

# Adult Services Performance Update - Quarter 2 2024/25

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# **1. Key Performance Indicator Summary**

#### **Sexual Health**

| KPI  | Target              | Actual | Period | RAG Status | Direction in Last<br>12 Months |
|--|---------------------|--------|--------|------------|--------------------------------|
| Number of Voluntary Long Acting<br>Reversible Contraception (vLARC)<br>Intrauterine (IUD) appointments offered<br>across all Sandyford locations | 1354 per<br>quarter | 1479   | Q2     | GREEN      | Ť                              |
| Number of vLARC Implant appointments offered across all Sandyford locations  | 1166                | 2203   | Q2     | GREEN      | 1                              |
| Median waiting times for access to Urgent<br>Care appointments   | 2 day               | 1 day  | Q2     | GREEN      | $\leftrightarrow$              |
| Number of young people appointments offered across all Sandyford locations   | TBC                 | 622    | Q2     |            | 1                              |
| Waiting times for access to first TOPAR<br>(Termination of Pregnancy and Referral)<br>Appointments   | 5 working<br>days   | 3      | Q2     | GREEN      | 1                              |



## Sexual Health

#### Achievements

 Access to urgent care (Termination of pregnancy and referral - TOPAR) now exceeding target.

## **Areas for Improvement**

- There continues to be a decrease in the numbers of young people attending for sexual health care therefore Sandyford remains committed to encouraging young people who are sexually active to access appropriate care.
- Work on establishing a live chat function is well underway with an IT system identified for this and plans for an initial deployment underway.





#### **Areas for Improvement - continued**

- National work to improve the online booking experience is underway and due to be implemented during 2025.
- Work to increase awareness of Sandyford services through secondary schools is also underway with the development of a dedicated lesson plan with sign posting information to be provided across the area, however it is unlikely to be widely used in denominational schools.





### Learning Disability Achievements

- Hospital Delays reduced from 17 (Feb) to 10 (Nov).
- New facility at Waterloo Close completed with 5 long stay patients discharged to that facility allowing closure of long stay learning disability beds.
- 7 complex service users discharged back to the community.
- Considerable engagement and joint working with service users, their families, social work and health staff, commissioning and providers.
- Progress with the Integration and Day Service Reviews.

#### **Areas for Improvement**

• Continued focus required on the hospital delays.





### Police Custody Achievements

- Nursing Team of the Year and Mental Health Nursing Forum Awards.
- Final stages of applying workforce review.

#### **Areas for Improvement**

- Working towards Medication Assisted Treatment (MAT) standards and reporting requirements for 2026.
- Continued health improvement development with the inclusion of and support for Forensic Physicians to equally contribute.
- Supporting the ongoing development of the Adastra patient management system to provide more robust data which has aways been a challenge.





## **Prison Health Care**

#### Achievements

- Most patients waiting less than two days to see primary care nurses.
- Most patients waiting less than five days to see addictions nurse for their initial appointment after admission.
- Patients who require emergency or urgent mental health appointments are seen within 24 hours and 5 days respectively.

#### **Areas for Improvement**

- Blood-Borne Virus (BBV) is targeted appropriately (improve reporting, develop Standard Operating Procedure (SOP), increase percentage of those tested in prison).
- Access to dental service.
- Access to GPs (redesign medical workforce to include clinical leadership)





# Partnership Priority 1: Prevention, early intervention and wellbeing

- Sexual Health in line with the reportable KPI's there is clear evidence that timely intervention and support around contraception supports prevention, early intervention and wellbeing around better family planning and prevention of unwanted pregnancy. In addition, the target wait times for access to TOPAR are being exceeded which supports better patient wellbeing.
- Children's and Young people's practice tool kit this has been developed in response to evidence that care experienced young people have poorer sexual health outcomes. The tool kit aims to provide quality assured resources to enable staff and carers to build learning in the care environment.





# Partnership Priority 1: Prevention, early intervention and wellbeing

 Prison Sexual Health Care – This is a programme of work that was developed with people living in prison to support conversations around sexual health and BBV's. Through engagement with people living in prisons and stakeholders, core messages were developed, and two short films co-produced to support positive sexual health and reduce the risk of BBV transmission.





#### Partnership Priority 2: Supporting greater self determination and informed choice

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

- In line with the HSCP's refresh of Self-Directed Support we will focus our efforts and resources on the people with substantial and critical needs, as per the current eligibility criteria.
- Prevention and early intervention will continue to be a focus of our practice.
- We will assess people's strength and support systems as well as where they need support.
- We will address the previous problems that people have told us they experienced.





#### Partnership Priority 2: Supporting greater self determination and informed choice

#### Sexual Health: Early Medical Abortion at Home (EMAH)

- Implemented in Sandyford November 2017 as a result of the EMAH pathway being available.
- This allowed women to take the second dose of medication to complete the procedure at home rather than in hospital.
- This resulted in a shift of the full abortion care pathway being completed in the community, rather than part community, part hospital.
- The impact of Covid saw the further development of telemedicine EMAH nationally, which was rapidly implemented by Sandyford.





# Partnership Priority 3: Supporting people in their communities

#### Learning Disability Inpatient Services discharge planning.

- As of 31/03/2024 there had only been 9 out of 26 successful Learning Disability inpatient discharge plans completed across GG&C.
- The complex mix of patients who are delayed leads to high risks in the ward environment in particular around interpersonal risks and an increase in incidents of violence and aggression. This can only be mitigated in the ward environment with increased levels of special observations.
- By October 2024, the delay discharge figures had been reduced to 12 with a further 6 planned discharges expected by December 2024 with the completion of Waterloo Close.





## 4. Future Service Plans and Challenges

# Challenges

- Challenging financial position in line the agreed budget within IJB context.
- Continuous and increasing demand on service provision across all care groups.
- Recruitment and retention of staff.
- Changing culture of service delivery in line with Access to Social care and eligibility.





# **Opportunities**

- In changing the culture of service delivery through the lens of Maximising Independence, there are better opportunities to empower people and communities by having access to the right support, in the right place and at the right time.
- Promotion of digital inclusion across all care groups when considering how best to support individuals and communities.
- Continued commitment and joint working with universities and the interface with student research to align with our strategic plans.

