



**Item No: 9**

**Meeting Date: Wednesday 27<sup>th</sup> November 2024**

## **Glasgow City Integration Joint Board**

**Report By: Kelda Gaffney, Interim Chief Social Work Officer**

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### **Chief Social Work Officer Annual Report 2023/24**

<b>Purpose of Report:</b>	To present the annual report from the Interim Chief Social Work Officer for the year 2023/24, prepared in line with interim guidance for the 2023/24 report provided by Scottish Government.
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<b>Background/Engagement:</b>	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.
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<b>Governance Route:</b>	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input checked="" type="checkbox"/></p> <p>Wellbeing, Equalities, Communities, Culture and Engagement City Policy Committee</p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p>
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	Social Work Professional Governance Board Not Applicable <input type="checkbox"/>
<b>Recommendations:</b>	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:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Supports achievement of all National Health & Wellbeing Outcomes
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<b>Personnel:</b>	None
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<b>Carers:</b>	None
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<b>Provider Organisations:</b>	None
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<b>Equalities:</b>	None
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<b>Fairer Scotland Compliance:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	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.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Sustainable Procurement and Article 19:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for Glasgow City Council:</b>	This report must be considered by Glasgow City Council.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None.
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<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

**1. Governance, Accountability and Statutory Functions**

**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 The format for this report is in line with guidance that was issued in June 2024 by the Office of the Chief Social Work Adviser to the Scottish Government.

**1.2 Governance and Accountability**

1.2.1 Social Work Services are 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, Police Scotland, 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 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 organisation and key partnerships which ensures a professional social work perspective on all strategic and operational decisions.
- 1.2.4 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](#).
- 1.2.5 Within Glasgow, the Chief Social Work Officer chairs the Social Work Professional Governance Board, which has professional leads from the three localities plus frontline staff and a range of key stakeholders including Universities and regulatory bodies. The Social Work Professional Governance Board looks at all areas of Social Work practice including policy development, outcomes of inspections of registered services, training and development, research and audit and workforce profile including registration. The Terms of Reference are attached at Appendix 1.
- 1.2.6 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.
- 1.2.7 The Chief Social Work Officer also plays a significant role in the City's new enhanced care home governance arrangements which were put in place in 2021. These arrangements ensure that the Care Home sector within the City is supported to deliver high quality care services.

## **2. Service Quality and Performance/Challenges and Improvements**

### **2.1 Health and Social Care Connect**

- 2.1.1 A new Social Work Service was developed across the City in November 2022 called Health and Social Care Connect (HSCC). This service has been initially launched as the front door entry to Social Work Services across children's, adult's and older people's services, with a plan to develop the service as the front door entry to some community health services.

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- 2.1.2 This change to service delivery built on our previous Social Care Direct service and was in direct response to the increased demand on statutory services, alongside a review of research on effective delivery models. The aim and vision for HSCC is to reform, integrate and improve first contact arrangements for health and social care referrals across a significant number of social work, social care and health services.
- 2.1.3 The main function of HSCC is to Maximise Independence, focus on prevention, develop early intervention approaches and embed wellbeing conversations to ensure that people's needs are matched to the 'right service at the right time'. HSCC are now working in a different way to reduce the demand for statutory services by carrying out proportionate assessments and connecting people to community and 3<sup>rd</sup> sector resources, and commissioned services where appropriate.
- 2.1.4 After an initial settling in period a comprehensive review of HSCC processes and pathways is being undertaken, drawing on practical experience since the service went live. This review is designed to ensure optimal filtering of referrals, minimisation of duplication of activity and the most efficient handoff points to the wider HSCP system.
- 2.1.5 The principal challenge remains growing demand for support set against relative reductions in available resource. This is a trend seen across the Adult and Older People's care groups and is placing a significant strain on HSCP services. The Maximising Independence programme is the main engine for meeting this challenge, with its emphasis on prevention and early intervention via a focus on purposeful, proportionate, time-limited interventions that are strengths-based and seek to exhaust reablement opportunities.
- 2.1.6 To that end the HSCP's single needs assessment (SNA) is being redeveloped with an assets-based approach, with a rolling programme of staff training being implemented to support strengths-based and trauma-informed practice.

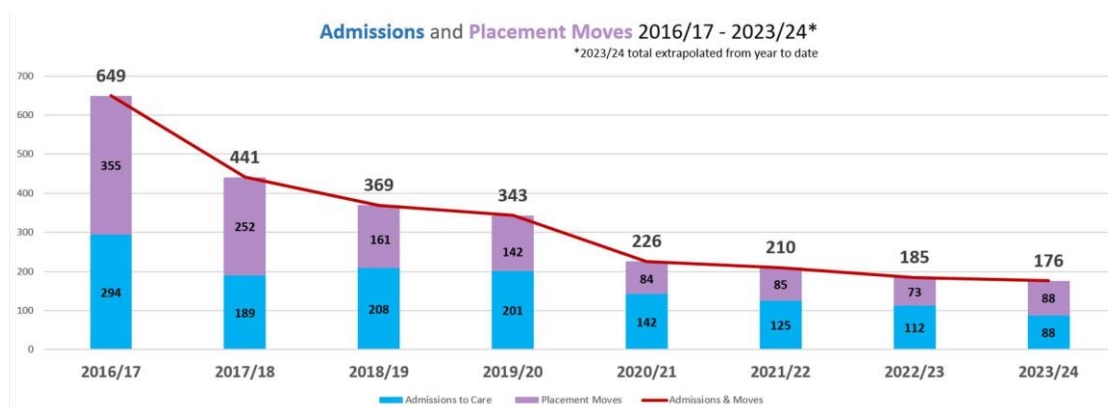
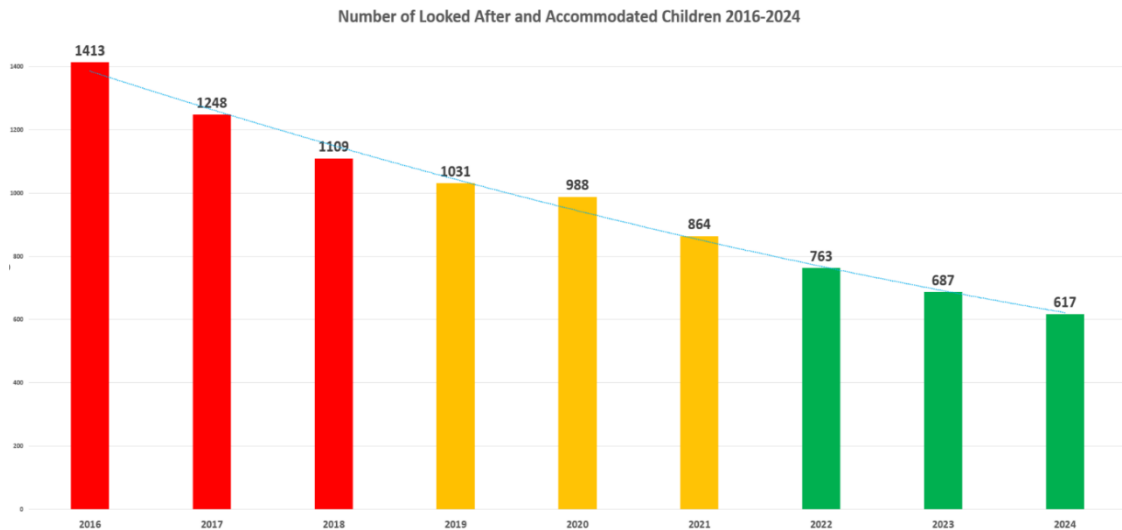
## 2.2 Children Services

### 2.2.1 Shift towards Early Intervention and Prevention

Despite the ongoing challenges associated with the impact of the pandemic and Cost of Living crisis, the service has continued to make significant progress in relation to shifting the balance of care, ensuring that more children are sustained with their parents, extended families and attending local schools and remaining connected to their local neighbourhoods.

This has been achieved by working alongside families, supporting families to identify their strengths, and developing a plan to support meaningful change by treating families as experts in their own lives and circumstances. Providing flexible assistance to families in the context of the deepening cost of living crisis and the impact of poverty continues to sustain, support and help families in acute crisis. It also has helped to build trust, for example, widening access to Section 22 funding to Health Visitors has increased the range of early help available to alleviate families' stress and distress. Feedback from families using a text survey indicates this approach has strengthened the relationship in terms of wider help seeking also.

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As a result of this work, the number of children and young people looked after and accommodated in formal settings has reduced from 617 (in the last CSWO report) to a current position of 592. This represents a reduction of 821 from 1413 in January 2016 (58%) and has been accompanied by a reduction in placement moves which has been the result of a number of factors including a significant cultural change in addressing childhood poverty, promoting early help and providing intensive family support. Continuing efforts to support families to stay together in their communities fully aligns with the aspirations of The Promise and the transformational change programme.

### 2.2.2 Glasgow's Promise Plan

The Glasgow Delivering the Promise Board has been working to implement the recommendations of Glasgow's Promise Plan 2021-24 across the partnership. Activities over the course of the last year include:

- Implementation of the Glasgow's Promise Plan 21-24, a comprehensive multi-agency plan with over 100 actions
- Engagement with the national Promise Scotland redesign team in the Glasgow change programme

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- Presentations to other local authorities and national conferences around implementation of the Promise in Glasgow to highlight improvement work and share learning
- Test of change team with 3 locality sub-teams, 2 Children's House care teams and Promise Participation team exploring better ways to record, communicate and write reports for the families that we support. This will inform the Language and Relational Writing training programme that will be delivered to all children's services staff in the partnership
- Creation of the multi-agency Language working group
- Implementation of the Family Connections Assessment and Plan which has received national recognition as sector-leading from other local authorities and with colleagues from AFKA (Association for Fostering, Kinship and Adoption), Scottish Government, CELCIS (Centre for Excellence for Children's Care and Protection), Stand Up for Siblings and the National Community of Practice for siblings
- The employment of 4 Promise Participation Workers, with care experienced individuals encouraged to apply, to strengthen participation and voice in the design and delivery of services
- The HSCP significantly contributed to the "Staying Together and Connected" national practice guidance, with a citywide working group convened to develop guidance alongside CELCIS, building on the sustained work in Glasgow around the 'Staying Put' agenda
- Assistant Chief Officer for Glasgow led the Social Work profession as National Convenor sharing Glasgow's learning both nationally and with specific key stakeholders; and through board membership of the National COSLA Promise Board to support effective national implementation of the Promise. Sessions are planned for 2024 with both the Delivering the Promise Board and the HSCP Promise Keepers Working group to consider the development of Glasgow's Promise Plan 24-30, in response to the Promise Scotland Plan 24-30.

Four Promise Participation workers have been recruited to support a range of workstreams, with the role of ensuring meaningful involvement of children, young people and their families in decisions that affect them and in the shaping of our services. The Participation Workers have been involved in a number of key workstreams to review and improve services, supporting young people to participate and influence across a range of service improvements and new initiatives including taking the advisory role on tendering activity.

### 2.2.3 Whole Family Wellbeing Fund (WFWF) and the Child Poverty Pathfinder

Work has continued over the past year to align funding and policy associated with the Whole Family Wellbeing Fund and Child Poverty Pathfinder in order to maximise the benefits of the spend for families. This has involved building readiness across the system to develop a more integrated system of support for families at the earliest point, with opportunities for families to move into employability pathways. The governance process is currently being refined and work is being undertaken with GCVS and third sector partners to develop proposals for the funding, to create more seamless pathways of support for families.

A workshop took place in April 2024 with Scottish Government, HSCP, Council, Education and third sector representatives to explore ideas for creating more

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seamless pathways of support for families. This work highlighted the diversity of perspectives and complexity of the work to align the system of support for families. Considering the different and multi-perspective approaches to change across the system, a structured programme of work has begun to create a collective vision, shared language, and consistent approach to implementing improvements across the children's services system, which is being overseen by the WFWF Board chaired by the Chief Executive of Glasgow City Council.

Further alignment of the Financial Inclusion Sector with the offer of early help, early intervention and intensive family support from the wider Third Sector family support investment will seek to strengthen and develop the effective implementation and impact of the delivery of the universal pathway by our Health Visitors. This approach will seek to radically improve the effectiveness of our preventative strategy in the city, reduce the need for statutory social work services and, by tackling poverty at source, enable our families to seek their own solutions and flourish.

#### **2.2.4 Residential Care**

Children's Residential Services continue to drive forward the implementation programme for the Nurture Framework to support the ongoing delivery of Trauma-Informed Practice in Glasgow's Children's Residential Houses, with significant time invested in working alongside staff.

Positive outcomes have been evidenced and include a significant reduction in the number of placement breakdowns with a shift in practice away from a behavioural model of care to a more trauma-informed, developmental, and relational model of care. There has been an improvement in Care Inspectorate gradings, with 2 services awarded grades of 6 for excellence. The development of a shared understanding of best practice and a shared language has enabled practitioners and carers to articulate what they do and why they do it. Delivering the aspirations of The Promise has improved Glasgow's children and young people's experience of their care journey, with the development of Nurture spaces and integration of nurture principles into daily logs into Children's Houses. There has also been an increase in the number of young people choosing to remain in their care placements beyond their 18<sup>th</sup> birthday.

Given the increasing complexity of young people's needs, and our commitment to accommodating children and young people within the city, it remains challenging to sustain the number of placements. Some recent inspections have resulted in lower grades than we are aiming to achieve, with the feedback from children, young people, practitioners, managers and the Care Inspectorate helping to inform a detailed review and action plan to improve the residential estate and to continue to work towards consistently high-quality practice across all Children's houses.

#### **2.2.5 Ukraine/Unaccompanied Asylum Seeking Children**

The service continues to support families settling in Scotland following the war in Ukraine, and unaccompanied asylum seeking children and young people. The service is currently supporting approximately 360 children and young people,



many of whom have no recourse to public funds. The focus is to provide emergency accommodation, as well as food and clothing, and respond to the trauma experienced by children and their parents.

The service has implemented and embedded a host family service, offering family-based supported care to young people who arrive in Glasgow, and continues to recruit and support carers to offer this to new young people.

There is also work underway to modernise the accommodation options available to asylum seeking young people in Glasgow.

#### **2.2.6 Professional Development**

The Centre for Excellence for Children's Care and Protection (CELCIS) have continued to provide support and coaching to develop good leadership practices, with a focus on foundational skills for leaders, and the leadership functions that support complex change.

Two leadership engagement sessions were held in March and June 2024 with Teams Leaders, Service Managers and Heads of Service, with a plan to roll out these sessions to frontline practitioners. Staff feedback was very positive, and the feedback is being used to inform an action plan to support staff wellbeing and promote a consistent leadership approach, based on shared values and the development of a culture of care across all levels of the organisation.

#### **2.2.7 Integrated Children's Services Plan**

Following a creative engagement process with children and young people in schools and community group settings, the Children's Services Plan has been refreshed for 2023 – 26. The new priorities broadly reflect those which have been driving work across the partnership from 2020 – 23, with a new priority introduced specifically focused on addressing poverty.

Workshops were delivered with groups of staff across the HSCP to consider how their current work relates to the priorities, and to explore areas of strengths and gaps to continue to strengthen efforts to improve outcomes for children, young people and families.

#### **2.2.8 Leaving Care Event Celebration**

The annual Glasgow Open Day – an event which celebrates our care experienced individuals and highlights their achievements throughout the year – focused on the theme of "Who Makes Glasgow?" and involved young people at the heart of the event planning, supported by Arts in the City.

Over 100 people attended the event, with care experienced young people sharing performances and speeches to the audience that included social work staff, foster and supported carers, residential staff, and various third sector partners.

## 2.3 Adult Services

### 2.3.1 Learning Disability Services

A significant pressure has emerged in recent years in discharging people with complex needs from inpatient services. Services for people with complex needs require to be intensively staffed by skilled individuals, at a time when recruitment and retention within the third sector social care setting is extremely challenging. This is compounded by a lack of housing, particularly for adapted housing for people with complex needs. In order to manage these challenges and support people into appropriate accommodation, Glasgow HSCP is working closely with partner organisations to support the redesign of inpatient services and improve our community responses.

To this end, accommodation was secured for a new enhanced community living service for adults with a learning disability. The ethos of the new 6-person service is to provide person-centred and trauma-informed care, based on individual need. The service specification was developed using evidence and best practice in complex support service provision, to be delivered by a third sector adult social care provider using positive behavioural support and human rights based approaches.

Glasgow have a strong track record of collaboration with Registered Social Landlords (RSLs) and have been building on this good foundation to ensure that housing in the city is responsive to need. We are in the final stages of completing a new housing development with a Glasgow City RSL for 8 people with complex care needs in adapted new-build properties within a mainstream housing development.

A modernisation programme in relation to learning disability day services was initiated, to consider opportunities for improvement in the short-to-medium term, as well as the longer-term service model required to meet the projected demand and need. Engagement with service users, families and carers has been critical to reflect on need and future service responses and this has included engagement sessions, questionnaires, surveys and the introduction of forums at the day centres. The programme of work is ongoing and will continue to be informed and shaped by the views of those accessing the service, their families and carers.

Expansion to the access and use of technology enabled care and support (TECS) across the city has continued, to enable people to live as independently as possible in their own home, in line with assessed need. We evaluated progress through engagement with stakeholders, which resulted in more accessible resource materials being developed including an information booklet co-produced with Glasgow Disability Alliance, and two short videos that explained the social work and TECS assessment processes.

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The transitions protocol between Children's Services and Adults was launched in May 2025 with two events attended by over 150 staff who work with children and young people in transitions. The protocol is intended to support the transfer of the care management of young people who require ongoing support into adulthood. The main practice changes and improvements include:

- A core transitions group being set up to agree and monitor transition plans for all young people in each locality
- Clear roles and responsibilities for workers in relation to joint working
- Children's service taking on the instigation of guardianship process
- Clarity on when young people will move to being care managed by adult services and how services will be funded
- Establishment of an oversight group

### 2.3.2 Alcohol and Drug Services

Glasgow City Health and Social Care Partnership are piloting Scotland's first Safer Drug Consumption Facility (SDCF), due to open late 2024.

The Safer Drug Consumption Facility will seek to:

- Reduce the risk of blood-borne virus transmission and improve the care outcomes for those already affected;
- Reduce the number of injecting-related infections and injuries;
- Reduce the risk of overdose and opioid-related death;
- Engage a complex needs population in effective treatment and care;
- Provide opportunities to address and improve adverse life circumstances such as housing, family issues, welfare rights and wider medical needs;
- Improve the public amenity of the surrounding area;
- Reduce the impact of public injecting on local communities and local businesses

The multidisciplinary team includes a range of clinical staff, social workers and social care harm reduction workers with lived experience. Whilst the injecting and recovery area of the facility is clinical and staffed by nurses, the other areas are designed and staffed in a way that aims to support people with their wider wellbeing and social care needs in a welcoming environment that has been designed in conjunction with lived experience and family reference groups.

In recognition that the service is likely to be an emotionally challenging environment for staff, the clinical psychologist's key role will be to provide onsite support and facilitate reflective practice sessions when the service becomes operational. All staff have received Trauma-Informed practice training.

Significant community engagement has taken place over the past year, with local residents, elected members, people with lived and living experience of injecting drug use and their families, housing providers and businesses in the immediate vicinity of the facility and interested stakeholders. Twelve community drop-in sessions have taken place locally, at various times in afternoons and evenings, to offer opportunities for community members to attend. The Safer Drug Consumption

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Facility webpage was developed and includes a Frequently Asked Questions for potential service users, families and local communities, as well as providing background information, engagement session information with an online feedback form. A video was created to explain the need for the SDCF in Glasgow, using the voices of people with lived experience and family members as well as service providers in the sector.

Input from the Alcohol and Drug Partnership reference groups (people with lived and living experience) has continued throughout the planning and building process to ensure co-production in relation to the design, layout and furnishings within the facility. Several site visits have taken place with the women's reference group, who have co-designed a trauma-informed environment. Work with the reference groups has led to the inclusion of shower facilities, clothing storage and outside patio area, and they led on the naming of the service and signage within the facility. The Safer Drug Consumption Facility will be named *Thistle*, following a Scottish theme. The reference groups felt strongly that a less formal and more welcoming name was essential.

### 2.3.3 Mental Health

The 5-year strategy for Mental Health Services in Greater Glasgow & Clyde, and the Scottish Government Mental Health strategy set out a long term vision for a shift in the balance of care, supported by a wide ranging strategic direction of increased investment in community resources and the development of alternative treatments in the community to prevent hospital admission and expediate discharges from mental health inpatient settings.

Glasgow City undertook a review of the practice, systems and processes that support the admission and discharge pathways into and out of our hospital beds, with an aim of developing a service that provides equitable access to admission and discharge support across our three mental health hospital sites.

The review sought to improve services for adults and older people by reducing situations where they are in hospital longer than they need to be, which has a detrimental effect on their recovery, rehabilitation and long-term health and well-being, recognising particular challenges for people who are frail or have long-term care and support needs; to consider system-wide investment in services and support that could reduce and prevent the likelihood of delays occurring; and to ensure discharge systems are integrated, so that planning is proactive and undertaken in parallel, rather than reactive and undertaken sequentially, to contribute to improved flow. The Integrated Hospital Discharge team were developed, realigning hospital discharge coordinators with investment in new social worker roles, to work alongside inpatient clinical teams and bed managers. The social worker function is critical in providing and accessing support following discharge from hospital, to maintain a successful discharge and reduce the risk of re-admission, to ensure our mental health inpatient beds are used to maximum effectiveness.

In recognition of the pressures on accessing provision for longer stay patients in mental health hospitals, work was undertaken with a provider in East Glasgow to introduce in 12 newly commissioned beds within an existing service to meet the specific needs of individuals over the age of 55 years who were in Hospital Based Complex Clinical Care wards. Transition plans were agreed alongside clinical staff, and all transfers have been successful, with people now residing in a community placement away from hospital with appropriate levels of care.

As noted in last year's CSWO report, Glasgow have experienced ongoing pressures in relation to the availability, capacity and retention of Mental Health Officers (MHO). Alongside pro-active recruitment over the past year and a review of the MHO role, we have seen successful recruited to MHO vacancies and continue to encourage existing Social Workers to undertake MHO training. Governance oversight is in place to monitor professional practice and drive strategic development, through the MHO governance group and MHO Forum, as well as a Lead Mental Health Officer.

An audit of MHO activity is currently being undertaken in response to issues identified by a joint review of practice following the Mental Welfare Commission in respect of Emergency Detention Certificates (EDCs) issued without MHO consent. A Review of Out of Hours Social Work Services will also consider MHO activity and requests for support.

#### **2.3.4 Access to Social Care**

In recognition of the financial challenges facing the HSCP, the Integrated Joint Board agreed to undertake a refresh of self-directed support (SDS) in social care services in the city in March 2023.

The review sought to achieve a fair, cost effective and easier way to access social work support in Glasgow for those who are eligible, based on the principles of Maximising Independence. The HSCP will continue to focus resources on the people with substantial and critical needs, in line with the eligibility criteria. Prevention and early intervention will continue to be a focus of our practice as people with substantial and critical need also benefit from preventative approaches. A refreshed approach to assess people's strength and support systems is being implemented, with a focus on the whole person rather than on an individual's disability, with consideration to assessed need but also people's strengths and aspirations.

The approach is a shift in practice, moving from a needs-led approach to one of reablement, enablement and maximising independence. This will provide a more consistent application of equity/fair share according to need, with proactive signposting for those not meeting statutory eligibility criteria. The principal focus is on self-directed support and care at home services, with a phased approach focusing initially on older people and adult services. Staff engagement, training and development has begun alongside a review of existing support and IT processes.

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The testing of a Circles of Support model within an adult and older people's context is supporting the implementation, aims to enable people who need support and those closest to them, to make decisions about how best to support them at home and in their community.

Circles of Support puts the person needing support and their family at the centre of making decisions that affect them, recognising their strengths, skills and abilities as well as considering areas where they need support. It considers the support they get from the people currently involved in their life, as well as what support the carers may require.

Guiding principles for the Circles of Support include:

- All families have the capacity to change and grow;
- Private family time is essential to this process – enabling and supporting families to have a voice and make decisions;
- Every individual family is unique - the social worker's role is to help people discover their strengths, resources and beliefs and to promote maximum independence and participation in local communities;
- People will only be involved in Circles of Support if they have consented and are keen to participate;

The care team take a holistic approach, drawing on a wide range of expertise dependent on a person's needs and preferences. The team can include reablement staff to help think about ways to build and maintain the person's independence; the carers team who can support the individual and their family with care responsibilities; the assistive technology team who can advise on how technology can support people to live confidently and safely at home; and Local Area Co-Ordinator's who can help people to think about what they might like to take part in locally, helping them to develop or support an interest, and meet new people if you they to. Advocacy support is accessed where deemed necessary or requested by the individual or their family.

## 2.4 Older People Services

### 2.4.1 Care Home Quality Assurance Team

The Care Home Quality Assurance Team (CHQA) play a key governance role in ensuring that care homes are providing high quality care to our residents. A significant focus for the team has been to upskill all Practice Development Nurses and Care Home Liaison Nurses in Adult Support and Protection as second workers, which improves the integrated working and ensures clinical decisions are aligned and informed by social worker colleagues and legislation. The team have also developed guidance for care home staff in respect of Eating and Drinking with Risk, introduced an escalation process for social work, health and commissioning staff to share and note any practice or service user concerns across the care homes to ensure oversight, and there has been a noted difference in the management of Large Scale Investigations with the CHQA team supporting a more collegiate approach.

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The CHQA team provided intense support to the Social Work Hospital Discharge team over a three month period to improve performance, have been working to improve data quality across Carefirst to ensure review activity is aligned and reported regularly with the development of a dashboard that allows real time information to be reviewed, and introduced statutory annual reviews of all adult care home placements.

## **2.5 Care Services**

### **2.5.1 Care at Home**

Glasgow City HSCP Home Care services deliver approximately 94,000 visits per week across eight different home care services, including mainstream homecare, reablement, services for the homeless, Supported Living, and Supported Living First Response. In 2023/2024, the Home Care services received 9,274 referrals, representing a 3.4% increase in referrals compared to the previous year. The Reablement Care at Home model is the cornerstone of Home Care, focusing on eligibility and person-centred care planning. This approach is key to maintaining overall service capacity.

The Reablement service plays a crucial role in transitioning patients from hospital to home. Through a robust assessment process aligned with the Maximising Independence agenda, the service equips individuals with the tools and skills to manage their health and wellbeing, enabling them to remain safely in their homes for as long as possible. During 2024/25 to date, 1040 service users had successfully fully or partially completed a period of reablement assessment and the overall hours of care provided reduced by 51.32%.

In 2023/24, the Community Alarms & Telecare service supported an average of 8,760 individuals across Glasgow, operating 24/7, including public holidays. The purpose of Telecare is to provide reassurance to service users and their families, and is an integral part of care planning, helping to delay admissions to long-term care placements and keeping service users in their own homes for as long as possible. Over the 23/24 period, the Community Alarm and Telecare services has welcomed 2,468 new service users onto the Community Alarm service, responding to over 29,000 onsite requests for assistance over the year. Glasgow HSCP Telecare and Telehealth services are partnering with the Scottish Government's digital office and TEC Scotland to transition from analogue to digital platforms and offers an innovative solution and a more flexible model for managing patient care remotely.

Home Care services are invested in providing quality training opportunities for staff, collaborating with organisations such as NHS, Moving and Handling, Day Care, 3rd Sector organisations, Carers Support Teams and Technology Enabled Care. There are also other learning opportunities supporting staff with succession planning to facilitate professional development. The robust induction programme is reviewed annually to ensure it meets best practice and reflects the changing needs of the service user group. There is an established relationship with our colleagues from Glasgow Caledonian University for the student programme offered within the Reablement Service. All home carers are registered with the Scottish Social Service

Council (SSSC) and they are actively encouraged to access learning modules via their Open Badge scheme.

### **2.5.2 Residential and Day Care Services**

There are five Health and Social Care (HSCP) owned Care Homes across Glasgow with a combined total of 550 beds and an average occupancy rate of 90.4% during 2023/24. The total number of beds has reduced to 490 as of January 2024, due to a capital project at Riverside Care Home. The average occupancy has reduced slightly from the previous year, reflecting the significant increase in the individual needs, support and delivery of care required. The service delivers high-quality, person-centred care to a diverse range of residents. The service had an average attrition rate of 7.69% across all staff in the past year, a significant improvement on the previous year, and the HSCP is working on improving staff retention to ensure consistency and quality of service provision.

Increasing complex profiles among residents has been noted, with 72% of residents being over the age of 80 years, and 77% of residents having a significant mobility impairment. 79% of the resident group have a certificate of incapacity and 81% have a diagnosis of Dementia. Whilst this presents some challenges in the provision of care, it highlights that work to maintain people at home for as long as possible has been successful.

Older People Residential Services have collaborated with Glasgow Clyde College to develop a bespoke course to create a learning and recruitment pathway for people interested in social care but who may not have any direct experience. The first cohort of this internship programme ran from August 2023 and has been implemented for a further two student cohorts. The programme has garnered interest nationally as a means of supporting people into social care and meet the demands across the health and social care sector.

## **2.6 Homelessness**

On 30th November 2023, at the City Administration Committee (CAC), councillors agreed that the unprecedented pressures facing the council in relation to homelessness led the political leadership to the declaration of a housing emergency in Glasgow. In 2023/24, Glasgow received around 14,000 approaches for housing advice and assistance which is a 20% increase on the 11,700 approaches received in 2022/23 and the number of homelessness applications rose by 15% from 6,708 applications in 2022/23 to 7,762 applications in 2023/24.

Alongside challenging economic conditions, including the cost-of-living crisis, demand for homelessness services in 2023/24 was driven, in large parts, by the UK Government's streamlined asylum decision making process (implemented in July 2023) which saw the number of homelessness applications in Glasgow, from those granted leave to remain, increase from 1,384 to 2,709 - a 96% year-on-year increase.

This unprecedented increased demand has seen Glasgow rapidly expand its use of temporary accommodation, including the use of bed and breakfast/hotel accommodation, in order to attempt to meet the needs of homeless households. Prior



## OFFICIAL

to the accelerated asylum decision making process in July 2023, Glasgow were using approximately 700 bed and breakfast/hotel placements each night which doubled to over 1,400 placements across 30 hotels. This is in addition to 2,000 Temporary Furnished Flats used by the Health and Social Care Partnership to support those most in need.

The increased use of this type of accommodation, particularly within the city centre location, has placed significant challenges on Homelessness Services as well as the local communities. The HSCP have convened a Homelessness Accommodation Oversight Group, with a range of stakeholders, which aims to review current accommodation provision, including a risk matrix for existing hotels in use, as well as seeking opportunities to expand the provision of temporary accommodation by reviewing Glasgow City Council-owned buildings which have the potential to be re-provisioned for use as temporary accommodation.

In light of the increased demand from asylum seekers housed in the city and refugees travelling to Glasgow from outwith Scotland in significant numbers, the Asylum and Refugee Support Team have integrated three previously smaller teams into one holistic service model aimed at ensuring one pathway into accessing both health and social care services to improve outcomes for the most vulnerable households.

In 2023/24, Glasgow City Health and Social Care Partnership appointed Homeless Network Scotland to deliver All in for Glasgow, which is co-designing support services for people in the city affected by homelessness. The tender process for delivering these services is currently on-going and the HSCP will announce the successful services in December 2024. Homelessness Services also continue to work with the Glasgow Homelessness Involvement and Feedback Team (GHIFT) to ensure that lived experience is at the heart of any service re-design.

In relation to settled accommodation, the service secured 3,344 lets for homeless households in 2023/24, its highest ever return, which represented over 50% of social housing lets across the city. The HSCP, along with colleagues in NRS, also hosted an engagement session with the 60 RSLs across the city to celebrate the positive work within the sector and to seek solutions to the housing emergency. The event was well attended by RSLs across the city and the feedback from attendees was positive despite the challenges facing both the housing and homelessness sectors.

Working in collaboration with colleagues in NRS, the Council to maximise the benefits of the Housing Emergency Action Plan which outlines all the key actions being undertaken by key stakeholders in response to the declaration of the housing emergency.

Our workforce plan in relation to Homelessness remains challenging due to the complex temporary funding model for a wide range of posts. The leadership team have worked to stabilise the operational services, such as the new Asylum and Refugee Team, successfully realigning all resources from the Ukrainian Resettlement Team which has been disbanded offering opportunities to develop new skills and access further job opportunities within the wider homelessness service or HSCP.

## OFFICIAL

## 2.7 Commissioning

Externally purchased services account for c.£320m of the HSCP's social care budget. Effective commissioning of external social care services, combined with robust and proportionate contract management, continue to be critical to the delivery of our Strategic Plan, particularly in light of the challenges that continue to face the social care sector. Our commissioning section now has a well embedded approach to our annual development activity which is aligned to the Council's Sustainable Procurement Strategy, the IJB's Strategic Priorities and also to the Scottish Government's proposed Ethical Commissioning and Procurement Principles.

A refresh of our Contract Management Strategy was implemented in October 2023, with all contracts now risk assessed to ensure we have proportionate oversight over contracts where the risk is highest.

In February 2024, we participated in Glasgow City Council's Procurement and Commercial Improvement Programme (PCIP) assessment, a national framework that measures the procurement and commercial capability of organisations. Glasgow was assessed as having achieved advanced practice, the highest band, across all of the themes.

## 2.8 Public Protection

### 2.8.1 MAPPA

Throughout the year, Glasgow MAPPA has demonstrated a steadfast commitment to public safety. The collaboration between responsible authorities and duty to co-operate agencies has been crucial in managing individuals subject to MAPPA and ensuring community safety.

Following the publication of the Significant Case Review (SCR) in relation to Person H, the Strategic Oversight Group (SOG) established an Implementation Group consisting of key representatives from MAPPA responsible authorities and representatives from Scottish Government to take forward the learning and recommendations.

During the reporting period 2023/2024, there were 21 instances which resulted in an initial notification report to the SOG. There was no further review of any of the cases following agreement that appropriate risk management procedures were in place.

MAPPA Glasgow continues to meet most National Performance Indicators (NPIs) outlined within the National MAPPA Guidance (2022), apart from two within the last reporting period. The performance indicators not achieved have been discussed in relation to the associated factors which led to a decrease, and they will continue to be monitored closely. The table below illustrates an overview of the period April 2023 to April 2024.

National Performance Indicators	Outcome
95% of level 3 cases to be reviewed no less than once every 6 weeks.	Glasgow achieved 100% during the reporting period.
95% of level 2 cases to be reviewed no less than once every 12 weeks.	Glasgow achieved 100% during the reporting period.
90% attendance by Duty to Co-operate (DTC) agency at an appropriate level of seniority when invited to level 2 and 3 meetings.	Appropriate attendance by DTC (100%).
90% attendance by Police and Social Work at an agreed level of seniority at level 2 and 3 meetings including Risk Management Team Meetings in custody.	Glasgow achieved 100% during the reporting period for level 2 and 3 meetings. Data in relation to RMT attendance is not being collated.
100% written contributions for Responsible Authorities and DTCs in cases of non-attendance.	Glasgow achieved 97% during the reporting period.
100% of MAPPP initial level 3 meetings for cases in custody to take place 4 weeks prior to liberation.	Glasgow achieved 100% during the reporting period.
90% of level 2 and 3 minutes to be complete and released within 10 working days.	Glasgow achieved 81% during the reporting period. Upon review of the circumstances relating to this, this was resource related, which has been discussed at the SOG. No on-going actions are required to manage this.
Disclosure to be considered and recorded in the minutes at 100% in level 2 and 3 meetings.	Glasgow achieved 100% during this period.

### 2.8.2 Adult Support and Protection (ASP)

Adult Support and Protection (ASP) activity has continued to reflect an upward trend in the number of concerns being reported, with a 14% annual increase in the number of ASP referrals within Glasgow City in 2023/24 (from 10,329 to 12,055). The Health and Social Care Connect Service (HSCC) has helped support an effective response to such increasing demands. HSCC has strengthened our ASP triaging and screening arrangements and has supported a proportionate response to referrals with around 30% of ASP inquiries now being completed at this early stage, with an emphasis on a strength based approach. ASP referrals that link to allocated or more complex cases are reassigned to locality services following triage, to trigger fuller inquiries and use of investigative powers.

Nationally, the oversight of ASP data has been strengthened by the introduction of a new Minimum Dataset by Scottish Government. The new reporting arrangements align to the revised ASP Code of Practice and have helped collate a wider range of information for the year ending 31<sup>st</sup> March 2024 to support ongoing quality improvement, including:

- The total number of ASP inquiries undertaken is now separated into the use of inquiries with or without the use of investigative powers. The Act defines investigative powers within s7 to s10 of the Act and the revised Code of Practice has helped to further define the use of such powers linked to visits and interviews of the adult at risk, medical examinations and examination of records
- Glasgow City used Investigative powers in 25% of all ASP referrals. This typically links to the adult being visited/ interviewed in response to referral
- Main source of referrals with those submitted by Care Homes at 25% followed by Police at 21%.
- Adults aged over 65 remain the largest age group for whom ASP investigations were undertaken (41%), with 40-64 age group being the next highest (35%) and the 16-39 age group featuring less at investigation stage (25%).
- The primary harm linked to ASP investigations undertaken by Glasgow City included self-neglect (19%), financial harm (15%), physical harm (13%) and neglect or acts of omission by others (12%)

We have also maintained our commitment to an Annual Joint Audit of our ASP processes, undertaken by Health, Social Work and Police. This involves file reading across the different partner agencies and scrutiny of our key processes for supporting and protecting adults at risk. The findings from the audit report highlighted major strengths including collaborative approaches, effective information sharing, promotion of adult participation and effective protection planning. Areas for improvement were also identified and have helped to inform an ASP multi-agency Improvement Plan linked to chronology recording and responding to the challenge of increasing referral numbers. This will include work to strengthen our Inter Agency Referral Discussion (IRD) processes and initiatives to support our response to ASP referrals from Care Homes, including the launch a Good Practice Guide and increasing role for our Care Home Quality Assurance Team.

### 2.8.3 Child Protection

A child protection multi-disciplinary continuity meeting has continued to meet regularly to monitor and review the arrangements for child protection in the context of the challenges of the cost-of-living crisis and ongoing impact of the pandemic. Refreshed child protection procedures have been developed in response to the new national Child Protection Guidance, which builds on the learning from a number of initiatives, including:

- Review of practice in supporting families experiencing domestic abuse, with sub-groups exploring specific support for men, women, and children, based on the ongoing research and input of Professor Brid Featherstone.
- Supporting Families Through Pregnancy workstream which is developing co-ordinated, strengths-based support for families who require additional antenatal support.
- Improvement in the Joint Investigative Interview process, based on national developments and learning.

## OFFICIAL

The Child Protection team are currently reviewing Glasgow's Young Persons Support and Protection (YPSP) procedures, to align with the revised National Guidance in respect of Care and Risk Management processes (CARM), which is designed to support children, young people and their families manage the serious risk of harm to reduce harmful behaviours and build capacity within the child, young person and their family.

There are currently 270 children on the Child Protection register within the City, compared to 318 children who were registered for the same reporting period in 2023.

As part of the implementation of the Bairns Hoose, Glasgow has implemented the Scottish Child Interview Model. The Glasgow Child Interview Team is a joint Social Work and Police team who lead on joint investigative interviewing for children across the City.

The Child Protection team are currently in year 4 of a Home Office pilot, Devolved Decision Making, which focuses on early identification of children and young people who are at risk of exploitation and trafficking in the city. Glasgow is the only LA in Scotland to be included in the pilot.

### 2.9 Justice Social Work

#### 2.9.1 Prison and Community Throughcare

In June 2024, The Scottish Government responded to a rise in the prison population with a programme of Emergency Release (under section 11 of the Bail and Release from Custody (Scotland) Act 2023) to protect the rights and safety of people living and working in prison establishments.

Within Glasgow HSCP, Justice prison and community based social work worked alongside the Scottish Prison Service, homelessness services, health services and community partners to deliver this programme. Taking place over four tranches, this involved rigorous scrutiny of systems, records and risk assessments to ensure compliance with release eligibility and supporting access to housing, health and financial support where it was required.

#### 2.9.2 Unpaid Work

Within the Justice Community Payback Unpaid Work (UPW) service, we have driven forward exciting and innovative arrangements by setting up placement providers in each locality via direct award contracts to; Greater Easterhouse Supporting Hands (GESH), Open Gates and Community Crookston Group all of which are community charitable organisations.

Maximising the justice budget in this way has ensured best value arrangements for the justice service while realising significant benefits to the wider community. UPW service users are also supported in each placement through a trauma informed approach and staff with lived experience.

## OFFICIAL

### 2.9.3 Bail Supervision

There continues to be a focus both locally and nationally on promoting the use of bail supervision and bail with electronic monitoring (EM Bail) to reduce the use of remand and address the increasing prison population. Within Glasgow Sheriff Court the bail service now has a duty worker in attendance throughout the Custody Court hearings to support proceedings and to offer advice and guidance on cases where remand may be considered. Where feasible, stand down reports can and will be provided to ensure anyone at risk of custody is considered for a community-based bail alternative.

In addition, we also recently trialed the use of bail staff within Police custody suites over a busy weekend of high-profile football matches and other events. Two bail officers attended at the custody hubs on the Sunday morning to allow for earlier intervention with custody cases and to begin the assessment process in advance of Court the next day. Whilst this initial trial didn't offer significant gains in terms of bail supervision cases, it did provide learning that has been shared nationally with key partners including Police, COPFS and other local authorities.

### 2.9.4 Women's Court

The Women's Court (operating in partnership with Glasgow Sheriff Court) continues to grow and develop since its implementation in January 2023. Due to the level of demand for the Court an additional day each month has been identified to consider new referrals and review existing cases. A formal evaluation of the Women's Court is currently being commissioned to look at the operation of the Court across all key stakeholders with the outcome of this evaluation due to be published in 2025.

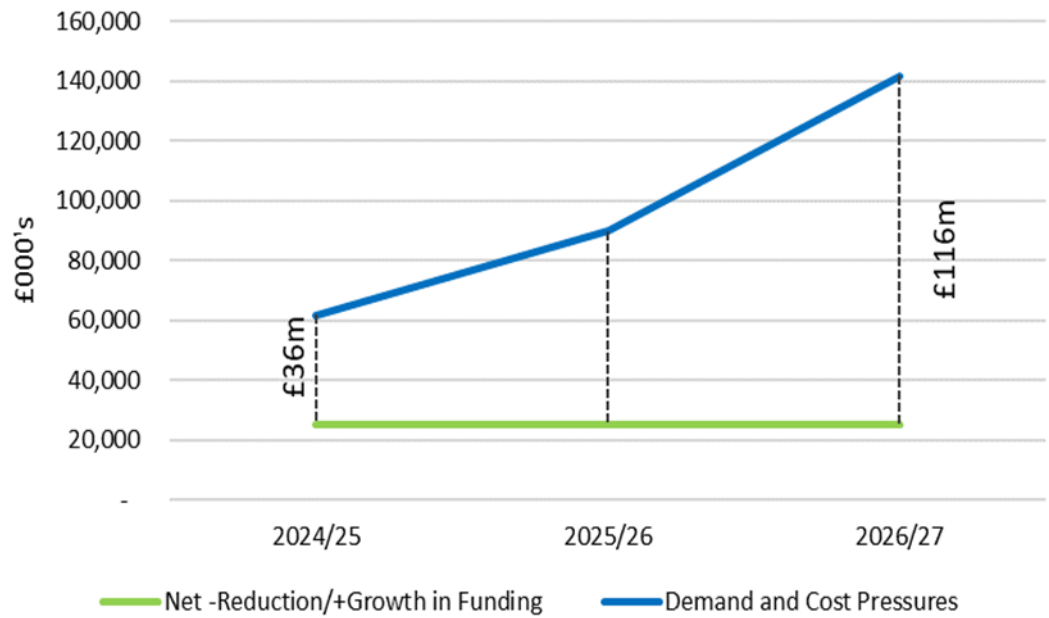
Women subject to Structured Deferred Sentences (SDS) via the Women's Court are provided with support via Tomorrow's Women Glasgow (TWG). A qualified social worker has now been recruited to TWG so that the SDS and the wider social care and health support can all be offered from the one location. This ensures a much more trauma-informed and supportive service is offered to women going through the Court.

### 2.9.5 Alcohol Court

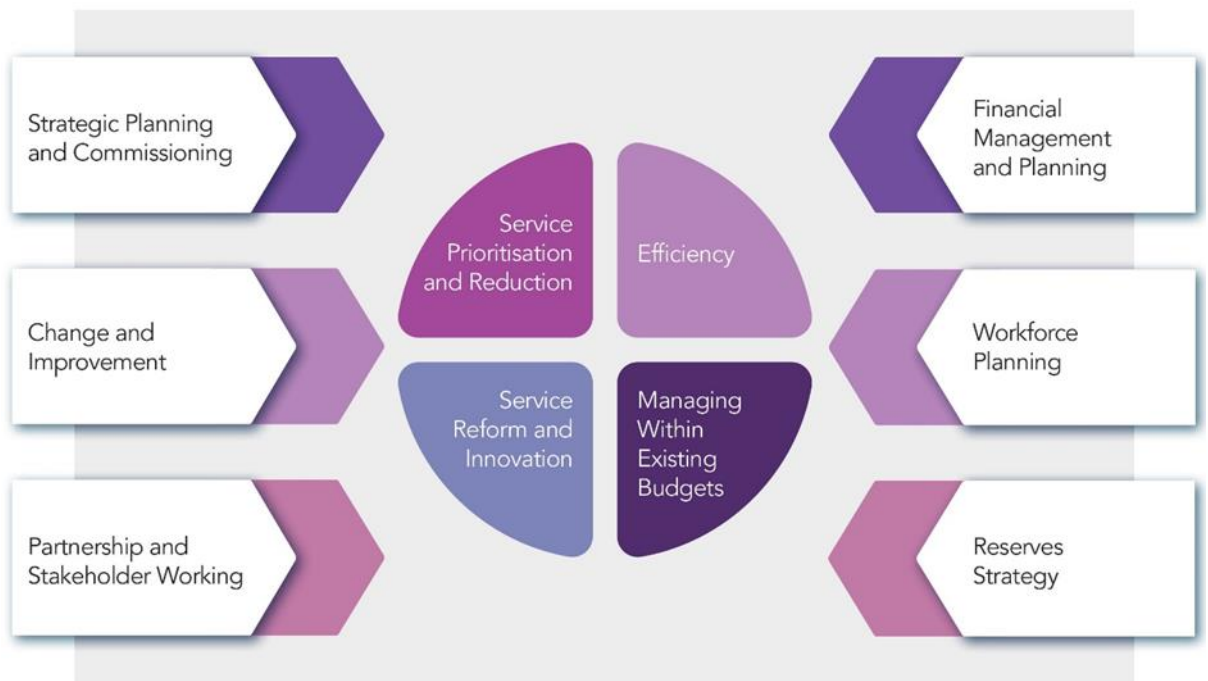
Glasgow Sheriff Court has had an alcohol court operating for a number of years. Utilising a problem solving court approach it looks at individuals where there is a clear link between their offending behaviour and alcohol use. Senior addiction workers from ADRS services attend the court that sits three times per month to support proceedings. The alcohol court has recently introduced pre-court reviews where ADRS and Justice staff meet with the presiding Sheriff on the morning of Court to discuss pending cases that day. This allows for a discussion around sensitive issues relating to the individual/cases and ensures that the Court operates in a much more trauma informed way.

### 3. Resources

- 3.1 Glasgow City IJB delivers a range of services to its citizens and in 2023-2024 had funding of £1.6bn to spend on services. In 2023-24 it reported an operational overspend of £18.8m which required to be funded from the IJBs reserves, leaving a balance of only £8.4m to deal with unforeseen costs.
- 3.2 The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. The IJB faces a range of pressures and uncertainties which contributes to this challenging environment:
- Inflationary pressures linked to pay and contractual commitments and global markets for prescribing.
  - National commitments such as uplifts for social care providers and support for asylum seekers and refugees.
  - Continuing legacy of the impact of COVID-19 on people's health, wellbeing and the economic impact including income, employment and housing.
  - Local pressures linked to demand as a result of demographic, deprivation, and health.
- 3.3 Earlier this year the IJB recognised that given the scale of the financial pressure faced in 2023-24 and the forecasts for 2024-25 to 2026-27, that there needed to be a fundamental change to the services which are offered. The IJB agreed to the development of a service reset which would identify the services which are sustainable both in terms of meeting the demands of the population of Glasgow City but also be sustainable within the financial envelope which is available.
- 3.4 The financial strategy has been developed within this context. Our priority has been to protect core services which deliver care to those who are acutely unwell, support prevention measures and deliver evidenced impact in improving the health and wellbeing of those who access service. The outcome is that we will consider proposals which will result in reducing services which are not core services to enable us to support those services which have the greatest impact in relation improving the health and wellbeing of those who access these services.
- 3.5 The financial outlook for 2024-25 to 2026-27 estimates a funding shortfall of £116m over the next three financial years. This will require savings to be identified to deliver a balanced budget over this period. This is based on the best estimates available and sensitivity analysis has been undertaken to highlight the implication of changes to underlying assumptions. This forecasts a lower risk scenario of £95m and an upper risk scenario of £162m.



- 3.6 Our Medium-Term Financial Outlook has 4 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 is sustainable and meets the needs of our communities. This is underpinned by strategic planning and commissioning, robust financial management, a prudent reserves policy and work force planning to ensure our resources are used in the most effective way to deliver services and the vision for the IJB.





- 3.7 The IJB has a strong reputation in delivering savings which is evidenced by the delivery of 99.7% of our £21.6m savings programme for 2023-24. The IJB will continue to pursue transformational change in how it supports individuals, families and communities to live independently from statutory services for as long as they can safely do so. This means increasingly focusing our resources and our energies on prevention and early intervention approaches in partnership with the people we support, local communities, third sector, independent sector, housing sector and community planning partners. The IJB is clear about its overall commitment to service reform and innovation. This is not just about changing the ways in which services are structured. It is a significant change in how they are planned and delivered.
- 3.8 The next three years will be the greatest financial challenge that the IJB has been asked to manage since its inception. Glasgow City IJB is clear about the challenges which are ahead and its aspirations for its services, however we will also need to be realistic about what can be delivered within the funding envelope available. Transformation alone will not address the financial gap, and this will require the IJB to prioritise decisions for investment and disinvestment in order to support delivery of the Strategic Plan. This will result in some services being reduced or stopped altogether but is required to enable the IJB to deliver services within the financial envelope provided.

#### **4. Workforce by Service Area**

##### **4.1 Workforce**

As at August 2024, Glasgow City HSCP (GCHSCP) has a workforce of 7,419 (6,262 Whole Time Equivalent WTE) for Social Work Services (council staff) within GCHSCP and 5,364 (4,720 WTE) employed by NHSGGC, making a total combined workforce of 13,681 (10,084 WTE). The breakdown of council staff across care groups for Social Work Services is shown in the table below.

<b>Service Area Social Work Services</b>	<b>Head Count</b>	<b>WTE</b>
Adult Services	544	510.16
Care Services	3832	3000.15
Children's Services	1041	969.31
Older People Services	334	317.09
Public Protection Services	455	427.15
Finance & Resources	1213	1037.67
<b>Total</b>	<b>7,419</b>	<b>6,262</b>

##### **4.2 Workforce Planning**

GCHSCP has well-developed workforce planning governance arrangements and processes in place with Workforce Planning Board meetings taking place fortnightly. In addition, Services have monthly meetings that have a more operational focus to meet the workforce needs of the service, safe staffing

legislation and ensure that recruitment is forecasted and planned throughout the year.

[Glasgow City HSCP Workforce Plan 2022-25](#) was approved at Glasgow City Integration Joint Board (IJB) in November 2022. Governance of the achievement of the actions in this plan are monitored annually by the IJB. The updated action plan on progress was published in November 2023 with details at the link below:

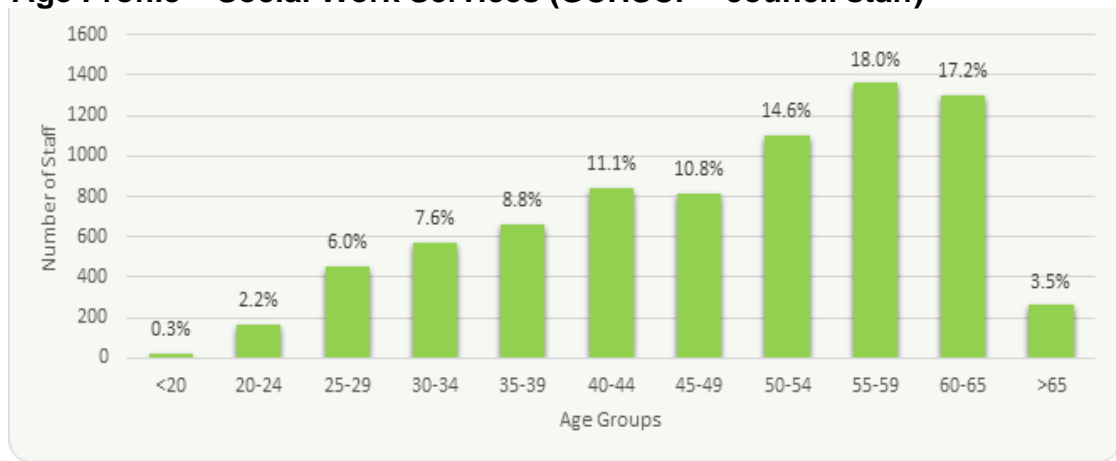
[Glasgow City HSCP Workforce Plan 2022-2025 Action Plan Update](#)

#### 4.3 Workforce challenges

##### 4.3.1 Age Profile

As detailed in previous reports a risk for Social Work Services within Glasgow over the next 5 years is the ageing workforce. 36% of the workforce is aged over 50. This presents a risk as employees can access their pension at 55. Therefore, to mitigate the risk, flexible retirement has been promoted to allow older workers to access their pension and continue in work supporting skills and knowledge retention and work-life balance.

##### Age Profile – Social Work Services (GCHSCP - council staff)

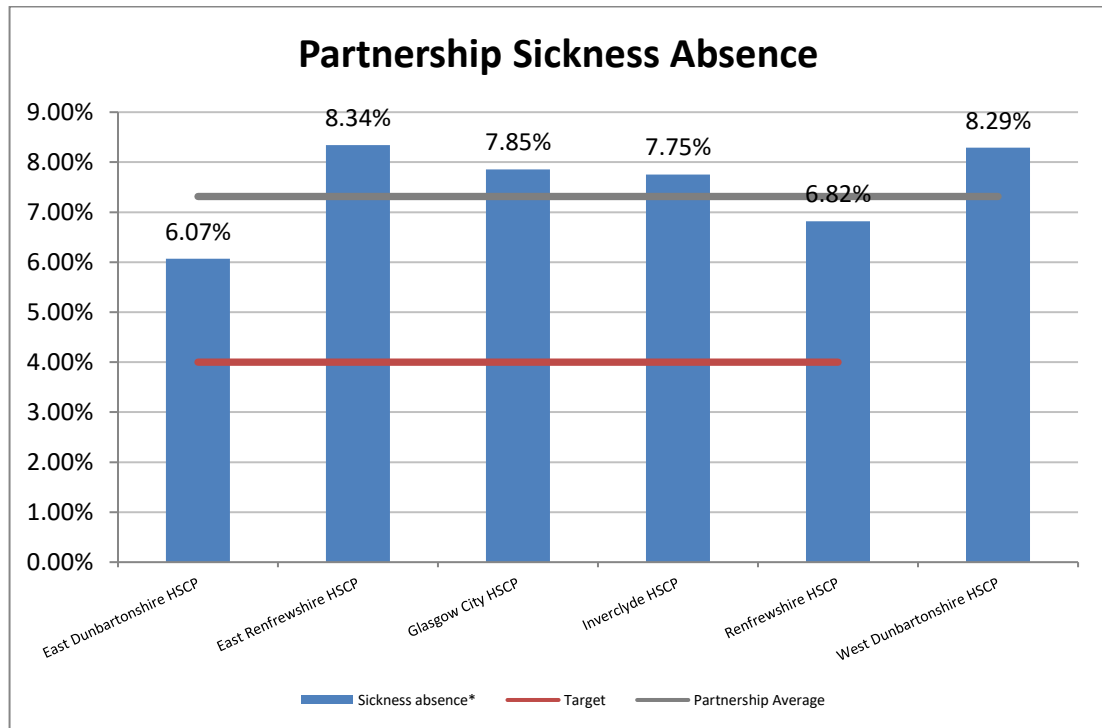


##### 4.3.2 Turnover

GCHSCP turnover at August 2024 is 11.34 %. Although the ageing workforce is a risk factor for GCHSCP, we are not currently seeing a high number of retirements impacting on turnover rates. Looking at the Social Worker employee grouping turnover, rates are much lower at 6.36% demonstrating the workforce is very stable. A concern exists that our lowest paid staff e.g. Home Carers are often not members of the local authority occupational pension scheme, meaning staff cannot choose to retire early and often experience deteriorating health exacerbated by the physical nature of the job. This contributes to the higher than average absence level in Care Services. A promotion campaign will be introduced in second half of 2024 to promote the benefits of the pension scheme including ill health retirement.

### 4.3.3 Sickness Absence

Absence levels in GCHSCP remain higher than average across HSCPs and the age profile of our staff must be considered as contributing to this particularly when considering the impact, injury or illness can have, which can often take longer to recover from when factoring in age and the physically and mentally demanding nature of the role that staff perform.



Social Work Services absence performance is consistent with the trend of Glasgow City Council overall however is consistently above the Council target absence rate of 5%. This highlights the need for change and the GCHSCP Attendance Management Action Plan for 2024/25 identifies the following 6 key priority action themes to address ongoing sickness absence challenges.

1. HR Support and Action
2. Occupational Health and Long-Term Absence
3. Redeployment - Capability
4. Governance and Reporting
5. Training for Managers
6. Staff Wellbeing

#### **4.3.4 Recruitment and Retention**

GCHSCP continually revise their recruitment and retention strategy to attract staff both nationally and locally, and to make continuing to work for us attractive, more accessible and a better fit with work life balance.

In recent years, GCHSCP has experienced a significant challenge in recruiting and retaining Social Workers who practice as Mental Health Officers (MHOs) in a system where there is a national shortage despite additional funding by the Scottish Government. A review was undertaken in late 2023 to assess MHO capacity challenges in GCHSCP in anticipation of winter pressures with targeted measures put in place to improve recruitment and retention. Since implementation in January 2024, the overall capacity of MHOs has increased by 15 FTE.

Large-scale recruitment campaigns exist in Home Care with a streamlined interview and onboarding processes in place to attract and retain staff to live and work in their geographical area. A Social Worker recruitment campaign commenced in February 2024 which attracted well over 200 applications. The campaign was positive, with 80 posts filled across a number of care groups, including a significant number of newly qualified social workers.

GCHSCP continues to use various social media channels to promote hard to fill vacancies with a focus on 'jobs of the week' and weekly updates on current vacancies. Services continue to work with HR to provide workforce data on trends to best support recruitment on an annual basis.

There is recognition that GCHSCP's exit interview process needs to be reviewed and improved to ensure we understand the reasons why employees choose to leave and can prevent it, learn from this, and put measures in place to improve the retention of our staff.

### **5. Training, Learning and Development**

- 5.1 Learning and Development activity across GCHSCP is monitored at its Social Work Professional Governance Board as a standing agenda item where progress on initiatives and programmes are provided, discussed with decisions taken on the development of new activities.
- 5.2 GCHSCP sponsor Social Workers to study for enhanced postgraduate professional qualifications, with GCHSCP meeting the cost of the qualification and allowing staff time to attend classes, learn and study. Ongoing delivery of SVQ programmes for Care Services' staff is ensuring registration requirements for the SSSC (Scottish Social Services Council) are met. We have supported over 1000 staff to achieve these qualifications, with 150 staff currently working towards them. 96% of the home care team are now registered with the SSSC with the remaining 4% progressing to registration.
- 5.3 GCHSCP appointed a Trauma Lead in 2023 who is leading on the Trauma agenda for the partnership. Four e-learning trauma modules were approved in March 2024 and are now live. A project team has been established to develop and implement a

## OFFICIAL

training strategy to equip staff with the necessary skills and knowledge to apply 'strengths based' approaches in their daily practice.

- 5.4 A dementia skills program was reintroduced in September 2023 with plans in place to train another 160 staff in 2024. 645 social work staff have completed equalities e-learning training online since April 2023.
- 5.5 GCHSCP SVQ and HNC (Scottish Vocational Qualifications and Higher National Certificate) processes are regularly quality assured and monitored by SQA (Scottish Qualifications Authority) who provide feedback after every verification activity.
- 5.6 GCHSCP recognises that by ensuring staff have the skills and knowledge to do their job well and by providing opportunities to develop, this will be critical in retaining the skills and values needed in our workforce. It is acknowledged through engaging with staff and trade unions that development of improved career pathway options and succession planning programmes is important to staff. We have suites of courses both mandatory and developmental which we review and adjust as practice develops.
- 5.7 Our training, learning and education approach is designed to prepare for changes to the work environment brought about by developments in practice, changing legislation, advances in technology and national strategies. Our professional leads and internal training educators (Practice Teachers) work in partnership with professional bodies e.g. SSSC, SQA, colleges and universities and Learning Network West to develop courses and design ways of learning to support staff in their career journey. We provide placement opportunities for HNC (Social Care) students in our Care Homes and have increased our capacity of student Social Worker placements, supported by our own in-house Practice Teachers which has led to an increase in applications for jobs with us and successful appointments. Newly qualified Social Workers are also supported through mentoring and coaching. A successful Modern Apprenticeship programme in our Older People Day Care Centres continues where trainees develop a blend of on-the-job practical learning whilst gaining a SVQ qualification, with all trainees to date securing permanent employment at the end of their apprenticeship programme.
- 5.8 A GCHSCP Succession Planning Group is in place, attended by senior management in recognition of the need to identify managers of the future and to encourage all staff to access development opportunities and ensure these are accessible. Some key focus areas of the Board and our Workforce Planning actions are:
- Investment in regular protected time for staff development
  - Increasing our capacity and opportunity for coaching and mentoring at all levels
  - Employees having the opportunity to have career development conversations
  - Investment in wellbeing practiced and observed by leaders.
- 5.9 We offer various management training programmes each year for staff who wish to become a manager, develop their leadership skills, coaching skills and develop greater insight and awareness of their management style.

## OFFICIAL

## OFFICIAL

- 5.10 GCHSCP will support newly qualified Social Workers (NQSW's) over the coming year and have secured funding from the Scottish Government for a Senior Learning & Development Officer (SLDO) to lead on this. Over the next 6 months we will provide briefings for managers and mentors, bespoke inductions for NQSW's and subsequently service specific inductions. We will evaluate our progress 6 months after implementation through consultation with managers, mentors and NQSW's.
- 5.11 As part of our Learning and Development strategy we are in the process of developing a new and revised Staff Induction programme. This will be accessible on our electronic platform and will provide a strategic overview of GCHSCP, our service provision and delivery, as well as information on conditions of service, staff well-being, Health and Safety responsibilities and an introduction to our service areas and strategic priorities. The implementation date for this will be early 2025, this is due to the current transition to a new electronic platform.
- 5.12 A working group has been established to develop the GCHSCP supervision policy. This will be inclusive for all managers and will provide information and guidance on supervision approaches such as, peer, professional and group supervision. The policy will reflect changes in work patterns since Covid 19, as well as considering neurodiversity, staff wellbeing and trauma informed practice. The policy will be complimented by a manager's toolkit to enable managers to use a variety of activities and approaches to enhance the skills, Knowledge, and values of staff. The policy will also acknowledge the supervision requirements for NQSW's (New Qualified Social Workers) in their initial supported year.
- 5.13 To achieve the above and ensure sustainability, it is crucial to gain insight into the experience of both our staff and managers. This will be achieved through a SMART survey, the completion date for this is October 2024.

## 6. Looking Ahead

- 6.1 Social Work Services are now in the recovery phase following the pandemic. Over the last year services have been challenged with the increasing demand for support. This has been across all services with particular increased activity in Adult Support and Protection and Homeless Support.
- 6.2 Our staff have continued to respond to this demand despite the increasing competing pressures on them. The cost of living crisis has had significant impact on our service users and the request for more practical help and support has increased.
- 6.3 Social Work Services have been challenged by the reduction in public sector funding and this has led to difficult decisions being taken in relation to the funding of services and the priorities for financial support across all care groups. We have however been able to maintain and deliver on our statutory responsibilities despite this and our staff have worked tirelessly with service users to ensure we deliver safe and effective services.

## **OFFICIAL**

- 6.4 As in previous years, I have highlighted that the most important part of the social work services in Glasgow is our staff and I continue to be impressed by the dedication and loyalty they show not only to the organisation but to their service users, family members and communities. I want to thank all of our staff for the continued hard work and their commitment to ensuring Glasgow City deliver high quality social work support.

## **7. Recommendations**

- 7.1 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.



## **Terms of Reference**

### **Social Work Professional Governance Board**

The Social Work Professional Governance Board will have an overview of professional Social Work practice across the Health and Social Care Partnership. The Board will ensure there is a strong and clear Social Work accountability and assurance framework that promotes reflection and learning from experience, evidence and research of outcome focused Social Work practice across the organisation.

The remit of the Social Work Professional Governance Board is to:

- Maintain an overview of external scrutiny arrangements from regulatory bodies.
- Receive an overview of regulatory bodies inspection reports and approve action plans by Heads of Service in relation to the outcomes of inspection reports.
- Promote and develop Social Work professional practice and identify trends or patterns arising in respect of professional practice.
- Overview the Social Work audit programme for the organisation.
- Approve the action plans developed the Heads of Service in relation to audit reports.
- Maintain an overview of referrals to the SSSC in terms of registration or conduct matters.
- Overview the Social Work Annual Training Plan.
- Monitor service wide performance of and development needs in relation to, practice learning and development
- Approve external research applications.
- Approve revised policy, practice guidance and procedures.

### **Membership**

- Chief Social Work Officer – Chair
- Depute Chief Social Officer – Chair / Assistant Chief Officer, Public Protection and Complex Needs
- Head of Adult Services
- Head of Commissioning Services
- Head of Older People Services
- Head of Children Services
- Head of Care Services
- Head of Criminal Justice Services
- Head of Homelessness Services
- Head of Organisational Development - Partnerships
- Practice Audit Review Manager
- Assistant Chief Officer - Older People Services
- Assistant Chief Officer - Children Services
- Assistant Chief Officer - Adult Services



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- Assistant Chief Officer - Care Services
- HR Rep
- Training and Development Manager
- Social Worker/Team Leader - Adult Services
- Social Worker/Team Leader - Older People Services
- Social Worker/Team Leader- Children Services
- Social Worker/Team Leader – Justice Services
- Caseworker/Team Leader – Homelessness Services
- Representative from Social Work School of Glasgow Caledonia University
- Representative from Care Inspectorate
- Representative from Mental Welfare Commission
- Representative from Strathclyde University
- Governance Support Officer (CSWO, Governance & Practice Audit)
- Support Officer, Business Development

### Frequency

6 weekly meetings

### Accountability and Reporting Interfaces

The Social Work Professional Governance Board will be accountable to the Integrated Governance Board chaired by Chief Officer of Glasgow City HSCP. The Board will produce a reporting template outlining the key areas for discussion including an overview of Social Work practice and learning for the reporting timescale.

The Adult, Older People and Children Governance Groups will; report any key Social Work issues to the Social Work Governance Board on a regular basis in order that there is an overview of professional practice issues across the organisation.

The professional Social Work Governance Board will have a number of sub-groups which will overview Social Work practice. These will include:

- Locality Social Work Governance Groups in North East, South and North West.
- Mental Health Officer Sub-Group.
- Care Services Governance Group.
- Training and Development Sub-Group.

These Sub-Groups will be chaired by a relevant Head of Service and will report directly to the Social Work Governance Board.