



Item No: 23

Meeting Date: Wednesday 20th September 2017

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer, Planning, Strategy & Commissioning / Chief Social Work Officer

Contact: Susanne Millar

Tel: 0141 287 8847

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

Purpose of Report:	To present the annual report from the Chief Social Work Officer for the year 2016/17, prepared in line with Scottish Government guidance.
---------------------------	---

Recommendations:	The Integration Joint Board is asked to: a) note this report; and b) note it will be 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.
--	---

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.	
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:	Report must be considered by Council.	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 To present the annual report from the Chief Social Work Officer for the year 2016/17, prepared in line with Scottish Government guidance.

2. Background

- 2.1 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.

- 2.2 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. The Changing Lives report concluded there was a need to strengthen the governance and professional leadership roles of the Chief Social Work Officer to oversee Social Work Services and ensure the delivery of safe, effective and innovative practice.
- 2.3 The Scottish Government has put in place statutory guidance relating to the role of the Chief Social Work Officer that clarifies:
 - a) role and function
 - b) competencies, scope and responsibilities
 - c) accountability and reporting arrangements
- 2.4 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.
- 2.5 A report was taken to 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.
- 2.6 The format for this current report has altered from previous reports in line with new guidance from the Office of the Chief Social Work Adviser to the Scottish Government.

3. Summary Reflections – Key Challenges, Developments and Improvements during the Past Year

- 3.1 There have been a number of challenges and opportunities developing in Social Work practice over the last year, relating to changes in legislation, organisational structure, pressures in the public sector, and specific local issues which provide the context of the presentation of this report. These are personal and professional reflections from the Chief Social Work Officer in Glasgow, albeit based on a number of discussions with national and local colleagues.
- 3.2 During this last year I have continued to focus on ensuring a value is placed on the contribution that social work brings to the HSCP. Through maintaining strong social work leadership structures at a central and local level I have ensured there are forums for reflection and consideration of the social work role in the HSCP.
- 3.3 Specifically within adult services I have led on work to identify and address barriers in social work practice which define people with multiple and complex needs by the structure of service responses rather than focussing on their immediate and medium/long term needs. This is underpinned by a consideration of how we can introduce a trauma informed approach to this work. The work on social work practice contributes to the wider approach within the HSCP “adults” responsibility which challenges service barriers across health and social work practice. This will be a primary focus of the work to develop social work thinking and practice over the coming year.

- 3.4 Within children's services a significant challenge to established social work practice has come from a Supreme Court ruling on a case within another authority. The ruling has two main impacts for social work profession, and indeed other professional groups. Firstly in relation to reports and the presentations in Court of cases relating to the adoption of children where ruling is clear that "concern" must be replaced by evidenced fact. Secondly, the ruling makes very clear statements that children's experience of parenting, given it is based on "our fallible humanity" will be diverse and at times barely adequate, but that should not result in state intervention in the lives of children and families. The ruling acknowledges children may be harmed in families. This ruling requires us to reconsider the role of social workers in children and families, and beyond that changes the context and operating environment.
- 3.5 As outlined in last years' CSWO report the resource challenges in the public sector must be a feature in the work of any CSWO. In particular in Glasgow there is a balance to be struck for the CSWO to fully participate in, and contribute to discussions and decisions regarding resources. The CSWO needs also to be able to advise the SMT, IJB and City Council of the impact, including potential risks to social work practice in managing the financial challenges, while ensuring that professional leadership is provided to push the boundaries of conventional thinking, challenging assumptions relating to social work practice.
- 3.6 In addition to the resource challenges there are a number of national initiatives and/or inquiries relevant to consider in this report. Firstly, the Scottish Child Abuse Inquiry has now commenced and is currently collating evidence, and has held initial hearings. Glasgow City have been required to provide evidence and whilst there is clear support for the opportunity for victims of abuse to be heard and supported, it is important that during the Inquiry we continue to support our front line staff in delivering safe and effective services. In addition, the National Review of Care will be welcomed and I will promote our engagement in this review but we do need to ensure that our residential child care staff feel valued and confident in their practice.
- 3.7 As CSWO I am keen to ensure that the social work profession contributes effectively to the ongoing development of the Glasgow City HSCP. There will be a proposal to the HSCP Integrated Clinical and Care Governance Group for an event for social work staff in the partnership to consider the contribution of our professionals to the Partnership, and other professional leads have been asked to consider the potential for similar events in their professional group.

4. Partnership Working - Governance and Accountability Arrangements

- 4.1 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 and the third and independent sectors.
- 4.2 The Glasgow City Integration Joint Board was established in February 2016, with a significant range of health and social care functions delegated to it from the Council and Health Board with effect from 1 April 2016. It is a key priority for the Integration Joint Board and the Glasgow City Health and Social Care Partnership to ensure that

relationships with key partners are strengthened through the integration of health and social care.

- 4.3 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.
- 4.4 The Chief Social Work Officer, as a member of the Health and Social Care Partnership Senior Management Team and the Council Management Group, with lead corporate responsibilities on key service reform areas, has a significant involvement in budgetary decisions of the service, and of the council as a whole as they relate to social care functions.
- 4.5 Within Glasgow, the Chief Social Work Officer has established a Chief Social Work Officer Group made up of professional social work leads from each of the Partnership's three localities. In this way, the Chief Social Work Officer is directly linked to local professional practice and service delivery.
- 4.6 The Chief Social Work Officer works closely with Elected Members and Council committees as necessary to ensure appropriate scrutiny of social care functions at a political level. Following the local government election in May 2017, it is understood that the governance and committee arrangements of the Council are subject to review. In any new arrangements, the Chief Social Work Officer will retain the statutory responsibility to provide the Council with effective professional advice regarding the provision of social care.

5. Social Services Delivery Landscape

- 5.1 Glasgow's social and economic position in relation to its most vulnerable citizens is well known and frequently reported in detail elsewhere, however some key demographic and contextual information is below:
 - Glasgow is the largest of Scotland's 32 local authorities, the population of Glasgow City as of 2016 was 615,070, 11.4% of the total population of Scotland
 - Children (0-17 years) make up around 18%, of the population
 - Adults (18-64 years) make up around 68%, of the population
 - Older people (65+ years) make up around 14%, of the population
 - There are 238,029 people in Glasgow who live in Scotland's most deprived areas
 - Around 35% of all children and 47% of all older people in Glasgow are classed as vulnerable
 - Social Work Services have around 50,000 service users (approx. 8% of Glasgow population), approximately 10,000 children, 20,000 adults and 20,000 older people
 - Approximately 3,400 looked after children
 - Approximately 500 children on the child protection register
 - Approximately 10,000 open Addictions cases

- 5.2 Demand for services has remained high over the reporting period across all age groups. Some indicative figures reflecting this are:
- Number of children on the child protection register largely unchanged from last year, these figures being notably higher than in previous years
 - A national annual average increase of 3-5% in the adult learning disability population
 - Increasing numbers of frail older people delayed in returning home from hospital care and pressures on social care budgets
- 5.3 This increasing demand, particularly in the context of reducing budgets, continues to highlight the need for structural re-balancing within the delivery model of health and social care services in Glasgow.
- 5.4 With effect from 1 April 2016, almost all of the Council's social care functions, along with a number of housing functions, were delegated to the Glasgow City Integration Joint Board, in line with the Public Bodies (Joint Working) (Scotland) Act 2014. As required by the Act, the Integration Joint Board develops the Strategic Plan for health and social care services in Glasgow, and directs the Council and Health Board to deliver services to support delivery of the Plan. The Glasgow City Integration Joint Board's Strategic Plan is available at <https://www.glasgow.gov.uk/index.aspx?articleid=17849>

6. Resources

- 6.1 The net expenditure for Glasgow City Council Social Work Services in 2016/17 was £401.6m, within a total Integration Joint Board net expenditure of £1.12bn
- 6.2 Across health and social care, a surplus of £19,309,000 was generated in 2016/17, of which £11,880,000 was earmarked for specific commitments in 2017/18. The balance of £7,429,000 will be carried forward as a general contingency to manage unanticipated budget pressures in future years.
- 6.3 In terms of the Social Work budget, the Glasgow City Health and Social Care Partnership continues to manage and review the budget across all areas of the Service in conjunction with the Senior Management Team. The Chief Social Work Officer is actively engaged in this activity.
- 6.4 Glasgow City Council has undertaken a wide ranging Transformation Programme in an effort to ensure that the Council can continue to meet its statutory duties in the face of unprecedented reductions in public funding. The Glasgow City Integration Joint Board is also committed through its Strategic Plan to delivering transformation across the city and to working with the Council and Health Board to achieve this.

- 6.5 The Council's contribution to the overall budget for the Glasgow City Integration Joint Board for 2017/18 is £398,257,500. This is made up of the following:

	Gross	Income	Net
Social Work Services	£560,193,800	£166,206,800	£393,987,000
Development and Regeneration Services Aids and Adaptations	£2,000,000	£0	£2,000,000
Land and Environmental Services Assisted Garden Maintenance	£1,290,000	£0	£1,290,000
Financial Services Apprenticeship Levy	£980,000	£0	£980,000
Total	£564,463,800	£166,206,800	£398,257,000

7. Service Quality and Performance

- 7.1 The vision for Social Work Services in Glasgow is simply expressed in terms of 'protecting vulnerable children and adults; 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 <https://www.glasgow.gov.uk/index.aspx?articleid=17849>. Performance reporting for Social Work Services is now encompassed with the HSCP's annual performance report, which is available at <https://glasgowcity.hscp.scot/annual-performance-report>. A number of particular highlights regarding service quality and performance are identified below.

7.2 Older People *Intermediate Care*

During 2016/2017, we continued to develop the role of intermediate care in the city, implementing a tender process and commissioning 90 beds city-wide. A model of medical and nursing care to support the outcome of the tender process has also been introduced, and we have implemented new practice guidance regarding Adults with Incapacity (AWI) across all current units.

The impact of the intermediate care beds is demonstrated in the trends in the total number of bed days lost to delayed discharge. For the city as a whole, there was a significant reduction between 2014/15 and 2015/16 (from 38,152 to 21,288) and this has continued into 2016/17, with bed days lost falling to 15,557.

7.3 *Supported Living*

Alongside the development of intermediate care, the Partnership has been working with care providers to expand the number and range of Supported Living options in line with our wider accommodation based strategy, and have also made additional investment into aids and equipment. We aim to shift the balance of care by enabling greater numbers of older people to be supported at home with enhanced packages of care, while reducing the numbers going into residential or nursing care. At the end of March 2017, 231 older people were in receipt of Supported Living packages, although it is suspected that significantly higher numbers of older people are currently receiving this service but are not being recorded as such because they are funded through dedicated personalisation budgets.

7.4 **Anticipatory Care**

Our population is living longer, often with multiple long term conditions, frailty and increasing risk factors. Older people tell us that they want to be cared for at home for as long as possible. Anticipatory Care Planning (ACP) helps people to think about their future health and social care needs, and plan for changes to help them achieve their goal of staying at home while reducing their need for emergency care. Within Glasgow, we agreed an ACP model in August 2016 and developed an accompanying suite of material including practice guidance, service user information and a Personal Plan proforma. The model has been promoted across the partnership with awareness sessions provided to over 900 staff. Work has also been undertaken with partners to look at how ACPs can be supported by the third sector.

During the course of the year, the number of service users with community services led Anticipatory Care plans has risen steadily, meeting the performance target set for this model.

7.5 **Carers**

During 2016-17, 3,101 new carers were identified, a slight increase on the 2015/16 figure of 2,895 new carers. It is believed that we have reached a natural plateau of approximately 3,000, having increased year on year between 2011/12 and 2014/15, although part of this increase may be explained by the more consistent recording methods used since 2014.

Over the course of 2016/17 881 carers attended a range of training and group sessions to support them to support the person they care for. Work has also been undertaken over the last year with Education to develop a range of promotional materials aimed at young people, resources to help teachers to identify young carers, and to develop a young carer support pathway from schools to young carer support services. 216 young carers were referred in 2016/17 and the impact of these initiatives upon these numbers will be closely monitored going forward.

Carers service evaluation forms are sent to carers after their assessment has been undertaken and services are in place. Of those who completed the form, the percentage who indicated that the support they received improved their ability to support the person they care for increased between 2014/15 (76%) and 2016/17 (87%)

7.6 **Telecare**

Another strand of our accommodation based strategy is the ongoing development and expansion of telecare solutions, which are pivotal in enabling individuals to live as independently and safely as possible within their own homes. Throughout 2016/17 there has been a significant increase in the uptake of both traditional telecare equipment (Basic), as well as more sophisticated technology (Advanced) designed to track older people's movements and provide families with peace of mind when an older relative is at risk of wandering as a result of dementia.

In recognition of the further work that is required to fully optimise telecare for the citizens of Glasgow, a full diagnostic review of our current telecare provision was undertaken in 2016/17. A number of recommendations for improvement were made. These included a redesign of the operating model, process and governance arrangements, establishing a new brand for care and technology across the city, and

reviewing the funding model for the service, including the charging policy. We will continue to progress these recommendations during 2017/18.

7.7 **Adult Services**

Personalisation

The implementation of the transformational change programme has been completed and personalisation, as outlined in the Social Care (Self-directed Support) (Scotland) Act 2013, has now been widely adopted across the City and is utilised as appropriate to individual needs and circumstances.

At the end of December 2016, a total of 2,784 adult service users were in receipt of personalised social care services. This represents an increase of just over 4% since December 2015 when 2,672 had personalised services. The number of children with disabilities in receipt of personalised services rose by 23% over the same period (from 108 to 133). 15% of all service users with personalised services currently choose to receive their personalised budget as a Direct Payment thereby maximising their choice and control in the services they receive, representing a 1% increase since December 2015.

7.8 **Mental Health**

During the year, we continued to deliver and support partners to deliver a range of activities designed to promote positive mental health and wellbeing amongst children, young people and adults, in line with NHS Greater Glasgow and Clyde's Healthy Minds Framework and the Child and Youth Mental Health Improvement Framework. Two new services have commenced.

Firstly, the EU-funded Aye Mind digital development programme for youth mental health, which was launched in June 2016. Local services worked with young people aged 13 to 21 to develop a range of resources for harnessing internet, social media and mobile technologies, to create and share a wide range of resources to promote youth wellbeing.

A new stress service, Lifelink, was also commissioned in April 2016 with the new youth service opening in July 2017, which works with young people aged from 11 to 18 to help them develop the emotional tools and capabilities to deal with life's challenges. Lifelink offers 1:1 counselling, group work and courses. Over the course of the year, over 400 young people have accessed the service, while over 5,000 adults have accessed the adult counselling services.

7.9 **Homelessness**

The Homelessness Strategy includes a strong commitment to further develop the Housing First approach across the city. The aim is to rebalance existing accommodation provision within homelessness services, moving from institutional to mainstream living, and increasing capacity within a community based Housing First model. Transition funding was provisionally agreed in 2016/17, with potential capital investment of up to £12 million sourced from external funding, as a result of the strengthened partnership approach developed with the third and independent sectors.

There continues to be a focus within homeless services on harm reduction for people with multiple/complex needs. The existing City Ambition Network (CAN), a collaborative project operated jointly with a range of voluntary sector partners, has secured additional external funding, enabling the service to be extended to 50 service

users, identified through the Winter Shelter and street team service (Rough Sleepers and Vulnerable People service, RSVP). As a result of collaborative working, through deployment of Homelessness Services staff to work alongside the voluntary sector Winter Shelter team, a pilot initiative to provide a multi-agency city centre hub has been agreed, with the CAN project working in partnership with the HSCP, to offer a wide range of interventions and support for the City Centre homeless population. This initiative will help to inform new ways of working, and strengthen the partnership with voluntary/independent sector providers as part of the emerging HSCP strategy for vulnerable adults.

7.10 ***Suicide Prevention***

Glasgow City Choose Life Working Group has continued to lead a multi-agency initiative aimed at reducing self-harm and suicide, working collaboratively and sharing good practice with other partnerships across NHS Greater Glasgow and Clyde. Suicide prevention training has now been undertaken by over 10,000 workers in Glasgow from a range of services including mental health, addictions, children's residential units, school nursing, education, housing, money advice services, and violence against women support programmes.

A decade ago, Glasgow had one of the highest suicide rates in Scotland, but the latest data for the period 2011-15 shows Glasgow at the same level as the Scottish average. The significant reduction, particularly in the last five years is welcomed and all partners wish to see the rates continue to decline.

7.11 **Children's Services**

Kinship Care

Currently, approximately 1,300 children are in kinship care across the city. Many of these children would have been directly looked after by the Council without these arrangements in place. The level of kinship placement breakdown in the city is low for children in kinship care and this stability of family and local community connections enables a child to keep a sense of identity.

In the past 12 months we have enhanced the level of support offered by Quarriers in recognition of the quality of their work and their ability to engage directly with kinship carers, in keeping with the expectations of community voluntary engagement. This new initiative compliments the introduction of Family Group Decision Making (FGDM), which has a proven record of improving kinship stability and quality of placement, as well as reducing the need for longer term statutory involvement. We have also been selected as one of two local authorities within Scotland to participate in a national research trial focusing on the 'Life Long Links' (LLL) model of practice, which uses genealogy and extended family networking searches to ensure all available sense of family connectedness remains at the centre of our practice. Both FGDM and LLL are being reviewed closely, with designated research and development resources in place and an interim evaluation will be available from September 2017.

As part of the transformation of children's services we are moving away from children and young people being placed in high cost placements to shift that funding into community based services, which keep families together and work to prevent crisis situations. This work is showing good outcomes already, with the number of children in high costs placements significantly down on the previous year.

7.12 Welfare Rights and Income Maximisation

Our Income Maximisation Team continue to ensure that service users are receiving all relevant benefits which they are entitled to. This in turn enables them to contribute to the cost of their care package. A new recording system to measure the increases in benefit income was introduced in August 2016. Between August and the end of March, the service made 697 successful claims for different benefits generating an additional £1.9m in ongoing benefit and £1 million in backdated awards as shown in the table below. On a pro-rata basis, if replicated over a 12 month period, this would equate to over £4.43 million.

Period	Arrears	Annual Additional Benefit	Combined
Aug 16 to Mar 16	£1.00 million	£1.95 million	£2.95 million
12 month equivalent	£1.50 million	£2.92 million	£4.43 million

In 2016 Welfare Rights staff also represented clients at 971 social security appeal tribunals. 53% of the appeals related to disability benefit appeals and 40% related to incapacity for work. The overall success rate for the concluded appeals was 66% resulting in a total gain of £4 million which represents an average annual gain per successful appeal of £7,300.

We also invested £400k in financial advice services in Glasgow to receive referrals from any of our NHS and GP Practice based staff throughout the city, including our 'Healthier Wealthier Children' service, which enables midwives and health visitors to support families to prevent and reduce child poverty wherever possible. During the course of 2016/17, over 3,000 patients benefitted directly from these services.

7.13 Employability

Health and Social care service users are the priority target group for both UK and Scottish Government employability efforts. In the last year, we commissioned an independent review of the employability programmes delivered or commissioned through health and social care services. The review made a number of recommendations for improvement, and found services to be cost effective and to be performing comparably with wider employability services in the city.

During 2016/17, we invested around £2.5m within 16 projects spanning a number of service areas, including mental health, addictions, health improvement, leaving care services and learning disability. As a result, approximately 2,700 service users/patients were supported through employability services, with strong performance in supporting people into work.

8. Delivery of Statutory Functions and Public Protection

8.1 Social Work's performance over the range of statutory functions is outlined in the Integration Joint Board's Annual Performance Report, which is appended to this report.

8.2 Public Protection

Public protection is central to the ethos and underpinning of the Partnership, runs through every aspect of HSCP service delivery and is evidenced by its profile within our organisational structure. Key aspects in which it is specifically manifested include; Child Protection; Adult Protection; and the Multi Agency Public Protection

Arrangements (MAPPA) in respect to the management of sex offenders and other high risk offenders.

8.3 **Child Protection**

In late 2016 Glasgow underwent a Children's Services inspection, part of which involved reviewing child protection arrangements. Feedback from the report was positive, and acknowledged good multi-agency working, while recognising that the challenges facing the city in terms of keeping children safe were significant.

8.4 Specific activity undertaken in the last year include the following:

- Hosting of successful conferences on Child Sexual Exploitation and "Adult Services Role in Tackling Childhood Neglect"
- Ongoing work in relation to the dissemination of learning from local and national Significant Case Reviews.

8.5 At the end of March 2017, there were 495 children on the child protection register; this figure is almost identical to the 494 on the register at the end of March 2016. 43% of these children were aged 0-4; 39% aged 5 to 11; 16% aged 12 to 15; and 2% aged over 15. Between April 2016 and March 2017, there were 564 new child protection registrations, falling from 686 for the same period in 2015/16. The number of de-registrations also fell from 668 in 2015/16 to 579 in 2016/17, with the average number of days on the register before deregistration rising to 272 during 2016/17, from 251 in 2015/16.

8.6 **Adult Protection**

Within Glasgow we have continued to raise awareness of adult protection and continue to develop and expand the training and awareness raising opportunities for front line staff and managers from across health, social work and partners. Within each calendar year, we organise six multi-agency development sessions. Other areas of activity undertaken in the last year have included:

- Production of an easy read guide to adult support and protection.
- Organisation of multi-agency learning events to draw upon the lessons learned from Significant Case Reviews.
- Increased the availability of single and multi-agency training in Adult Protection.
- Created a specific working group on financial harm
- Facilitated and supported service user representation on the Adult Protection Committee

8.7 During 2016/17, there were 372 Adult Support and Protection investigations undertaken, an increase of 26% from the 296 undertaken during 2015/16.

8.8 **Multi-Agency Public Protection Arrangements (MAPPA)**

The MAPPA arrangements across Scotland were reviewed in 2015. The report was largely positive both in national and local terms, highlighting Glasgow's management of lower level offenders as an area of good practice. Recommendations within the report have informed local practices and activities undertaken in the last year have included:

- Continuing to make slow but steady progress in increasing appropriate housing options for registered sex offenders through the Glasgow National Accommodation Strategy for Sex Offenders (NASSO) group.
- Organisation of a session with staff from adult services and criminal justice, to improve joint practices and benchmark Glasgow against the recommendations in the Significant Case Review undertaken in another area of the country highlighting overlapping issues between MAPPA and Adult Protection.
- Continuing to evidence strong multi agency working, which is likely to be enhanced by the planned co-location of police and Partnership staff.

9. Workforce Planning and Development

9.1 As at September 2016, Social Work Services had a workforce of 3,178 full time equivalent staff, slightly fewer than in the previous year. In addition, within Glasgow HSCP there are around 3,860 FTE employed by NHS Greater Glasgow and Clyde. The majority of our staff work directly with service users. Social Work Services remain committed to the professional development of staff, with the activity of the Learning & Development Team based at our Brook Street training centre focussed on the core needs of the service. The team continues to deliver a wide variety of training programmes to support the delivery of high quality social care services in Glasgow.

9.2 We recognise that staff have a key role to play in identifying and leading on the transformational changes in health and social care services which we are pursuing following integration. To facilitate this, over the course of the last year we have undertaken a range of activities in pursuit of this aim, which are summarised below.

- Commenced roll out the HSCP Voice initiative which will provide staff with the opportunity to identify areas for service improvement
- Launched the iMatter programme which involves the use of a continuous improvement tool designed to help individuals, teams and organisations understand and improve staff experience. This is based on evidence which shows that patients and their families have improved care experiences when staff feel more engaged and motivated.
- Delivered a range of staff engagement sessions to create awareness and understanding of the Partnership's vision; update staff on key developments, and enable them to share their views and discuss issues affecting them.
- Developed a two-year communications strategy, which sets out the framework, channels and audiences for communications and engagement with internal and external stakeholders.
- Implemented a follow up communications survey in early 2017 to better understand the effectiveness of Partnership communications and identify where further improvements can be made.
- Introduced regular Partnership newsletters aimed at keeping staff updated on the work of the Partnership and key developments.

9.3 In addition to the ongoing range of training and development opportunities which we offer, over the course of the last year we have developed an induction process for any new staff entering the HSCP, which they receive in addition to any service specific inductions. We have also ensured that all staff have access to leadership

development initiatives including Ready to Lead and Coaching Conversations. A large number of teams also have participated in team effectiveness workshops, at which they work to establish shared objectives for their team which supports the locality, SMT and wider HSCP strategic objectives.

- 9.4 A significant number of staff are projected to reach retirement age over the next ten years, which presents a particular challenge to workforce planning. In addition, ongoing restrictions on recruitment within the Council and Health Board continue to present difficulties in filling a number of vacant posts across the HSCP.
- 9.5 The integration of health and social care has led to the establishment of a revised management structure within integrated health and social care services. The Chief Social Work Officer remains a member of the senior management team of the Glasgow City Health and Social Care Partnership, with professional social work representation on the senior management team of each locality, which ensures a strong link between the Chief Social Work Officer and front line staff.

10. Looking Forward

- 10.1 Significant demographic change expected over the next few years suggests that there will continue to be increasing demand for community health and social care services. This is particularly the case for the child and older person populations:
- Glasgow's total population is expected to rise around 1,600 per year, from 599,640 in 2014 to 639,847 in 2039; it will rise by 2.9% from 599,640 in 2014 to 616,938 in 2024 (National Records of Scotland, 2014-base population projections)
 - The child population aged 0-17 is expected to increase by 5% from 109,067 in 2014 to 114,491 in 2024
 - The adult population aged 18-64 is expected to increase by 0.5% from 407,027 in 2014 to 409,177 in 2024 and
 - The older person population aged 65 and over is expected to increase by 11.6% from 83,546 in 2014 to 93,270 in 2024 and
 - The older person population aged 85 and over is expected to increase by 12.5% from 10,499 in 2014 to 11,811 in 2024.
- 10.2 The current economic and political picture across the United Kingdom will inevitably have an impact on health and social care in Glasgow in coming years, for example through an increasing number of individuals and households experiencing financial difficulty and risk of homelessness due to the ongoing programme of welfare reform.
- 10.3 The implications of the UK's exit from the European Union are also likely to impact on health and social care in Glasgow, with the expected financial effects across the country inevitably having an impact on public sector finances. In addition, the terms of the UK's exit from the EU, in particular ongoing uncertainty over Freedom of Movement and the rights of European-born workers to remain in the UK following the exit date, creates uncertainty among that workforce and presents a challenge for workforce planning in the medium to long term.

- 10.4 Despite these challenges, Social Work Services, the Glasgow City Health and Social Care Partnership and the Integration Joint Board are committed to delivering the transformational change required to ensure a health and social care service in Glasgow which is fit for the future. It is particularly encouraging that the recent inspection of Children's Services found the quality of leadership and management of change within Glasgow's Children's Services to be Very Good, and it is the experience and considered opinion of the Chief Social Work Officer that a similar standard of leadership and management is in place across the rest of the Glasgow City Health and Social Care Partnership.
- 10.5 As this report shows, a lot has been achieved within Glasgow in the past year, however there remains much to do. The Glasgow City Health and Social Care Partnership is committed to working with our partners in the third and independent sectors, other statutory services and local communities, to continue to deliver safe, effective, high quality services which meet the needs of the people of Glasgow.

11. Recommendations

- 11.1 The Integration Joint Board is asked to:
- a) note this report; and
 - b) note it will be submitted to the Scottish Government.