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Item No: 22

Meeting Date: Wednesday 1st December 2021

Glasgow City Integration Joint Board

Report By: Jacqueline Kerr, Interim Chief Social Work Officer

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Chief Social Work Officer Annual Report 2020/21

Purpose of Report:

To present the annual report from the Chief Social Work Officer for the year 2020/21, prepared in line with interim guidance for the 2020/21 report provided by Scottish Government.

Background/Engagement:

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer is contained within Section 3 of the Social Work (Scotland) Act 1968. This is one of a number of statutory requirements in relation to posts, roles or duties with which local authorities must comply. The Chief Social Work Officer (CSWO) is required to produce an annual report, following Scottish Government guidance for submission to the Scottish Government.

Recommendations:

The Integration Joint Board is asked to:

- a) note the report; and
- b) note that the Interim Chief Social Work Officer report has been submitted to the Scottish Government.

Relevance to Integration Joint Board Strategic Plan:

Delivery of effective social care services is fundamental to supporting the vision and key aims of the IJB's Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:

Supports achievement of all National Health & Wellbeing Outcomes

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Personnel:	No direct implications arising from this report, however personnel matters are referenced within the report.
Carers:	No direct implications arising from this report, however carers are referenced within the report.
Provider Organisations:	No direct implications arising from this report.
Equalities:	No direct implications arising from this report. Equality Impact Assessment not required as this report does not propose a new or amended plan, policy, strategy or service.
Fairer Scotland Compliance:	Not applicable
Financial:	No direct implications arising from this report, however financial matters are referenced within the report.
Legal:	Local authorities are required to appoint a professionally qualified Chief Social Work Officer under Section 3 of the Social Work (Scotland) Act 1968. The duties of the CSWO include production of the annual Chief Social Work Officer's Report, which is presented to the local authority and shared with the Scottish Government.
Economic Impact:	No direct implications arising from this report.
Sustainability:	No direct implications arising from this report.
Sustainable Procurement and Article 19:	No direct implications arising from this report.
Risk Implications:	No direct implications arising from this report, however some areas of potential risk to delivery of effective social care services are referenced within the report.
Implications for Glasgow City Council:	This report must be considered by Council.
Implications for NHS Greater Glasgow & Clyde:	None.

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Direction Required to Council, Health Board or Both	
Direction to:	
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. Governance and Accountability

1.1 Role of the Chief Social Work Officer

1.1.1 The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer is contained within Section 3 of the Social Work (Scotland) Act 1968. This is one of a number of statutory requirements in relation to posts, roles or duties with which local authorities must comply.

1.1.2 The overall objective of the Chief Social Work Officer post is to ensure the provision of effective, professional advice to local authorities in relation to the provision of Social Work Services, and to ensure the delivery of safe, effective and innovative practice.

1.1.3 The Scottish Government has put in place statutory guidance relating to the role of the Chief Social Work Officer that clarifies:

- role and function
- competencies, scope and responsibilities
- accountability and reporting arrangements

1.1.4 The Scottish Government has also preserved the statutory role of the Chief Social Work Officer within the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.1.5 A report was taken to Council's Executive Committee on 17 April 2009 which confirmed the above role and functions of the Chief Social Work Officer and a direction to bring forward reports to Committee on an annual basis, in line with this guidance.

1.1.6 The format for this report is in line with guidance that was issued in April 2021 by the Office of the Chief Social Work Adviser to the Scottish Government for the 2020/21 report, recognising the context of the impact of the COVID-19 pandemic over the reporting period.

1.2 Governance and Accountability

1.2.1 Social Work Services is engaged in a number of strategic partnerships to support development and delivery of effective services across Glasgow. Key partners include Education Services, NHS Greater Glasgow and Clyde, Glasgow Community Planning Partnership, the third and independent sectors and service users and carers.

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- 1.2.2 The Glasgow City Integration Joint Board (IJB) was established in February 2016, with a significant range of health and social care functions delegated to it from the Council and Health Board. It is a key priority for the Integration Joint Board and the Glasgow City Health and Social Care Partnership (HSCP) to ensure that relationships with key partners are strengthened through the integration of health and social care.
- 1.2.3 Early into the COVID-19 pandemic the decision was taken by the IJB to establish temporary governance and decision-making arrangements in order to support the operational response of the HSCP. These arrangements were in place from 25 March 2020 to 1 September 2020. Details of these temporary arrangements are available on the Glasgow City HSCP website at [IJB Temporary Decision Making Arrangements](#). Business as usual IJB governance and decision-making arrangements have been in place since 1 September 2020.
- 1.2.4 The Chief Social Work Officer is a member of the Executive and Senior Management Teams and leads the Social Work Services Professional Governance Board; is a statutory member of the Integration Joint Board; and, sits on a number of other Partnership boards and committees. In this way, the Chief Social Work Officer has a significant degree of involvement in the governance and accountability structures of the service and key partnerships which ensures a professional social work perspective on all strategic and operational decisions.
- 1.2.5 The Chief Social Work Officer, is a member of the Health and Social Care Partnership Senior Management Team and the Council Management Group, holding lead corporate responsibilities on key service reform areas, a significant involvement in budgetary decisions of the service and of the council as a whole as they relate to social care functions. The executive management structure of the Glasgow City HSCP can be viewed [here](#).
- 1.2.6 Within Glasgow, the Chief Social Work Officer chairs the Social Work Governance Board, which has professional leads from the three localities plus a range of key stakeholders from Universities; Regulatory Bodies and Service users and carers.
- 1.2.7 The Chief Social Work Officer works closely with Elected Members and Council committees as necessary to ensure appropriate scrutiny of social work functions at a political level. The Chief Social Work Officer has statutory responsibility to provide the Council with effective professional advice regarding the provision of social work services.
- 1.2.8 As a consequence of the COVID-19 pandemic, and in line with the business continuity management arrangements of Glasgow City HSCP and parent bodies NHS Greater Glasgow & Clyde and Glasgow City Council, additional governance structures were established from March 2020 which included the Chief Social Work Officer.

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- 1.2.9 The existing HSCP Executive Group of Chief Officer, Chief Finance Officer, Chief Social Work Officer, Assistant Chief Officers and Clinical Directors was extended to include key officers from across the Service to carry out the function of a Service Crisis Management Team. This Executive Group was established on 23 March 2020 as a daily meeting, with meeting frequency being scaled up and down during 2020/21 depending on the changing external and internal environment as a result of the pandemic. This group continues to meet at the current time.
- 1.2.10 Senior Management Teams across the HSCP have continued to have regular contingency/business continuity meetings to monitor issues and activity in their respective services as a result of COVID-19 and recovery of services.
- 1.2.11 On 17 May 2020 the Scottish Government's Cabinet Secretary for Health & Sport wrote to Health Board and Local Authority Chief Executives, IJB Chief Officers, Chief Social Work Officers and Public Health, Medical and Nursing Directors about enhanced multi-professional oversight of care homes. The letter and attached guidance directed them to establish those enhanced governance arrangements.
- 1.2.12 The instruction featured some key elements for Health Boards and HSCPs to put in place including the establishment of a multi-disciplinary Care Home Clinical and Care Professional Oversight team group at Board level.
- 1.2.13 In Glasgow City, daily huddles were put in place in respect of the 5 care homes that are directly provided by Glasgow City HSCP. These huddles were led by the Assistant Chief Officer (Operational Care Services), and in line with the enhanced accountability requirements include representation from Public Health, Nursing and QSW Service Managers representing the professional care governance role of the CSWO and providing advice to the huddle accordingly.
- 1.2.14 Daily contact with independent sector care homes were carried out by the relevant HSCP Commissioning Officers, as well as preparing returns from each care home into the Scottish Government's reporting tool (TURAS).
- 1.2.15 In order to ensure that the Chief Officer and CSWO had appropriate oversight of the arrangements, a Local Care Homes Group was established at Executive level. This met, and continues to meet, weekly and receives summary reports of activity including testing and nurse led assurance visits. The group also reviews the RAG assessments of care homes and addresses any escalated issues and is also the escalation point for any care governance matters arising from the daily safety huddles.
- 1.2.16 The enhanced care home governance arrangements that were in place throughout 2020/21 are summarised in Figure 1 below.

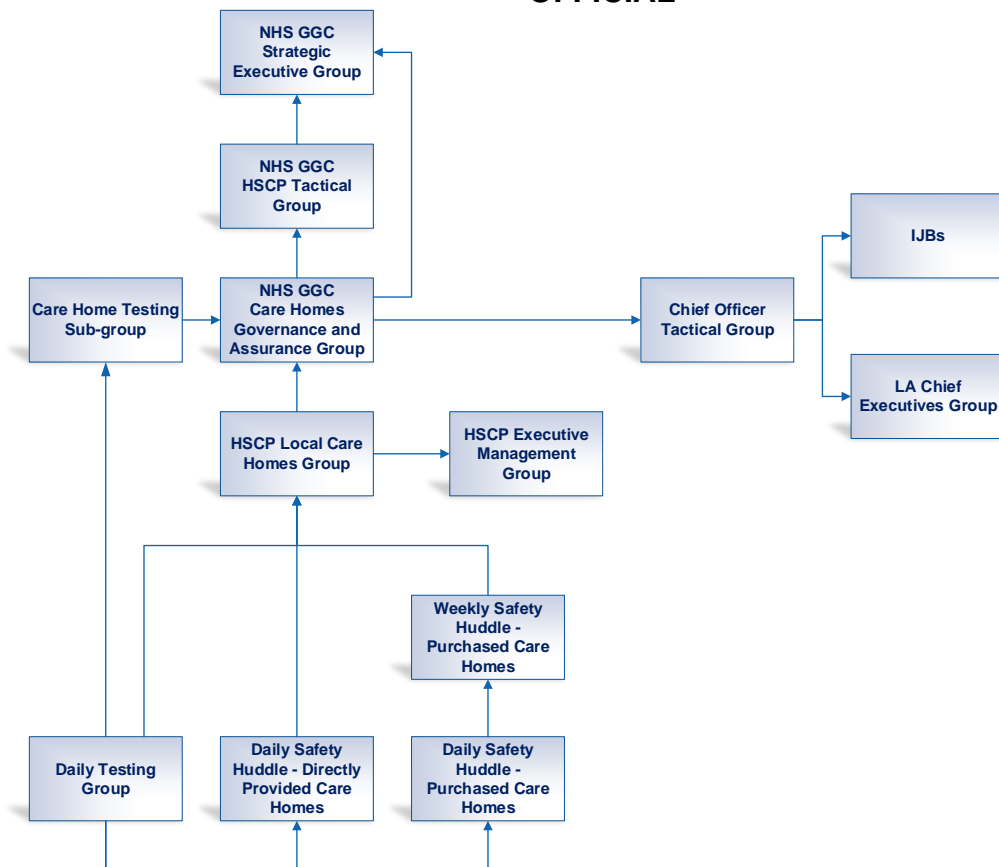


Figure 1: Enhanced Care Home Governance structures 2020/21 (GCHSCP)

2. Service Quality and Performance

- 2.1 The vision for Social Work Services in Glasgow is simply expressed in terms of ‘protecting vulnerable children and adults from harm; promoting independence; and ensuring positive outcomes from our intervention’. The Glasgow City Integration Joint Board’s vision is detailed in its Strategic Plan, available at [Glasgow City HSCP Strategic Plan 2019-22](#).
- 2.2 Performance reporting for Social Work Services is now encompassed within the HSCP’s annual performance reports, which are available at [Glasgow City HSCP Annual Performance Reports](#).
- 2.3 During the past year, business continuity plans have been implemented and temporary governance arrangements introduced to manage the HSCP’s emergency response to COVID-19 and to plan for the recovery of services. Details of the HSCP’s recovery plan can be found in the [Glasgow City HSCP Recovery Strategy](#).
- 2.4 Changed models of service delivery were implemented, including telephone and online based service provision. Several specific service developments, introduced as a result of COVID-19, have proven to be highly effective and have been well received by service users/carers and staff. It is likely that these will become part of mainstream service delivery post-pandemic, for example:

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- A Discharge to Assess Pathway in Older People's Services was developed to alleviate pressure on acute hospitals
- Two [Mental Health Assessment Units](#) were established during the early phase of the pandemic to 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.
- Learning Disability Day Services were closed in the early stages of the pandemic in line with national guidance. As a result of increased isolation, a decision was taken in the summer of 2020 to introduce a **Learning Disability Outreach Service** to provide community-based support to service users in their own home or in a local community setting.

2.5 Although the activity was impacted by the pandemic during 2020/21, we had several highlights regarding service quality and performance:

- Plans for the new £67million [Health and Social Care Hub](#) in the North East, to be built on the site of the former Parkhead Hospital, have been progressed with the Scottish Government approving the Outline Business Case in February this year.
- Woodside Health and Social Care Centre which opened in 2019 was recognised for its innovative design in the [Health Building category](#) at the Scottish Design Awards.
- Recovery Communities, which operate alongside mainstream treatment services and are supported by the city's [Alcohol and Drug Recovery Service](#), [won the Volunteers Category](#) at the prestigious [Scottish Health Awards](#).
- The city's approach to dementia has been [hailed as world leading](#) in a prestigious global study and ranked second out of 30 cities across the world for dementia innovation.
- With the onset of COVID-19, older people living within our care homes lost essential links to their families and friends. To redress this, our care homes used smart phone technology to provide [video calls to enable our residents to keep in touch](#) with their families.
- During the first 4 months of the pandemic, almost 600 carers were helped to [prepare emergency plans](#) by the Glasgow Carers Service to offer peace of mind for carers and provide essential information for organisations who may have to step in if carers become unwell.
- Access to emergency accommodation was critically affected by the pandemic. In response, hotels in Glasgow were repurposed to provide emergency accommodation.
- Work was also undertaken with Housing Associations in Glasgow to make additional [temporary furnished](#) flats available across the City. This led to a reduction to single figures in the number of people sleeping rough in the City Centre.
- A brand-new [multi-agency advice and support hub](#) for people who are homeless or at risk of homelessness opened in September 2020 in Argyle Street.
- In July 2020, Glasgow City became the first local authority in Scotland to achieve the [Living Works Suicide Safer Community Designation](#) in recognition of progress made in the city in respect of suicide prevention and awareness.

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- A multi-platform Campaign to recruit Home Care Services staff was launched last year. This campaign was a finalist in the Association for Public Service Excellence (APSE) awards in the category '[Best Efficiency and Transformation Initiative](#)'.
- 2.6 There are some specific areas identified in the [Annual Performance Report \(APR\)](#) where the Partnership aims to improve performance over the next 12 months. These include:
- Increasing the percentage of service users that are transferred home from intermediate care;
 - Increasing the number of Anticipatory Care Plans (ACP)
 - Reducing the total number of Acute Delays
 - Increasing the number of Alcohol Brief Interventions (ABIs)
 - Increasing the proportion of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
- 2.7 Full details of the areas of improvement identified by the Partnership can be found in the [Annual Performance Report 2020/21](#).
- ### 2.8 Glasgow City Equalities Outcome Update
- 2.8.1 Updated [Equalities Outcomes](#) have been produced following the publication of the IJB [Equalities Mainstreaming Report \(2020-24\)](#) in March 2020. The new outcomes are more clearly aligned with the [Strategic Plan 2019-2022](#) and aim to enable the HSCP to reduce inequality caused by socio-economic disadvantage, in line with the Fairer Scotland Duty, 2018.
- 2.8.2 Full details of the 7 new equalities outcomes along with their corresponding actions, measurements and evidence of progress are provided in our [Equalities Outcomes Report \(2020-2024\)](#).
- ### 2.9 Inequalities and the Pandemic
- 2.9.1 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 and lockdown is lifted. The framework 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 on disabled people has been published locally by the [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.
- 2.9.2 The HSCP key links to the [Glasgow Equalities Forum](#) who are also represented on the HSCP Equalities Group.

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3. Response to the Pandemic

3.1 Children's Services

- 3.1.1 The past 18 months have been the most challenging experience for our Children and Families Social Workers. Our Residential staff have demonstrated a tireless commitment to our children, young people and their families. Our Foster Carers have also provided children and young people with opportunities to continue to see their own mums and dads, while responding to the challenges of home schooling and providing the nurturing homes needed for our young people to thrive and develop. While challenging, our staff have demonstrated the importance of supporting families, maintaining a focus on their strengths. We have continued, throughout the past 18 months, to see a reduction in children and young people coming into care and numbers of children being placed on the Child Protection Register.
- 3.1.2 In December 2020, Glasgow received a grant from Scottish Government of £4,2m from the **Winter Plan Social Protection Fund**. The grant was awarded to offset the impact of the pandemic in relation to staffing in residential services, to support the recovery of Children's Hearings and, critically, to address the disproportionate impact of the pandemic on the most disadvantaged. We worked with Social Workers, Health Visitors and Family Nurses to identify children and young people who would benefit from a small grant which would improve their experiences.
- 3.1.3 **Following the publication of The National Independent Care Review** in February 2020 '**The Promise**' was launched. The Care Experienced Board in the City will lead on the development of a Plan to address the challenges laid out within the Promise report. Glasgow City will link this work to the already established [Children's Transformational Programme](#) .
- 3.1.4 A clear focus has been around the offer of early help and support to families with a shift in practice away from a focus solely on risk to engaging families in a much more strength-based intervention; fundamentally, recognising families as experts in their own lives.
- 3.1.5 Our Social Work service has ensured stories from young people and their families have been at the very centre of delivering what matters to them. With respect to voice and participation, Glasgow HSCP is in the process of employing 4 young people with lived experience to assist and contribute to the delivery of the promise. This is in tandem with:
- Glasgow City's first integrated Family Support Strategy
 - The Integrated Children's Service Plan (post the pandemic 2021-2024) developed with the voice of **875** children and young people and a further **450** parents, carers and practitioners.
- 3.1.6 The Care Review and the Promise seeks to address the wider structural and social inequalities that impact on families to ensure that these are tackled so that no child is left behind. To that end, our implementation of getting it right for

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every child, our Integrated Children's Service Plan and Family Support Strategy endeavour to provide the foundations to radically improve social work practice and secure transformational change. Some of the key developments in children's services include:

3.2 Care and Child Protection

3.2.1 In Glasgow we aim to keep children with their family, including brothers and sisters, when safe to do so, belong to a loving home and staying there for as long as needed. We are strengthening our practice around supporting family connections and increasing our capacity to care for children together. We have introduced Independent Care Review Officers who are focusing on delivering the Promise leading to a complete overhaul of children and young people's reviews and a desire to improve Social Work practice

3.2.2 We have increased our After-Care arrangements and are now supporting **915** young people.

3.2.3 Of the current 810 children who are looked after and accommodated, 75% of these children are from SIMD 1 and 2. Children and young people from Glasgow are still too often placed out with the authority. Brothers and sisters are still placed separately where that would be neither the plan nor the desired outcome. Nevertheless, for the children and families service some notable achievements have been secured;

- Continued to sustain children and young people at home through the pandemic and we have seen a further decrease of 14% in our looked after and accommodated population
- We administered £400 grants to **6,922** via the Winter Plan Social Protection Fund.
- Child Protection Registration has fallen from 421 in April 2020 to 285 in June 2021
- We have made additional investment to support the development needs of residential care workers. Our staff also have access to trauma informed training which is being rolled out across the City.

3.2.4 Through the pandemic work has remained in place to continue to enhance our front-line Social Work practice. Children's Services has;

- Continued to worked with CELCIS (Centre for Excellence for Children's care and Protection/ University of Strathclyde) to support transformational change.
- Established Children's Hearing Improvement Partnership (CHIP).

3.2.5 The goal continues to be to secure better outcomes for all our children and young people, in a city where every child is assisted to achieve their full potential and where positive destinations are open to all. Together the commitment is to develop a skilled and confident social work workforce that can bring a strength and asset-based approach to practice.

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3.3 Adult Services

- 3.3.1 Across Adult Social Work Services COVID contingency plans were in place to manage all cases and a risk assessment tool was introduced to prioritise those with greatest need. A RAG (red/amber/green) risk analysis tool was used to manage priority responses in the teams according to the risk categories. Each of the RAG allocation groups also had expected responses and response times to manage identified risks that the teams worked to. This approach has continued during the pandemic waves and as part of recovery planning. The teams are currently working towards recovery planning in relation to both level 1 and Level 0 restrictions.
- 3.3.2 We have been working with our health and social care staff over the last two years to progress a trauma informed workforce in line with Scottish Government policy aspirations. This includes work in North East Glasgow where our Adult Service Social Care staff have been part of a Scottish Government pilot to promote trauma informed practice, including Mental Health, Homelessness, Alcohol and Drug Recovery Services (ADRS) and Criminal Justice . This pilot has been working well and has been well received by the staff involved to date and will be rolled out across the City in due course.

3.4 Mental Health

- 3.4.1 Social Work responses within Mental Health Services have been set up as above with RAG systems dovetailing across Health and Social Care Teams within Mental Health. A range of meetings have supported planning and review of responses over the pandemic period both within hospital teams and at the interface of inpatient and community teams led by the Heads of Service in each of the three localities. Additionally, we have had COVID contingency planning meetings across the City that both Health and Social Work managers have attended to ensure as consistent an approach as possible and as a support mechanism in the system given the rapidly changing environment that we have all been working in.
- 3.4.2 The Mental Health Integrated Discharge Teams (MHIDT) have been fully operational since October 2020 following a successful trial period with Social Workers and Discharge Coordinators in post across Glasgow City. There is no doubt that the mental health hospitals have had significant pressures on beds both prior to and during the pandemic with increased admission rates for the majority of the time. The Integrated Discharge Teams have played a significant role in facilitating discharge from hospital and have made good links with community services to consider ways to both divert from admission where possible and facilitate early and supported discharge. The role of the Social Work staff within these teams has been invaluable.
- 3.4.3 From a Social Work perspective, we have been involved in considering use of digital platforms to facilitate contact with service users and carers, including having robust governance arrangements for this where it has been appropriate. This has taken account of risk assessment and ongoing recovery planning will maintain a review of the use of digital platforms going forward. Virtual contact was part of a range of responses to service users and carers but risk assessment was key to any decision around how contact was made, including

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face to face meetings where required taking account of the pandemic responses/guidance. Our recovery plans include return to face to face contact to undertake assessments going forward as we move through the restriction levels.

3.4.5 We have recently established a Mental Health Officer Governance Sub Group that sits under the SW governance structure within the HSCP. The remit of the group is as follows:

- The group will oversee report requirements for the HSCP, Mental Welfare Commission and Scottish Government returns and will take account of any governance issues arising out of reports.
- The group will have an overview of management arrangements for MHO work across the City and review this as required taking account of key performance information
- The group will ensure consistency of access to key legislation, policies and practice developments related to the MHO role.
- The group will establish and monitor a performance framework for MHOs taking account of National Standards for MHOs;
- The group will have the overview for the yearly MHO survey and will incorporate any further development requirements into the group workplan.
- The group will have an overview of the training and development of MHOs.

3.4.6 The group has developed an action plan and will also be a strong link with the work ongoing around the review of Mental Health legislation being undertaken by the John Scott Review nationally.

3.4.7 Glasgow, like many other Local Authorities, continues to be challenged by the availability and capacity of Mental Health Officers (MHO). We have focused on a specific recruitment campaign to encourage MHOs to join the city and we have encouraged newly qualified workers to take on MHO training within two years of qualifying.

3.5 Alcohol and Drug Recovery Service (ADRS)

3.5.1 RAGs were also introduced in ADRS to ensure that the highest risk service users and those with any immediate needs have had regular face to face contact and all service users have been contacted digitally, using telephone and Attend Anywhere. Telephones and tablets have been provided to the most vulnerable service users.

3.5.2 Outreach visits to service users at home have been taking place to ensure continuity of care and to sustain service users in treatment. Joint working has been particularly crucial with Children and Family colleagues and all parents in treatment where there are child protection concerns have been visited regularly.

3.5.3 New service users coming into care and treatment have continued to attend face to face clinics with health and social care staff to ensure that their health and social care needs are met, harm reduction interventions are delivered, and physical and mental health assessments are undertaken.

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- 3.5.4 The Alcohol and Drug Recovery Services have been working closely with third sector partners to provide digital hardware and support, as well as welfare support throughout the pandemic.
- 3.5.5 The Services have supported the Recovery Communities to provide online support from the start of the pandemic, engaging with existing and new service users to provide relapse prevention and recovery support. An outreach model was developed to service users who were shielding, to deliver food and provide additional recovery support.
- 3.5.6 A review of Alcohol and Drug Services was commissioned and included staff consultation, meetings on Teams and questionnaires. Service users and community members with lived experience were also offered an opportunity to provide feedback through questionnaires. Workforce developments and team modelling will be taken forward by the service. This will include consideration of the service introducing a qualified Social Work element to the workforce.
- 3.5.7 The Alcohol and Drug Partnership (ADP) have established a lived and living experience reference group, to link with operational and strategic decision-making.
- 3.5.8 The ADP continues to have a detailed programme of support for service users and their families. Over the next year one of the key priorities for the ADP will be to support the service to deliver on the new nationally agreed MAT standards (Medication Assisted Treatment). This will see significant improvements in relation to timescales for treatment; types of treatment and support while in treatment and recovery.

3.6 Learning Disability

- 3.6.1 Both Community and Learning Disability Day Services have, similar to other Adult Care groups, managed Social Work responses through the RAG system detailed above. A decision was taken early in the pandemic to close day services due to the risk to the range of vulnerable service users and carers that attend our day services. In response to this, an outreach model was developed that deployed the day care staff to deliver services that could be offered to people at home taking account of COVID restrictions. It was also important where possible to encourage the use of the service. However, given the number of service users and carers shielding in the earlier stages, it was sometimes a check visit as anxiety about COVID was high at that time. Virtual contact was also successfully used.
- 3.6.2 The feedback from service users and carers regarding the outreach approach has been positive. The two building-based day services across the city are now open with a mix model of building-based support and an outreach service.
- 3.6.3 We are continuing our work to further enhance our integrated approach to service delivery within Learning Disability Services. The community and inpatient teams both in Glasgow city have worked closely together over the last 18 months to deliver services in an integrated way in very challenging circumstances and the overall view of the managers and staff involved is that this has been positive, providing working practices and processes that we can

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further enhance as part of our recovery plan. This includes the further development of risk management and risk register systems in keeping with key policies around learning disability services nationally. We are also looking at new ways to deliver care using technology enabled care to maximise independence where possible and consider alternative models of care to support long term discharge requirements within our inpatient services. We are also looking at different ways to seek the views of service users and carers in relation to service developments, seeking opportunities for co-production where possible as part of the work around our Maximising Independence Programme.

- 3.6.4 We have been making steady progress in relation to offering those in long term hospital care, alternative community-based adult social care provision. This will continue over the next year with the introduction of the Learning Disability Change Fund. We are in the process of refurbishing accommodation to support service users with complex needs who are delayed in hospital or in residential placements. This resource will be operated by one of our Adult Social Care Providers and will both offer long term and rehabilitation options for this group of service users. We will fund this resource by using the city's allocation of the Scottish Government Learning Disability Change Fund.

3.7 Older People, Physical Disability and Carer Services

- 3.7.1 Older People's; Physical Disability and Carers services continued to respond throughout the pandemic following the guidance of the Scottish Government, the Glasgow City IJB, Scottish Social Services Council and the Care Inspectorate, and working closely in partnership with our stakeholders to support challenges in the Acute sector, GP services and our partners in the third sector.
- 3.7.2 As the first lockdown began at the start of 2020/21, we prioritised service users and those in need of critical care to meet the immediate demands of the service as a large portion of our workforce went into isolation, shielding and / or were sick / absent due to COVID.
- 3.7.3 During 2020/21, targets were put in place in our carer's services in respect to the completion of Adult Carer Support Plans and Young Carer Statements. Citywide targets were not initially met due to challenges and restrictions imposed by the impact of COVID and the suspension of services. Standard Performance monitoring was suspended for Q1. Some carers also declined the offer to complete plans until they could meet face to face.
- 3.7.4 Feedback forms were sent to carers after their assessment had been undertaken and services were in place. Returns show that the percentage who believe the support they received had improved their ability to support the person they care for and was consistently above the 70% target in 2020/21, peaking at 89% in Q3.
- 3.7.5 The local Social Work services undertook a robust review of Business Continuity plans for the purpose of maximising resources available to services. Stay at Home guidance was issued by the UK and Scottish Government and by adapting our operational model to allow staff to work flexibly from home and

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embracing technology our services increased digital contact appointments which enhanced communication with our service users and staff.

3.7.6 Examples where services were changed included:

- The move from locality based Social Work Duty teams to a single Duty Hub covering both Adult and Older People's services across the City.
- The move of the Hospital Social Work Team to a shared base with Care Services and additional staff were redeployed to support this service and maintain performance around delayed discharge.

3.7.7 Service recovery has been a key element in our response to the pandemic, with some services re-establishing quickly after the initial period of lockdown with social distancing and safety measures in place. Services continue to implement recovery plans in line with on-going changes to government guidance.

3.7.8 The services continue to be flexible, working to accommodate ongoing restrictions to how we deliver our critical and essential services with staff access to suitable mobile technology increasing.

3.7.9 A few new developments to services were put in place in response to the changed circumstances for single contact point to bring together the range of supports that developed in the city for people who required support. Working with the HSCP, the Glasgow Council for the Voluntary Sector (GCVS) set up arrangements to co-ordinate requests to community resources depending on need. Older People Services welcomed, supported, and have used this vital resource throughout.

3.7.10 To support timely hospital discharge an MDT (multi-disciplinary team) pathway was developed to ensure joint discharge planning and discharge of individuals, where possible to vacancies in our directly provided care homes. Individuals and their families were provided with information via web links to view the care homes remotely to support decision making and preparation for discharge. Lessons learned via the success of the pathway will be fully considered.

3.7.11 As lockdown has eased all Older People Services have experienced an increase in referrals matched with an increase in individuals with palliative and complex needs. We are working on operational plans to support timely responses including planned Social Work and Team Leader Recruitment, testing a single point of access for the District Nursing Out of Hours Service and development of a short Older People Care Home Review Team to meet the requirement to review the needs of all individuals within Care Homes.

3.8 Care Services

3.8.1 Care at Home Services

3.8.2 Care Services have continued to respond to the changing dynamics required in response to COVID with services ensuring communication directly with stakeholders, service users and partners to continue performing and delivering quality care throughout the difficulties experienced during the pandemic.

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- 3.8.3 Since March 2020 the Care at Home services developed a risk assessment tool (RAG) to prioritise service users.
- 3.8.4 On average the service delivered 60,000 visits per week from March to Dec 2020. At the start of 2021, Care at Home Services averaged 79,445 visits per week, increasing to 82,782 by March 2021. This has been despite the complexity of the pandemic impacting directly on front line services.
- 3.8.5 Glasgow Care at Home Service has continued to review service users' care needs and delivered an average of 67.5% assessments throughout the year against a target of 85%. This performance was affected by staff absences and the time taken to recruit and train staff.
- 3.8.6 Care at Home Services averaged 73% against a target of 70% for service users being screened for a reablement service following referral to a home care service.
- 3.8.7 Health and Wellbeing advice provided to our 4,200 Care at Home and residential staff ensured that they had knowledge and understanding to communicate appropriate messages to service users whilst providing their support. Care at Home staff played a key role in identifying and supporting unpaid carers.
- 3.8.8 Criteria was issued to enable Social Work Services duty teams to quickly access additional funding for care at home or other respite in the community for vulnerable service users. This met the requirements of the Carer (Scotland) Act 2016.

3.9 Older People's Residential and Day Care Services

- 3.9.1 Occupancy rates of Glasgow City HSCP's 5 directly provided care homes in 2020/21 averaged 91% against a target of 95%, with the lowest quarter having 85% and the highest (Q4) achieving 95%. This was due to the significant risks to care home residents and the strict restrictions placed on care homes around admissions.
- 3.9.2 100% of care home residents received a review against a target of 95% throughout 2020/21, with 82% being completed in-house and a further 18% led by Social Work.
- 3.9.3 During the early stages of the pandemic all older people's day care services were suspended. Service users were offered an alternative outreach support service. Day Care services are now being remobilised.
- 3.9.4 Care Homes have been on the front line of this pandemic and the health and wellbeing of our 1000 strong workforce has been of paramount concern with the partnership developing webinars support material 20-minute time to talk (psychology sessions) and consultation exercises to support staff's mental health with one to one input from the Marie Curie Palliative care teams where required.

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3.10 Public Protection and Complex Needs

3.10.1 Homelessness Services

- 3.10.2 During the period 1st April 2020 to 31st March 2021 the City's Homelessness Services received 9,264 requests for advice and assistance. Of these requests 6,419 progressed to a homelessness application and the service also made 12,984 offers for emergency accommodation.
- 3.10.3 The commencement of the Social Distancing Measures in March 2020 and the cessation of mainstream letting activity placed significant pressures on Homelessness Services in relation to the supply of emergency and settled accommodation. The service and its partners rapidly responded to mitigate the impact of the public health emergency on our vulnerable communities with considerable effectiveness.
- 3.10.4 The front-line Community Homelessness Service and Asylum & Refugee Support Team were required to implement a service delivery model that reflected the need to minimise social contact and sustain a responsive service. Significant levels of service user contacts were undertaken remotely with immediate assessment of need to determine ongoing support requirements.
- 3.10.5 As a result of the impact of the social distancing measures and continued demand for emergency accommodation the service increased its supply of emergency accommodation through the use of 'spot purchasing' and repurposing of a number of hotels.
- 3.10.6 Given the Public Health response, Glasgow has maintained a duty to respond to emergency accommodation needs where we have ensured that all presentations, including rough sleepers and those rough sleepers with no recourse to public funds (NRPF) are offered emergency accommodation.
- 3.10.7 The pandemic also saw an increase in work with commissioned services and voluntary organisations in order to mitigate the economic impact of the pandemic through the delivery of material assistance, including food parcels and the delivery of food to all bed and breakfast establishments.
- 3.10.8 During the pandemic Homelessness Services and colleagues within the Housing First Consortium have worked to ensure that our most vulnerable service users have been supported to secure settled housing. This included Housing First staff pro-actively working with people in repurposed hotels to support them into secure tenancies.
- 3.10.9 The City's [Rapid Rehousing Transition Plan](#) (RRTP) set out an ambition to close the Bellgrove Hotel due to concerns regarding the standard of care and accommodation to a vulnerable group of men. The HSCP, Glasgow City Council and the Wheatley Group have worked together to acquire the Bellgrove Hotel and Homelessness Services have now successfully

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decommissioned the service with significant improvements for the quality of life for those accommodated there.

- 3.10.10 Outreach services were established across homeless accommodations, including repurposed City Centre hotels, to ensure that service users had access to Physical and Mental Health Services. This approach saw an improved response to the multiple and complex needs of a vulnerable and high-risk population. Care Management was tailored to the individual and engagement increased.
- 3.10.11 The recommencement of mainstream letting activity in August/September 2020 saw significant activity to move people from the repurposed hotels into tenancies. 77 households have been supported to move into settled lets with Housing First support during the last three quarters of 2020/21. In total 195 households have been supported into settled lets (compared with March 2020 figure of 116) with tenancy sustainment exceeding 85%.
- 3.10.12 The Scottish Housing Regulator (SHR) Inspection Report on Glasgow City's Homelessness Services performance in relation to access to emergency accommodation was published in [November 2020](#). The report highlighted the progress made in relation to access to emergency accommodation whilst also highlighting ongoing challenges in relation to the provision of emergency and settled accommodation.
- 3.10.13 An improvement plan, reflecting the 4 recommendations of the SHR inspection, has now been agreed between Homelessness Service and the SHR. We have worked with people with lived experience to co-produce an accessible plan that sets out the recommendations of the SHR.
- 3.10.14 In line with the extension to the Unsuitable Accommodation Order the revised UAO will mean that the City will breach the order if it accommodates households in B&B type accommodation for longer than seven days. We will continue to work to reduce our use of bed and breakfast type accommodation. We will also improve the quality of accommodation and support to bed and breakfast residents whilst we continue to use them. The UAO is currently scheduled to be extended at October 2021.
- 3.10.15 Through the Glasgow Alliance to End Homelessness, the service will work with partners to deliver the transformation of homelessness accommodation and support services. The Alliance Agreement was formally finalised and signed by all parties in July 2020. During the pandemic the Alliance Partners were central to the rapid expansion of support to people accommodated in the city centre Hotels. Going forward we will work with Alliance partners to re-align service provision to community-based services that sustain people within their own tenancies.

3.11 Complex Need Services

- 3.11.1 Due to the pandemic a new service model was developed incorporating the Homelessness Health Services and additional Social Work services. We now have developed a multi-disciplinary city centre complex needs team who have supported 600 homeless service users residing in our city centre hotels,

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ensuring targeted early intervention wherever necessary. A Young Person's Outreach Service was also established to respond to a population of 16–26 years; the majority of whom had not previously engaged with services. The previously established Women's Service was also moved to a new female only base within the city centre.

- 3.11.2 The pandemic further highlighted a population within Glasgow with multiple and complex needs; that do not fit neatly into one group or that can be dealt with by a single service. A large percentage have not engaged with mainstream services but have a high level of presentations across emergency and out of hours services.
- 3.11.3 This team will continue to develop and will aim to provide a specialist service for individuals presenting with multiple and complex health and social care needs who are otherwise struggling to engage with mainstream services.
- 3.11.4 Lived experience will feature prominently as we move forward and the service is currently establishing service user groups including those who are actively in service and treatment ensuring the voice of our service users continues to influence service delivery.
- 3.11.5 A Complex Needs Strategic Oversight Group has also been established with key partners across homeless and mainstream services; the remit of which is to support a transition for both Complex Needs and Locality Services. Action Plans have been developed including formulation of criteria & remit for a Complex Needs Service.

3.12 Public Protection

3.12.1 Adult Support and Protection (ASP)

- 3.12.2 Adult Support and Protection activity in 2020/21 has been the subject of intense scrutiny following the emergence of COVID and its impact, including the effect on the most disadvantaged in our communities.
- 3.12.3 The Adult Support and Protection (ASP) Committee also helped to oversee ASP activity during the pandemic, moving to monthly meetings and supporting the provision of weekly reports to Scottish Government to help inform their national overview.
- 3.12.4 We have incorporated data into the analysis of need and used this to inform policy and practice responses. This has included identifying the impact of a reduction in home care staff availability in one area of the city, and related steps taken to mitigate the risk. Similarly, it was noted that the weekly average number of detentions under the Mental Health Act rose during the lockdown period. It was also reported that the number of children placed on the Child Protection Register with a risk indicator of parental mental illness had also increased during this period. This information was discussed at both the ASP and Child Protection Committees and triggered two thematic reviews to help inform practice and development. The work related to these reviews is ongoing and the findings will help to inform practice and service delivery.

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- 3.12.5 The delivery of ASP processes has been prioritised as a crucial area of frontline service delivery, helping to maintain a key focus on staffing ASP Duty systems and providing support and protection to adults at risk of harm. Staff have continued to undertake ASP inquiries and investigations, assisted by National ASP Guidance and local guidance, including clear advice on how to access up-to-date information from Public Health to ensure compliance with infection control measures.
- 3.12.6 The volume of ASP referrals has fluctuated during the pandemic. The overall number of referrals is down, to 5,571 ASP Duty to Inquire (DTI) completed in 2020/21 compared to 7,594 in 2019/20. Where an ASP Investigation was undertaken there was a rise in cases requiring to progress to ASP Case Conference stage (required in 52% of cases in 2021/21 compared to 38% in 2019/20).
- 3.12.7 Delivery of training was also directly affected by COVID during 2020 but improved in 2021. This has involved a clear priority being placed on ASP training with a return to face-to-face training early in 2021 for Council Officer Training, Team Leader Training and Second Worker Training. Multi-agency training has been delivered online and a blended approach is now being developed to help sustain a wider capacity to offer training. Similarly, Learning and Development staff have worked alongside the Adult Protection Committee to adapt the existing training programme for online delivery. A learning network is also being developed to help expand the capacity to deliver training via a variety of approaches. Evaluation of training continues to have a consistently positive feedback.
- 3.12.8 The Scottish Government ASP Improvement Plan involves a commitment to Thematic Adult Protection Inspections of Local Authorities, led by the Care Inspectorate. The national inspection programme was delayed due to the impact of the pandemic but has now re-commenced. Glasgow is likely to be externally inspected in 2022. The external inspection will look at ASP Outcomes, ASP Key Processes, and ASP Leadership and Governance in the context of Social Work Services, NHS and Police Scotland with operational and strategic oversight groups now established. The work involved in preparing for inspection sits alongside the current focus on learning from the pandemic and involves using our experiences to help inform our future service provision.
- 3.12.9 An audit tool has been developed based on the approach taken by the Care Inspectorate in their thematic inspection of six Local Authorities. The aim will be to help promote more consistent practice going forward and to embed regular case sampling into the monitoring of ASP Duty systems, as part of robust governance arrangements.
- 3.12.10 Improvements continue to take place including:
- City wide briefings on improving ASP practice;
 - Enhancement of Learning and Development resources;
 - Development sessions held for Heads of Service regarding Significant Case Reviews (SCRs) and related processes;

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- ASP Practitioner Forums and Steering Groups;
- Specific multi-agency arrangements have been established to help monitor risks/improve support arrangements within the care home sector, following significant pressures in this field;
- A Public Protection newsletter has also continued to be produced by the ASP Committee to provide regular updates to HSCP staff and key agencies;
- Local Management Reviews (LMRs) have re-commenced to help promote the improved delivery of ASP processes;
- Development of a centrally based Adult Protection Team, with two Senior Officer posts being created to support the work of the Service Manager.

3.13 Child Protection

- 3.13.1 Child Protection continues to benefit from improved data reporting with routine reflections on fluctuating trends considered via Glasgow Child Protection Committee and our established quality assurance meetings. Child Protection will continue to reflect the broader children's transformational change agenda with key focus on family support and mitigating against the requirement for children becoming looked after wherever possible.
- 3.13.2 During the 2020/21 Glasgow experienced an increase in Initial Referral Discussions (IRD) accounting for an average of 23 per week compared with pre-COVID figures of 15 per week suggesting support needs of families increased. This increase however did not translate into an increase in child protection registrations. In June 2021 Glasgow reported 285 children on the child protection register (compared with 421 April 2020).
- 3.13.3 Glasgow has established a multi-agency information sharing meeting chaired by Police Scotland to identify and discuss those young people considered to be at significant risk and vulnerable through exploitation. The group supports robust information sharing and multi-agency risk management.
- 3.13.4 Early information sharing and decision making through IRD is being reviewed on a regular basis by managers from key partners in response to the rise in number of IRD's undertaken over the last 18 months. Managers from key partner agencies regularly sample IRD's on an 8 weekly cycle providing assurance and management oversight.
- 3.13.5 Both the Child Sexual Exploitation (CSE) and Trafficking sub-groups continue to meet on a regular basis and are driving forward practice changes and initiatives. Glasgow is working with Barnardos to develop national CSE assessment guidance and phase 1 of this work was recently published and disseminated across partners. Glasgow will be one of the Test of Change sites going forward.
- 3.13.6 The Trafficking work group has been responding to Scottish Government consultations regarding the proposed new legislation. Glasgow has been identified as an example of good practice in the management of child trafficking. Glasgow has expressed an interest in being one of the Home Office pilot sites for National Referral Mechanism (NRM) Devolved Decision Making

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for children who have been trafficked. Glasgow has been working closely with the Home Office and the Scottish Government to adopt the Pilot Guidance to reflect Scottish legislation and practice.

- 3.13.7 The Young Persons Support & Protection Procedures were updated to reflect changes in national guidance and local practice and several multi-agency briefings took place to support implementation. Work is ongoing to ensure the full implementation on the new National Child Protection Guidance.
- 3.13.8 Work continues to develop a Children's House (Bairn's House) in the City. The Child Protection Committee and Chief Officers have committed to the creation of such a resource and work is underway to identify potential suitable accommodation. Discussion has also taken place with Children 1st who have secured funding to develop the first Children's House in Scotland.

3.14 Domestic Abuse

- 3.14.1 Domestic Abuse in Glasgow has featured prominently in Public Protection matters routinely accounting for more than 40% of all child protection registrations, more than 60% of all Non Offending Risk Management (NORM) referrals, 780 Justice reports where the offence had Domestic Abuse aggravator (1,074 in previous year due to reduction in court activity during pandemic) and accounting for more than 100 ASP case conferences in the previous year.
- 3.14.2 Further scrutiny on domestic abuse and its impact on Homelessness has also confirmed more than 500 presentations attributable to domestic abuse.
- 3.14.3 Glasgow has placed this agenda in greater focus with the commencement of a strategic plan which will see whole system approach across care groups; Children and Families, Adults, Older People, Justice and Homelessness with additional involvement of key 3rd sector, Police and Education partners.
- 3.14.4 In 2019 the Social Work Justice Services established a team in Glasgow to work with perpetrators of Domestic Abuse using the Caledonian Programme. The Caledonian System is an accredited integrated approach to address men's domestic abuse and to improve the lives of women, children and men by utilising a trauma informed and evidence-based approach. Throughout the pandemic the Caledonian Team have maintained contact with women and children at risk of domestic abuse, offering a range of practical and emotional support. At present, the Caledonian team are working with 208 men subject to Community Payback Orders with a programme requirement to engage with the Caledonian system. 96 women and 26 children are linked to the men on the programme.
- 3.14.5 The development of a strategic plan for Glasgow HSCP will look at the structure of services and ways of improving access and service delivery models. There is also collaborative work planned with leading academics to undertake formal research into decision making processes and where and how to improve early intervention within services.

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3.15 Multi-Agency Public Protection Arrangements (MAPPA)

3.15.1 The performance figures for MAPPA are scrutinised at both the MAPPA Operational Group (MOG) and the Strategic Oversight Group (SOG) to ensure that performance remains high and any dip is dealt with appropriately. From the table below Glasgow’s MAPPA performance remains strong and exceeds the targets set by Scottish Government.

Scottish Target	Glasgow Performance 2020/21
90% of level 3 MAPPA cases to be reviewed no less than once every six weeks	100% achieved
85% of MAPPA level 2 cases to be reviewed no less than once every 12 weeks	96% achieved
Disclosure to be considered and the decision to be recorded in the minutes at 100% of level 2 and 3 MAPPA meetings	100% achieved
Level 2 MAPPA meeting must be held within 20 days of referral from community	100% achieved
Level 2 and 3 meetings must be held prior to release from prison	100% achieved
All minutes of levels 2 and 3 meetings should be produced within 5 working days and sent to the chair for approval, they should then be signed off by the Chair within 5 working days and returned for distribution, this allows a 10 working day turnaround.	90% achieved

3.15.2 MAPPA has continued to function as normal during the pandemic. Level 2 and 3 MAPPA meetings quickly moved to being conducted securely online which meant that they could continue without interruption.

3.16 Justice Social Work Services

3.16.1 The key priorities for Justice Social Work (JSW) continue to be our response to the pandemic, the backlog of unpaid work hours, planning for the increase in court business in September 2021 and the ongoing robust management of high risk/need individuals subject to community payback orders, drug testing and treatment orders and prison licences.

3.16.2 Alongside the response to COVID and meeting statutory obligations, JSW have an ambitious transformational agenda with aspirations to improve long term outcomes for service users by creating opportunities for reintegration and rehabilitation. Early and effective intervention remains at the heart of this agenda and the service continues to develop and enhance services such as Supervised Bail, Diversion from Prosecution, Structured Deferred Sentence and a partnership model of Arrest and Referral in line with these aspirations.

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- 3.16.3 Reducing the prison population, recall to prison, improving engagement and compliance with community orders and supporting national developments such as Electronic Monitoring, will be areas of ongoing development throughout 2021.
- 3.16.4 The development of Supervised Bail in Glasgow has been a key priority to assist in safely reducing remand numbers across young people and adults. Supervised Bail was further enhanced in June 2021 by the introduction of bail beds for women at the 218 Project. This service will offer the court an alternative to remand and women an intensive residential support whilst they are subject to bail.
- 3.16.5 JSW, Community Justice Glasgow, Crown and Procurator Fiscal Service (COPFS) and Police Scotland have been working in partnership to develop an integrated service provision with the aim of increasing Diversion from Prosecution referrals in Glasgow in line with national and local policy aspirations. The service has led on a test for change and will co-locate a Social Work member of staff in London Road Police Marking Hub in August 2021, with the key aim of increasing the number of Diversion from Prosecution referrals.
- 3.16.6 Structured Deferred Sentence (SDS) has been well used in Glasgow and we have seen an increase in the numbers over the past two years due to the efforts from within the Drug Court Team and the introduction of the Alcohol Court in early 2019.
- 3.16.7 JSW and Youth Justice Services have worked closely with Glasgow Sheriff Court to develop and implement a 'problem solving' SDS Youth Court. An evaluation of the effectiveness of this approach has been commissioned and findings of this research are expected to be published in 2022.
- 3.16.8 Tomorrow's Women Glasgow continues to evolve as a multi-disciplinary service supporting women involved in the justice system. The project continues to empower service users by involving them in the design and the delivery of the service. The principles of the project are to improve wellbeing and tackle inequality by developing a greater awareness of the needs of the women they work with. By employing staff with lived experience and ensuring the project is built on a trauma informed framework,
- 3.16.9 The Positive Outcomes Project (POP) team includes Social Work and Police staff and uses an assertive outreach approach to engage service users within Glasgow homeless accommodation. POP has been in partnership with the charity 'Aid and Abet' who provide lived experience peer mentors to work with the project. The peer mentors have been delivering and co-ordinating recovery focussed care for those they engage with in custody throughout the pandemic.

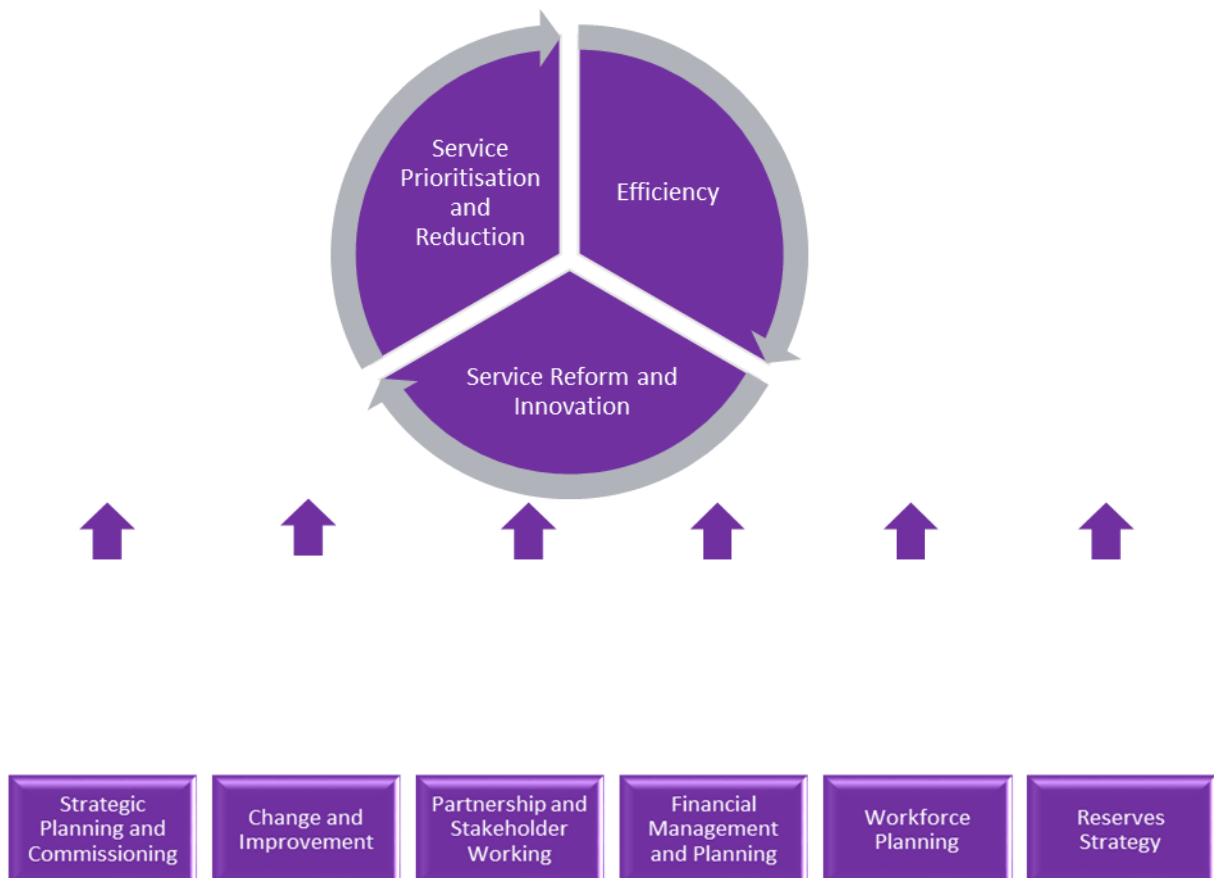
4. Resources

- 4.1 Glasgow City IJB delivers a range of services to its citizens and in 2020-21 had funding of £1.3bn to spend on services. Glasgow City has several challenges to address in relation to deprivation, ill health and inequality. More needs to be done to ensure that there are opportunities for all in the City to

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flourish and have healthier and more independent lives within stronger communities.

- 4.2 The demographic, health and deprivation profile of the city impact on the demand that is experienced in all our services and can often result in higher support levels than experienced in other parts of Scotland. This creates a challenging environment in which to operate, managing demand within the financial constraints, whilst transforming services and delivering on the integration agenda.
- 4.3 Our Medium-Term Financial Outlook has 3 core components which collectively support the transformational change required to deliver financial balance whilst delivering safe and sustainable services. This strategy is set out in the diagram below and cannot be delivered without working closely with all our partners and stakeholders to secure a future which sustainable and meets the needs of our communities:

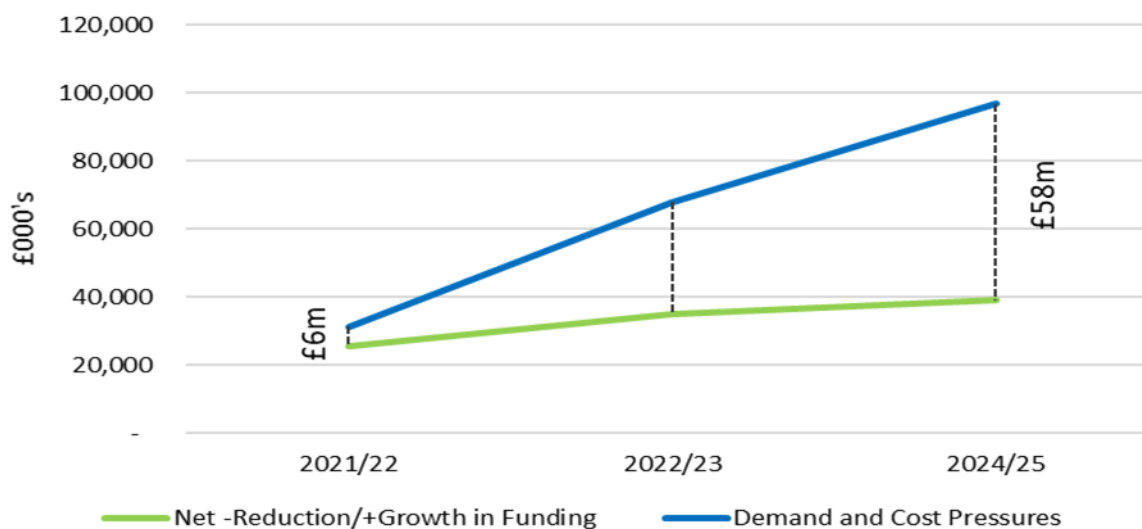


- 4.4 The outlook considers a range of pressures and uncertainties to assess the likely impact on the IJB's financial position over the medium term. Examples include:
- National commitments such as Scottish Living Wage and policy commitments in relation to Primary Care, Mental Health, Carers, Alcohol and Drug Partnership;
 - Inflationary pressures linked to pay and contractual commitments;

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

4.5 This outlook demonstrates the gap between growth in demand and cost pressures and our forecasted growth in income over the next three years. This will require an additional £58m in savings to be identified to deliver a balanced budget over this period.



4.6 Delivery of effective and lasting transformation of health and social care services is the central to the vision of the IJB. 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 service users supported.

4.7 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 and promote independence and self- management.

4.8 This programme was paused in March 2020 in response to the COVID pandemic. Activity did resume in June 2020 and partners agreed that the programme should be reframed and be informed by the combined learning from the recovery planning processes throughout the system .

4.9 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 across Adult and Older People's Services.

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5. Workforce

5.1 Workforce Profile

- 5.1.1 The Partnership comprises of 10,817 Social Work (Glasgow City Council) and Health (NHS Greater Glasgow and Clyde) staff. Social Work staff account for 6245 posts. The breakdown per client group is:

SERVICE AREA	NUMBER OF POSTS
Adults	1060
Children's Services	1043
Care Services	3153
Older People Services	677
TOTAL	6245

5.2 Response to the Pandemic

- 5.2.1 Glasgow City HSCP has maintained services throughout the pandemic. Some services remained fully operational with enhancements, there was reduction in some areas initially due to the closure of premises, new services have been created to manage the pandemic and a small amount of services have stopped temporarily. The pandemic put pressure on all services but there has been a particular pressure on our Older People Care Home sector. Our Care at Home Services were also initially reduced but reinstated quickly as staff returned and additional staff were recruited.
- 5.2.2 New services and roles have been created due to the pandemic e.g. PPE distribution hub vaccination; posts in Care Homes to deal with visitors; Learning Disability Day Care staff have changed to do outreach work as the centres were closed and Older People Day Care staff have moved into Older People's Care Homes to provide additional resource. We have utilised student social workers to give additional staff at pressure points, we re-employed former employees and utilised the SSSC Portal to employ people seeking to assist.
- 5.2.3 All health and social care staff have also been encouraged to take part in both of NHS Greater Glasgow and Clyde Mental Health Check in's which took place in August 2020 and February 2021. We conducted a Health and Wellbeing staff survey in 2020 the outcome of which we are taking forward in our recovery plans.
- 5.2.4 Covid absences have fluctuated over the period of the pandemic and reached 5% of the total workforce in January 2021. The main impact of absence has been in Care Homes, Care at Home.
- 5.2.5 At the heart of Health and Social Care Integration is shifting the balance of where and how care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. The Partnership has developed a three year [Workforce Plan for 2019-22](#) which supports the redesign of services around communities and ensure that they have the right capacity, resources and workforce. The Workforce Plan is reviewed on an annual basis. The Workforce Plan details the key drivers and demands on each of the care groups and the response to these in line with the priorities laid out in the Strategic Plan 2019-22.

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5.2.6 To support Glasgow City HSCP's workforce through service redesign, integration and transformational change programmes, our organisational development approach is fundamental to building a culture of shared objectives and close partnership working. An Organisational Development Plan (which is part of the Workforce Plan) for Glasgow City HSCP is in place, focussing on four strands:

1. Culture;
2. service improvement and change;
3. establishing integrated teams; and
4. Leadership development.

5.2.7 The Workforce Plan details the key drivers and demands on each of the care groups and the response to these in line with the priorities laid out in the [Strategic Plan 2019-22](#).

5.2.8 We have now re-established the Learning and Development group as part of the newly formed Social Work Governance Board and will be producing a new learning and development plan for Social Work Staff over the next year which will take into account our responses to new national guidance.

5.3 Recruitment and Retention

5.3.1 Staff turnover has continued as normal through the last year and we have a high level of recruitment. We have recruited additional staff in Care Homes, Care at to deal with the Covid absences.

5.3.2 We have been actively promoting jobs in Social Care through a television and radio campaign, this has been partly due to difficulties in recruiting qualified staff, in particular, Social Workers and Mental Health Officers but also to attract non-qualified people to roles such as Home Carers and Social Care Workers.

6. Living with COVID

6.1 Staff availability over the next year is key to providing appropriate resources to meet short term demand. We will continue to support staff whilst working remotely or on site, maintaining social distancing requirements and PPE usage to ensure staff and service user safety. There remains a need to monitor unused leave to support and encourage staff to utilise their entitlement. Unused 2020 leave has been carried forward by many staff however the option of payment for this leave has been taken by many staff which has mitigated the risk for 2021.

6.2 In addition to the short-term drivers, in the medium/long term all services will be expected to consider moves back to normal business as usual. Recommencement of planned service reform work will begin if had been paused and implementation of existing strategies will commence. We will focus on the impact of Covid and review the position with planned service reforms and proceed with the implementation with agreed strategies, taking into account any changes due to Covid and any backlogs.

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6.3 A continuing focus will also be required on the way we deliver services. This will include:

- Redesigns of service buildings on new ways of working and new technology
- Where appropriate, support staff to return to workplaces in line with the workforce recovery plan and develop staff model for office/home working.
- Consideration of the impact of Long Covid on both staff and services

6.4 Other factors include:

- The Independent Review of Adult Social Care - any workforce and service delivery implications.
- Retirement levels in both Social Care staff as employees review their personal positions in line with pension regulations

7. The Chief Social Work Officer Reflections

7.1 This report has endeavoured to take account of the service demands and opportunities over the last year responding to the global pandemic. The report provides an account of the business as usual developments for the year 2020/21 but also outlines the challenges that we have faced in delivering high quality Social Work Services. Our staff over the last year have worked relentlessly in their strive to deliver exceptional care and despite some of the challenges we have faced we have been able to deliver on some key service reform areas during this time.

7.2 We want to continue to promote the recovery agenda across all service areas but; learn from some of our experiences over the last year in terms of alternative supports; building on asset based approaches; promoting early intervention and prevention and protecting the most vulnerable.

7.3 Our staff are our greatest asset and staff wellbeing will be at the heart of our priorities going forward. Ensuring staff feel supported and confident in carrying out their job is key to the ongoing successful delivery of Social Work Services.

8. Recommendations

8.1 The Integration Joint Board is asked to:

- a) note the report; and
- b) note that the Interim Chief Social Work Officer report has been submitted to the Scottish Government.