



Health Improvement Performance

ABI's. First time target not met in four years. Progressive fall in primary care delivery and Q4 wider settings lower

Indicator	Target	Actual (2019/20)
1. Alcohol brief intervention delivery (ABI)	5006 (To Q4)	4394 (R) (To Q4)
2. Smoking Quit Rates at 3 months (40% most deprived areas).	818 (To Q3)	1014 (G) (To Q3)
3. Women smoking in pregnancy (general population).	12% (To Q4)	9.8% (G) (To Q4)
4. Women smoking in pregnancy (most deprived quintile)	17.0% (To Q4)	14.6% (G) (To Q4)
5. Exclusive Breastfeeding at 6-8 weeks (general population)	31.4% (To Q4)	31.8% (G) (To Q4)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	22.4% (To Q4)	24.9% (G) (To Q4)

Achieving significant reduction in health inequalities in exclusive breastfeeding (25% reduction in differential) between deprived and general as well as improved performance. Revised UNICEF Gold Std achieved in all localities.

Health Improvement target performance 2020/21

Significant performance disruption arising from pandemic in first half of 2020/21, likely to continue throughout the financial year

Health Improvement Service

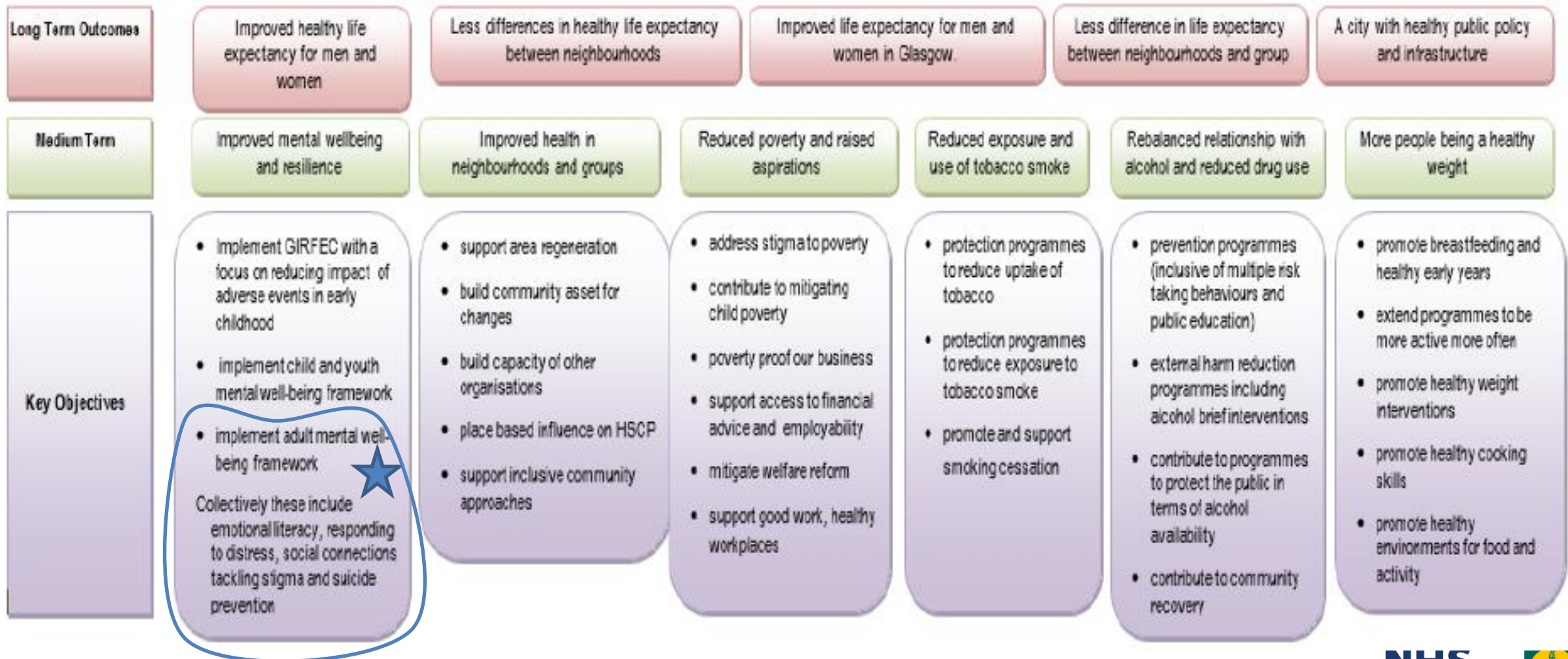
- Staff re-alignment – up to 25% of the health improvement workforce, in the first cohorts of staff volunteering consequently many have been re-aligned for over 6 months
- Altering service provision e.g. telephone and digital impacted on engagement rate and outcomes e.g. moving from group work to 1-2-1 more resource intensive
- Workforce impact of pandemic mitigation measures

Contextual changes

- Opportunistic prevention interventions significantly declined
- Data reporting and processing more limited/interrupted e.g. health and well-being population survey postponed
- Referring services disruption reducing flow to prevention services e.g. from primary care and third sector
- Responding to emergent pandemic public health issues e.g. partnerships addressing financial hardship and food insecurity, mental health, digital inclusion
- COVID19 changes affect on public health intermediaries e.g. work with the licensing board and public health objections for new licenses, Glasgow Life delivery etc.

Indicator	Target	Actual (2020/21)
1. Alcohol brief intervention delivery (ABI)	2532 (To Q2)	430 (R) (To Q2)
2. Smoking Quit Rates at 3 months (40% most deprived areas).	300 (To Q1)	257 (R) (To Q1)
3. Women smoking in pregnancy (general population).	12% (Q2)	9.6% (G) (Q2)
4. Women smoking in pregnancy (most deprived quintile)	17.0% (Q2)	14.7% (G) (Q2)
5. Exclusive Breastfeeding at 6-8 weeks (general population)	32.2% (By Q4)	30.8% (A) (Q1)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	23.4% (By Q4)	22.5% (A) (Q1)
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	30.9% (By Q4)	25.3% (G) (Q1)

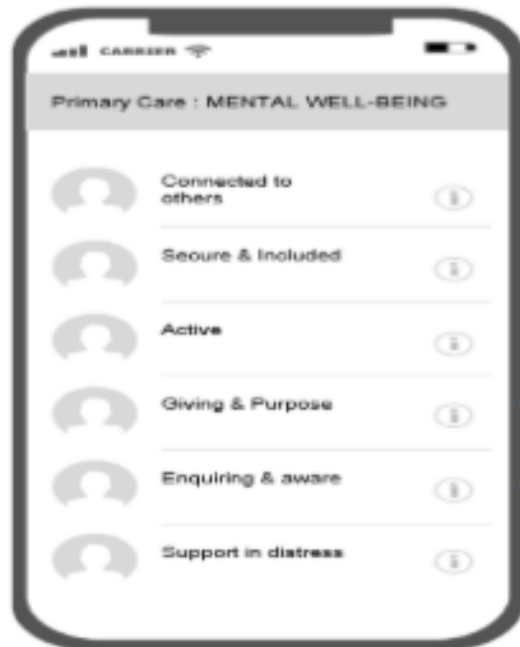
IJB Performance and Scrutiny



Adults/Older Public Mental Health

COMMUNITY ORIENTATED

- ✓ 'Blether' Model (altered to digital delivery)
- ✓ Café Stork for new parents (evaluation complete and embedding)
- ✓ Lifelink extended service (additional investment from primary care)
- ✓ Well-being for Longer Programme (22 organisations funded to mitigate loneliness for adults and older residents, over 5,000 people regularly involved) + Winter Social Well being Fund
- ✓ Thriving Places – supporting and leading partnerships on-line
- ✓ Training for local organisations, volunteers and community members



PRIMARY CARE

- Community Link Workers
to wider community
Financial Advice +
Live Active ++
Work and volunteering
Learning and engagement
in arts
Access to stress services

COMMUNITY PLANNING PARTNERS

- ✓ SAMH training contract commenced (Action15) hosted for GGC NHS – extended provision in Glasgow City Q4
- ✓ Choose Life programme (city and locality)
- ✓ COVID19 leading Mental Health Group – two third sector events with over 150 organisations involved (June and November)

Mental Well-being through Primary Care

Community Link Worker Programme Case Study

Shirley was referred as a shielding patient who required a wellbeing call. The Link Worker organised support with shopping and prescription uplift and Shirley was reassured by this. Using professional curiosity and gentle questioning Shirley revealed that she was drinking heavily each day, and not eating (sometimes going for as much as a couple of days without food). Shirley was experiencing very low mood, and felt very isolated.

The Community Link Worker gave Shirley harm reduction advice and made a priority referral to North East Alcohol and Drug Recovery Service. Shirley was set up with daily soup and sandwich deliveries. The Community Link Worker kept daily contact with Shirley until she was assessed by the Recovery Service, and Shirley was motivated by this and began to engage well and managed to eat daily. On discharge Shirley's wellbeing scores had improved across all domains



- 2590 referrals (Q1+2) - self referrals 70% but 65% of these directed by GP
- 5943 appointments, top presenting issues – anxiety, depression, bereavement/loss
- Core score improvement – 7.9 (5 is statistically significant)
- Wellbeing on-line classes – 324 individuals attended, very well received.

Compassionate Distress Response Service (CDRS) supports people who are emotionally distressed and requiring a 'same day' response. The team of Distress Response Workers provide compassionate listening and safety planning.



- 246 referrals from primary care in first 8 weeks
- 56 practices referred, 102 GPs - this number is rising
- 1% required referral back to GP for specialist mental health service access

- ✓ Financial Inclusion (29 practices) till March 2021
- ✓ Community Link Worker (CLW's) 41 practice based CLW's and 2 thematic (YHS digital and supporting practices with highest number of asylum seekers (3 practices)
- ✓ Lifelink – From April 2020, PCIP funding extended the service people contacted and triaged into support within 14 days
- ✓ GAMH – Compassionate Distress Response Service –in-hours for primary care referral (18+) commenced Sept 2020
- ✓ Youth Health Service – 5 sites (2 added February 2020) increasing to 9, progress report to January IJB
- ✓ Employability – business case developed external funding sought
- ✓ Trauma needs assessment and acute distress audit research completed with 14 recommendations, inc CDRS expansion
- ✓ Bereavement support – online training, resources developed

Community focused to reduce social isolation



'Festive' Fund 2019/20

- £500, £1000, £1500 or £2000 available. Food, activities, staffing and transport were the main costs
- 56 organisations were funded from £66k (19@ £500). Average cost per beneficiary £14
- benefited and inc the 438 WFL volunteers
- **4,690** beneficiaries (isolated by homelessness, age, disability, mental illness, caring, language and culture, addiction, intersectionality)
- Activities included Christmas meals (six took place on Christmas Day), care home activities, day trips, walking trips, exercise classes, creative therapies, outings and community gatherings.



'What's In A Hug?' entry from Good Morning Service

"the sessions were the only contact she had with others during the entire festive period"

"Facing a day of complete isolation at Christmas had become a reality. No friends, no family nor Christmas to celebrate – Flourish House offered me companionship and encouraged me to attend their Christmas celebration. It was invaluable to me to feel part of society on the most difficult day of the year.

The highlight of the day for me were the support and welcome I received, closely followed by a safe place to be and a traditional Christmas.

Flourish House gave me hope in humanity when I felt nothing short of suicide. They had thought of everything, transport, décor, an excellent meal and in keeping with tradition – a gift from Santa.

Flourish House gave me the gift of life this year. Thank you."
M.M

2020/21 as part of the Maximising Well-being for Independence

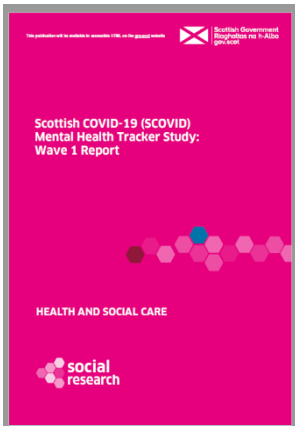
- ✓ Development of a Socially Connected Glasgow Strategy
- ✓ Winter Social Well-being Fund (Dec 20-March21)

Impact of COVID19 on public mental health

www.covidminds.org

Wave 1 of the Scottish COVID-19 (SCOVID) Mental Health Tracker Study

- 35.7% of the sample reported high levels of psychological distress and a possible psychiatric disorder (based on responses to the GHQ-12: General Health Questionnaire).



- Just over a quarter of the sample (25.3%) reported levels of depressive symptoms indicating a possible need for treatment, and nearly a fifth (19.1%) reported anxiety symptoms of a similar level.
- 10.2% of respondents reported suicidal thoughts within the week prior to the Wave 1 survey, with 3.6% thinking about suicide more than half of the days during that week.

GGC NHS Recovery of Public Mental Health

1. Build resilience and maintain mental wellbeing of population
2. Address loneliness and social isolation
3. Respond to trauma, distress, suicidality as well as support needs around loss and bereavement
4. Address underlying drivers of poor mental health – including current and anticipated rises in unemployment, material hardship, people at risk of violence
5. Support mental health and wellbeing of staff and volunteers, not just in the initial crisis phase but in subsequent phases, as evidence points to the potential for long-term trauma effects