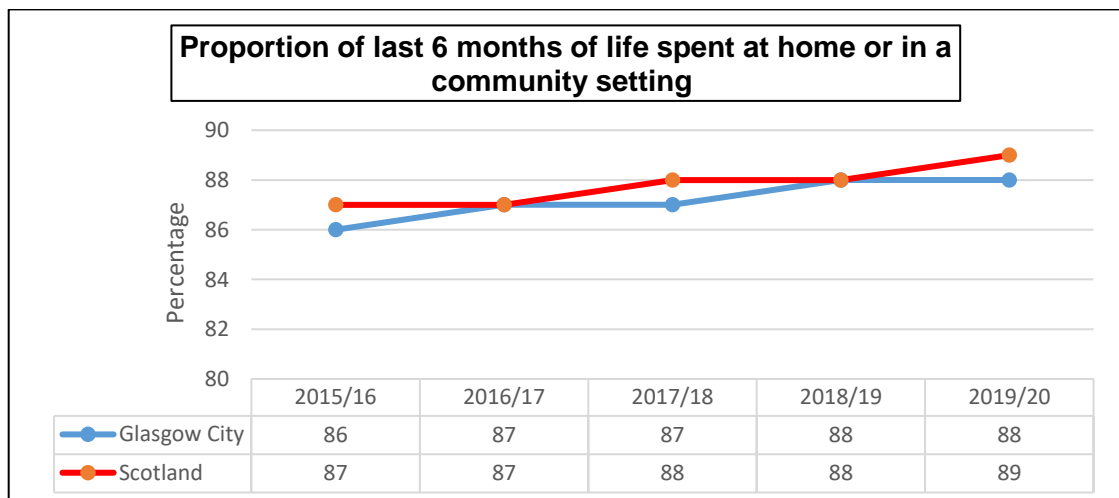
### National Integration Indicator 13



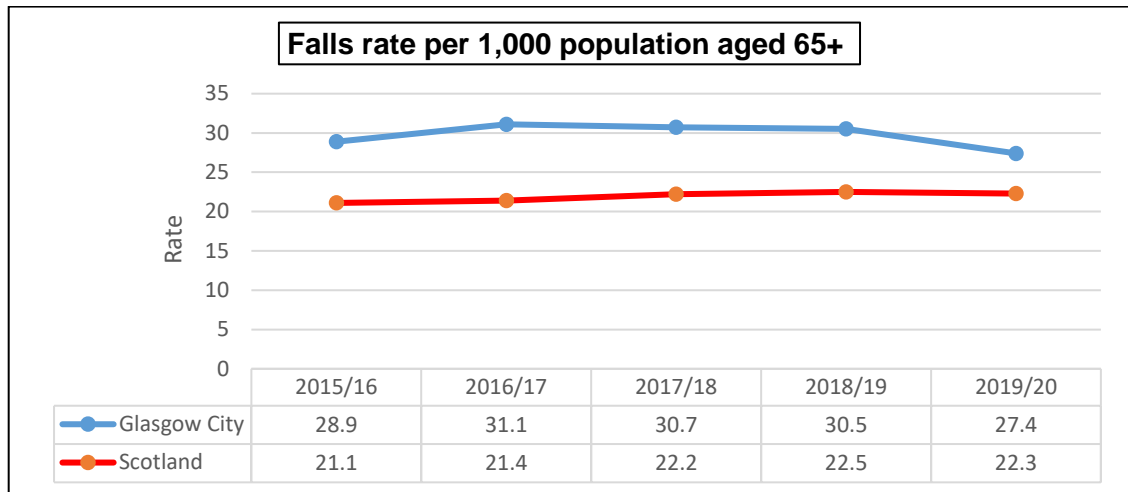
### National Integration Indicator 14



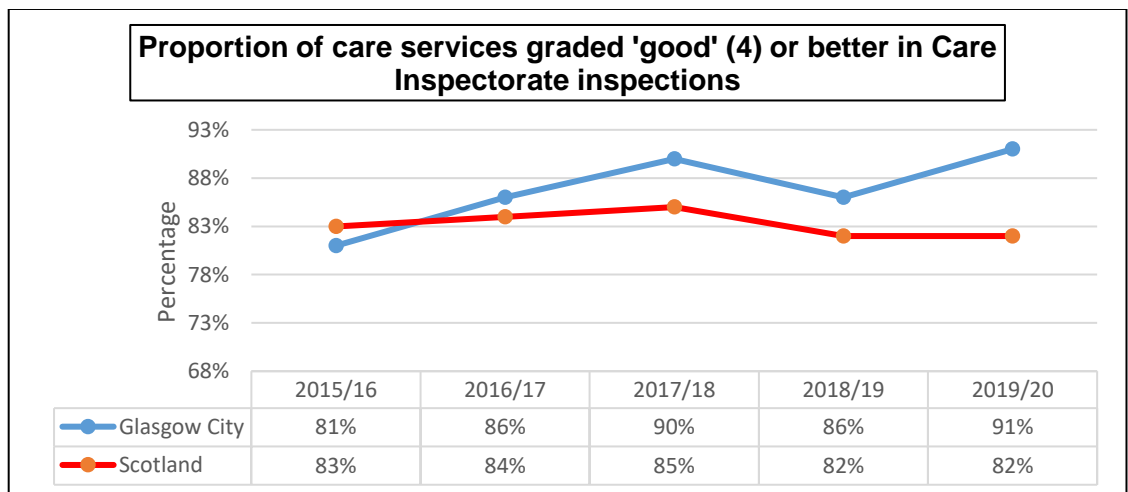
### National Integration Indicator 15



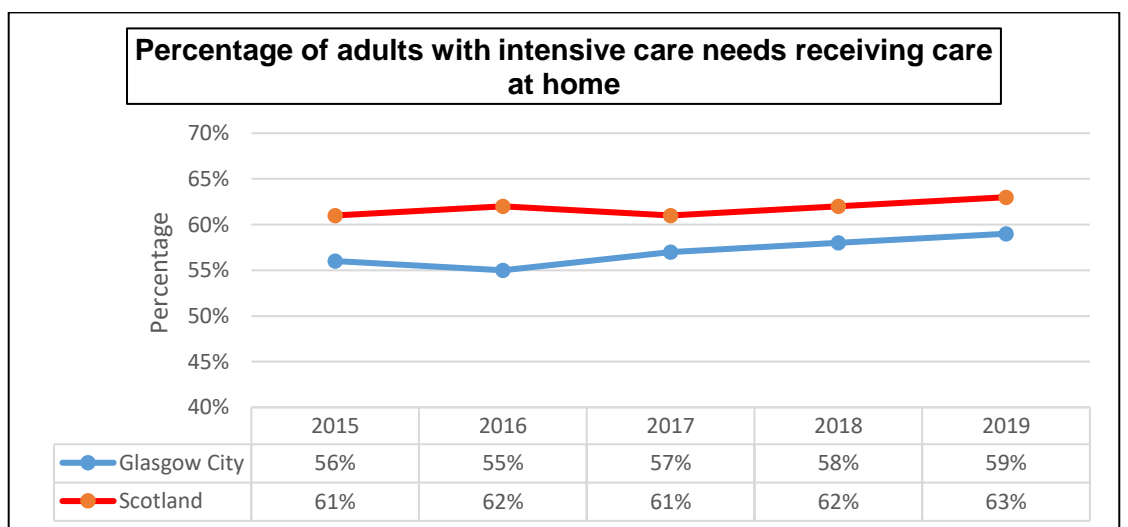
### National Integration Indicator 16



### National Integration Indicator 17

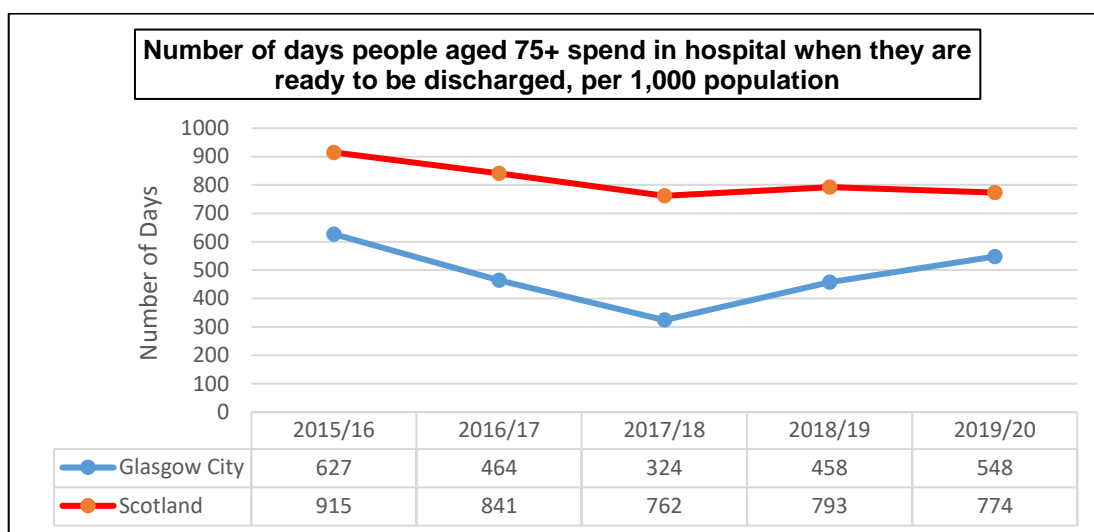


### National Integration Indicator 18

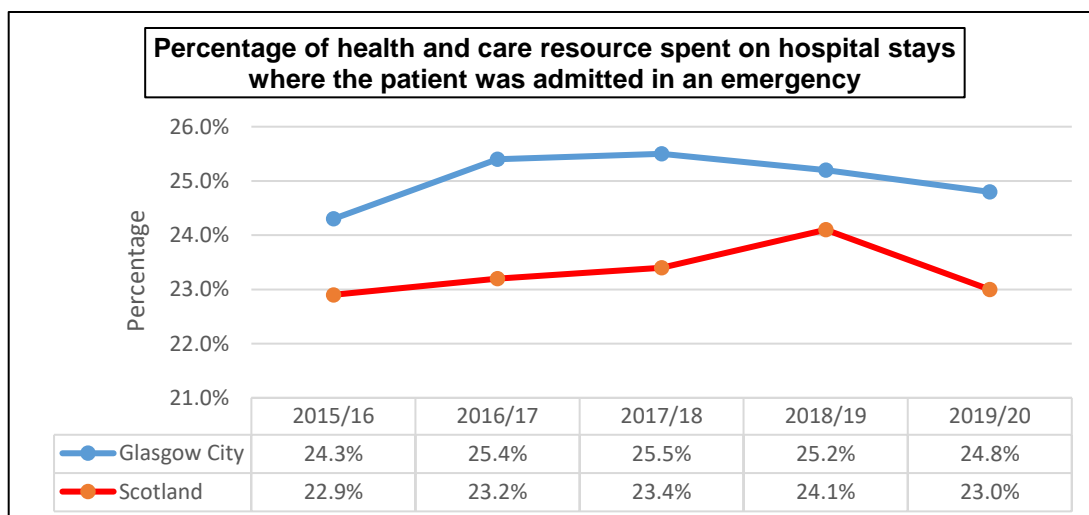




### National Integration Indicator 19



### National Integration Indicator 20



## 7.3 2020/21 DATA

Available information on activity for 2020/21 in relation to the operational National Integration Indicators is summarised below. When full year information becomes available, it will be incorporated into the above graphs.

Indicator	Area	2020/21			
		Q1	Q2	Q3	Q4
12. Rate of emergency admissions per 100,000 adult population	Glasgow City	2,536	2,967*	2,632*	
13. Rate of emergency bed days per 100,000 adult population	Glasgow City	25,293	28,848*	25,099*	
14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions	Glasgow City	131	121*	89*	

15. Proportion of last 6 months of life spent at home or in a community setting (%)	Glasgow City	90.6	89.8*	89.5*	
16. Falls rate per 1,000 population aged 65+	Glasgow City	5.9	6.8*	5.8*	
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	Glasgow City	119	155*	169*	
20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Glasgow City	19.9	22.5*	19.9*	

\*Provisional

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## APPENDIX A

### GLASGOW CITY PROFILE – ADDITIONAL INFORMATION

<a href="#">Scotland's Labour Market, People, Places, Regions Statistics -Annual Population Survey 2019</a>	Annual household survey providing headline estimates on employment, unemployment and economic inactivity.
<a href="#">Department of Work and Pensions (DWP) Stat-Xplore</a>	Provides data on DWP benefits – regularly updated.
<a href="#">Glasgow City Council Planning and Building - Factsheets and Statistics</a>	Links to further sources of information on the city's population and needs including data by ward.
<a href="#">HSCP Demographics Profile for Glasgow City</a>	Last updated May 2021, includes general population estimates and projections at HSCP locality, city and national level plus a profile of health in the city.
<a href="#">Public Health Scotland (formerly ISD Scotland)</a>	Provides robust and extensive health information and health intelligence from data collated mostly from services provided through the NHS in Scotland.
<a href="#">Understanding Glasgow Profiles</a>	Health and wellbeing profiles for adults and children.
<a href="#">NHS Greater Glasgow and Clyde Health and Well-being Survey - Glasgow City Main Report</a> <a href="#">NHSGG&amp;C Health and Well-being Survey Glasgow City Summary Report 2017/18</a>	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.
<a href="#">NHSGGC Schools Health &amp; Well-being Survey - Glasgow City Report 2014/15</a>	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.
<a href="#">National Records of Scotland (NRS)</a>	Official statistics on registrations of births, deaths (inc. COVID 19), marriages, adoptions in Scotland. Annual population estimates and bi-annual projected population estimates.
<a href="#">NOMIS</a>	NOMIS is a service provided by the Office for National Statistics, ONS, which provides access to detailed and up-to-date UK labour market statistics from official sources.

<a href="#"><u>Glasgow Health and Care Experience Survey</u></a>	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.
<a href="#"><u>Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)</u></a>	A national survey of secondary school pupils in Scotland covering smoking, drinking, drug use and other lifestyle, health and social factors including mental wellbeing.
<a href="#"><u>Skills Development Scotland Annual Participation Measure 2020</u></a>	Provides data on the learning, training and work activity of 16-19 year olds in Scotland.
<a href="#"><u>Scottish Burden of Disease Study</u></a>	ScotPHO hosted study of health inequalities comparable internationally.
<a href="#"><u>Scottish Health Survey 2019 (dashboard)</u></a>	Information in relation to the health and health related behaviours of the population of Scotland. Annual national survey with latest results from the 2019 survey.
<a href="#"><u>Scottish Household Survey 2019</u></a>	Annual national survey providing robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland's homes. Latest results from 2019.
<a href="#"><u>Scottish House Condition Survey</u></a>	Annual national survey looking at the physical condition of homes as well as the experiences of householders. Latest results from 2019.
<a href="#"><u>Scottish Index Multiple Deprivation (SIMD) 2020</u></a>	Uses multiple indicators to provide comparative information on population deprivation at a small area level (data zones) within Scotland.
<a href="#"><u>Scottish Public Health Observatory profiles (ScotPHO)</u></a>	Presents a range of information from routine health statistics to survey data. Some data is available at small area level (eg. intermediate zone of HSCP locality).
<a href="#"><u>Scotland's Census</u></a>	Takes place every 10 years with the last one in 2011 and next due to take place in 2022 (postponed in Scotland from 2021 due to COVID 19).

<a href="https://statistics.gov.scot">statistics.gov.scot</a>	Scottish Government statistics website offering a wide range of official statistics from multiple sources including population, government statistics and survey data.
<a href="#">Scottish Government Statistics</a>	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.
<a href="#">Scottish Surveys Core Questions (SSCQ)</a>	An annual Official Statistics publication. SSCQ is a result of a harmonised design across the three major Scottish Government household surveys - the Scottish Household Survey, the Scottish Health Survey and the Scottish Crime and Justice Survey.
<a href="#">UK Government</a>	Provides access to many statistics at UK and local authority level inc. children in low income families statistics.

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## APPENDIX B

### NATIONAL HEALTH AND WELLBEING OUTCOMES

<b>Outcome 1</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer.
<b>Outcome 2</b>	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.
<b>Outcome 3</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected.
<b>Outcome 4</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
<b>Outcome 5</b>	Health and social care services contribute to reducing health inequalities.
<b>Outcome 6</b>	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.
<b>Outcome 7</b>	People using health and social care services are safe from harm.
<b>Outcome 8</b>	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.
<b>Outcome 9</b>	Resources are used effectively and efficiently in the provision of health and social care services.

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