ADULT SERVICE'S PERFORMANCE
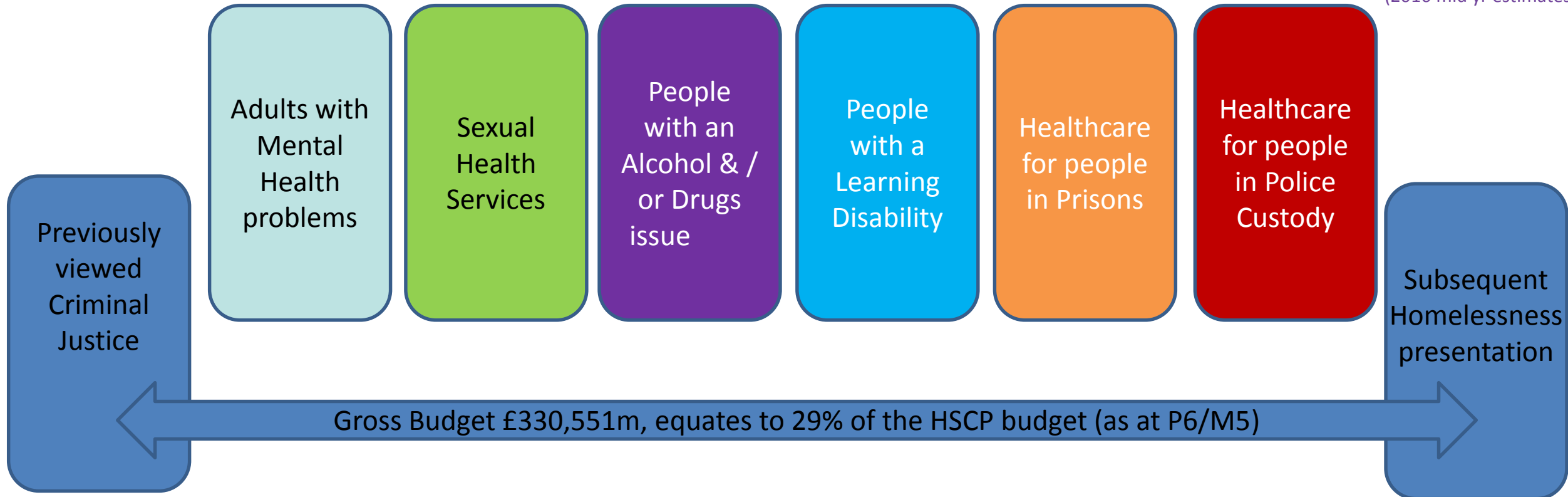
David Walker, Head of Operations (South)

Glasgow City Health and Social Care Partnership

18 October 2017

Overview of Adult Services Scope

Glasgow City HSCP — Health and Social Care Partnership

GC HSCP Adult Services Population (proxy 18 – 64 yrs) 421,041 circa 68% of total population

(2016 mid yr estimates)

| Previously viewed Criminal Justice | Adults with Mental Health problems | Sexual Health Services | People with an Alcohol & / or Drugs issue | People with a Learning Disability | Healthcare for people in Prisons | Healthcare for people in Police Custody | Subsequent Homelessness presentation |

Gross Budget £330,551m, equates to 29% of the HSCP budget (as at P6/M5)

NHS Greater Glasgow and Clyde

Glasgow CITY COUNCIL

Adults: Some Key Statistics

Scale   - 25000 in touch with Adult Mental Health Services

Unmet need   - Services in touch with only 50% of serious drug users and just 12% of people with serious alcohol problems

Inequality   - people with severe mental illness die 15-20 years earlier
                      - people with mental health problems are 3 times more likely to have physical health problems

Performance   - Adult Mental Health in-patient services already at or better than UK benchmark

Pressures   - Adult Mental Health bed occupancy frequently at 100% and plus 30% rise in CMHT referrals

Positive Performance

- Consistent HEAT target delivery of Psychological Therapies and Low numbers of adults in acute admission mental health wards breaching discharge target

- Access to sexual health care appointments – urgent care & average waiting times and access for males

- Clients commencing alcohol or drug treatment within three weeks of referral

- Impact of parental substance use completed within 30 days & Initiated recovery plans alcohol & drugs

- Healthcare in Police Custody – pilot development of national data collection technology

- Learning Disability – IT development will support KPIs for community waiting times

Challenging Performance:

Adult Mental Health - major pressure on e.g. in-patient services as indicated by lengths of stay and very high occupancy levels

Sexual health - waiting times to improve access for young people and for gender identity

Healthcare in Prison – responding to national inspection reports

Police Custody - Volume of medical input to healthcare for people

Learning Disability - Impact of AWI on discharge

Improvement Themes

– Recovery and peer support with flourishing and resilient communities

– Reduction of future service demand contrasting current rising trend

– balancing the books

– aligning engagement & involvement in proposals with timescales for financial delivery

– less professional intervention, more facilitation & more assertive service users

– system wide change with altered balance of in-patient, community, specialist and informal care

– Applying core principles e.g. easy in, easy out; more than well

Key Improvements - Examples

Mental Health – revised website

Computerised Cognitive Behavioural Therapy (cCBT); CORENet Clinical Outcome Measure ; Physical Healthcare Policy; Interface with Accident & Emergency

Alcohol and Drugs - % of service users with an initiated recovery plan following assessment

Sexual Health - enhanced revised website, gender identity service to impact on waiting times; long acting reversible contraception waiting times

Police Custody - electronic system medicines management of risk and implementation of nurse prescribing to manage demand for medical input

Prison Health Care – Development of low intensity psychological interventions

Learning Disability - Sustainable personalised services

Ongoing Challenges

– Adult Mental Health – comprehensive review: maintaining safe primary, community, residential and inpatient care responses, significantly fewer beds

– Alcohol & Drugs – single site inpatient capacity, new outreach models; reduce purchased services, residential rehabilitation redesign

– Learning Disability - Examine Single City wide community team approach; Commissioning task developing a range of models for people with complex needs

– Prison Healthcare & Police Custody – constrained options cost assimilation and absorption within existing resources

– Sexual Health – further review to deliver improvements in access & service user flow; LARC