Older People, Carers and Unscheduled Care Performance Report

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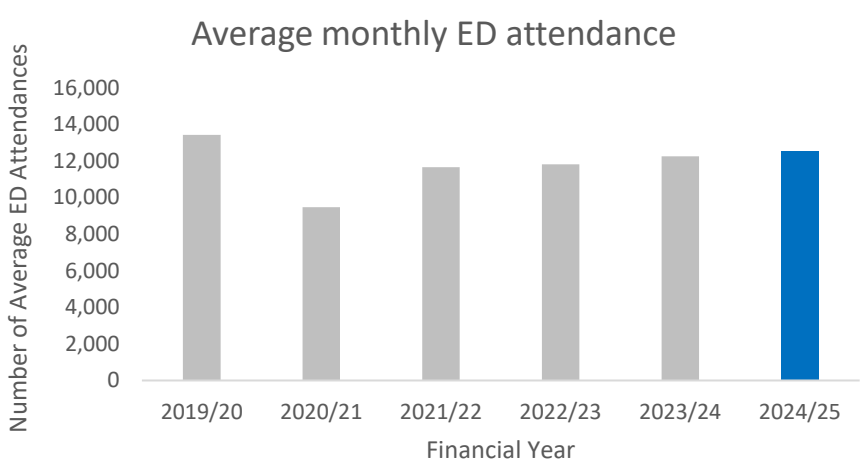
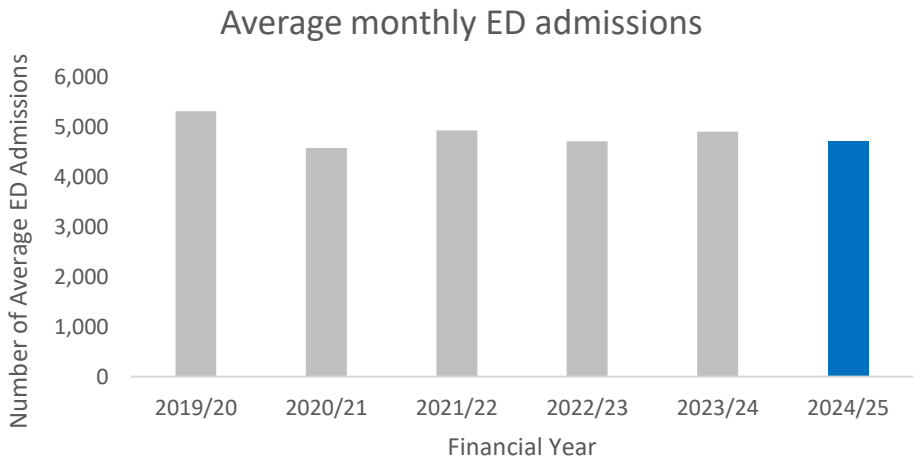
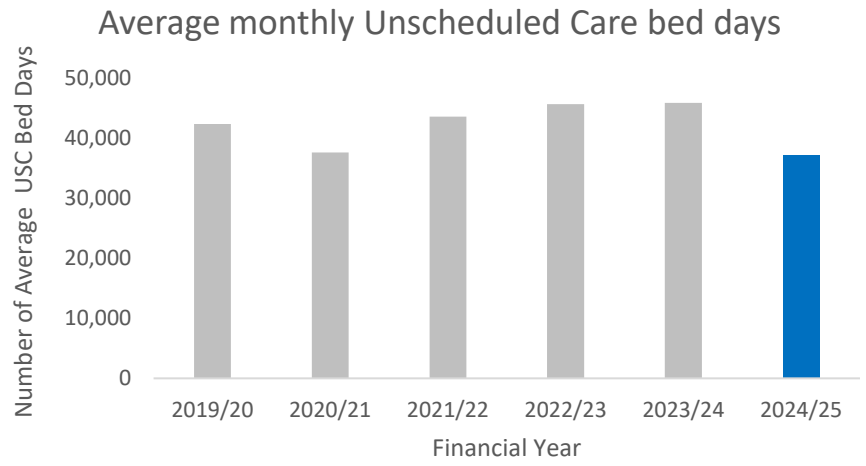
Performance Summary

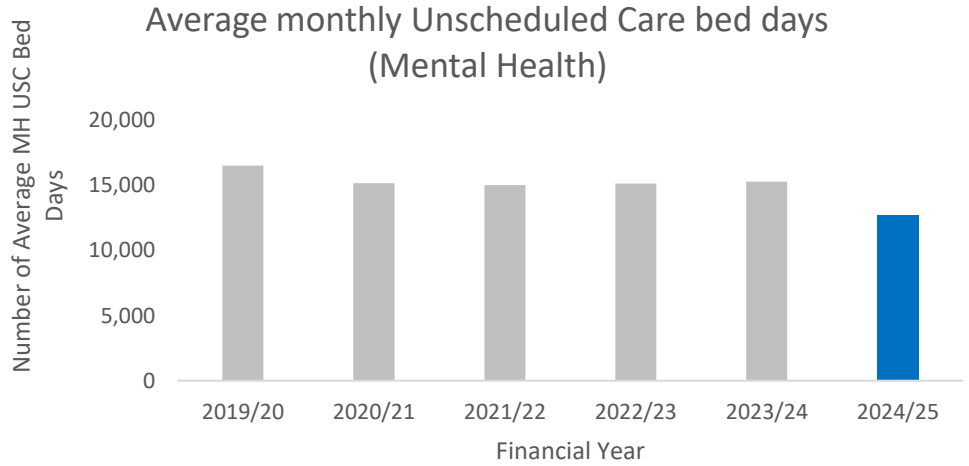
- Improvement in overall performance throughout 2024/2025, and the most recent Quarter 3.
- Good performance across a range of areas – Care at Home, Supported Living, Adults with Incapacity, Carers Occupational Therapy assessment waiting times, and Telecare
- Areas of challenge – Intermediate Care length of stay, Delayed Discharges, and Residential Care which has remained broadly stable – however it has seen occupancy levels and demand drop since Q1.
- There remains a focus on strategic priorities and achieving agreed KPI targets, whilst continuing to deliver effective, person-centred, and quality services.

Unscheduled Care Trends Summary (18+)







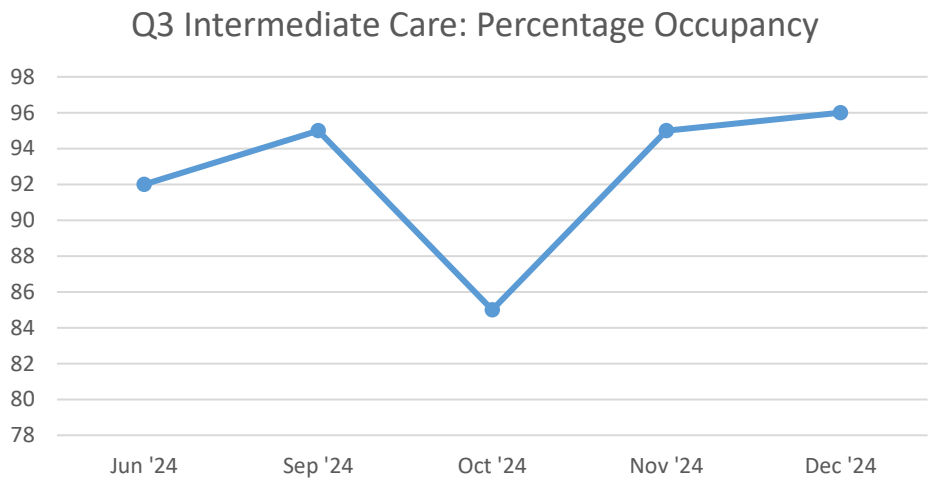


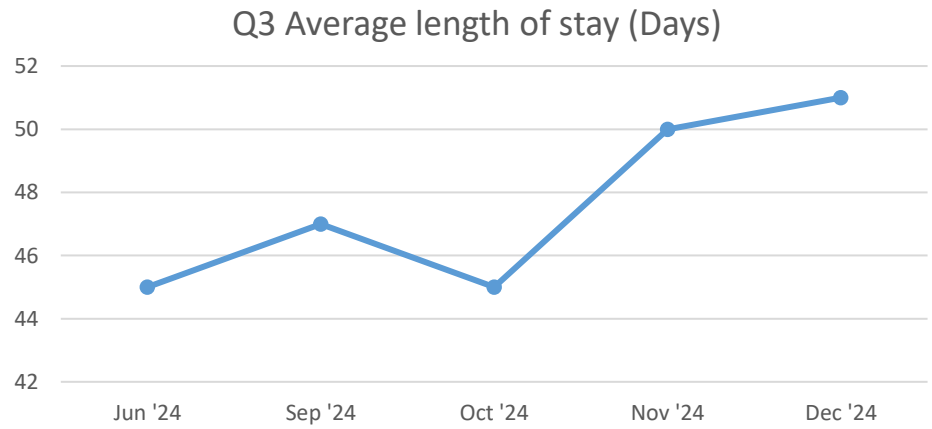
Unscheduled Care Performance Summary

- The new Hospital at Home Service commenced 27th January 2025 with a focus on step down respiratory patients. As of 10th March 2025, there have been 24 managed patients; with 186 bed days associated which would otherwise have been managed within an acute location (Average 9-day LOS).
- The service took over the Call Before You Convey service, providing additional support to care homes at weekends and public holidays. Commencing in February, there is evidence of attendance and admission prevention which will be an increasing feature seen as the service grows.
- Our Community Falls & Frailty Pathway is providing alternative ED support for individuals who have fallen, at high risk of falling, or identified as frail: 90 calls to Flow Navigation Centre for Care Home Falls pathway for Glasgow City & 73% of these patients were not conveyed to ED following a virtual consultation.
- Home First Response Service is delivering a safe, early turnaround from the QEUH front door for patients' who do not require admission to an acute bed for clinical intervention as of Q3: 400 patients assessed (1323 ytd), 212 discharged - 53% (522/59% ytd), 145 discharged with a referral (562 ytd).

Intermediate Care

- Occupancy rates improved in Q3, with all localities meeting or exceeding the 90% target within this period.
- Length of stay remains a challenge, with a city-wide average of 51 days, exceeding the target of <42 days. Demonstrates complexity of need.
- The hospital team are seeing an increase in demand for the discharge to assess option for patients who are likely to require long term care, with care home of choice being the preferred option.
- Increased scrutiny applied through weekly huddles, a digital booking system for transport, and an Intermediate Care Improvement Group.





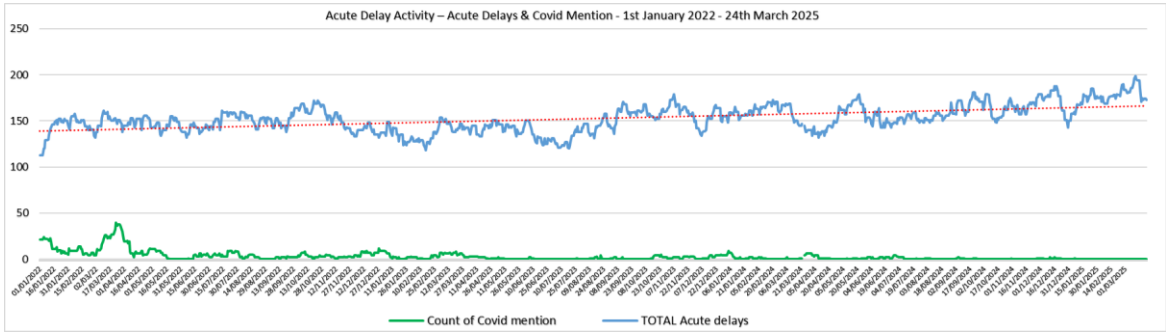
Delayed Discharge

- Increasing trend in acute delays over the last reporting period.

- Significant impacts from Adults with Incapacity (AWI) issues requiring Court/Sherriff involvement, impacting on the length of time required to process. Therefore AWI delays have increased from 70 to 80, up 14.3% within the Q3 period.

- There is an increase in the complexity of referrals, with a significant increase in under 65's and co-morbidities, along with individuals presenting from other authorities (and out-with Scotland) adding pressure.

- Focused work and bespoke commissioning solutions are being sought for complex cases to reduce overall Bed Days Lost; this includes under 65 and clinically complex patients.



Carers

- The KPI Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement, remains green for the 5th year in a row. The annual target of 1,900 is at 1,849 (97%) as of Q3 2024/2025.

Improvements made throughout 24/25 to meet legislative requirements were:

- **Intersectional Equalities Approach:** Glasgow City Health and Social Care Partnership is committed to tackling structural inequalities faced by adult carers and will take this forward through our equalities outcomes and by continuing to include intersectional approaches in all Glasgow HSCP Strategies and Plans.
- In May 2024 Glasgow City Health and Social Care Partnership completed the tender for commissioned carer services representing a significant investment in preventative support for carers.
- The Carer Aware briefings are being developed to support Glasgow Carer Strategy commitment to making Glasgow a carer friendly city.

- **Care Inspectorate Inquiry:** In December 2022 the care inspectorate engaged with carers in Glasgow as part of an inquiry into the experience of adult carers accessing services post COVID-19. GCHSCP welcomes this additional scrutiny and are now fully implementing the recommendations made in the report .
    - HSCP Carer Services are being reviewed.
    - The Supports Needs Assessment and Self-Directed Support Process are currently being reviewed to be more inclusive of unpaid carers.

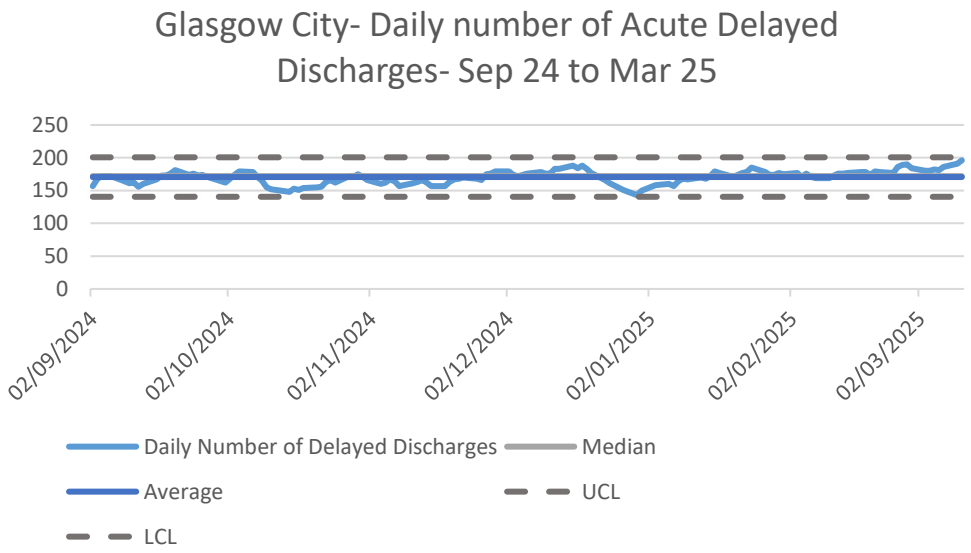
Adults with Incapacity trends: 6-month snapshot, 1st September 2024- 1st March 2025

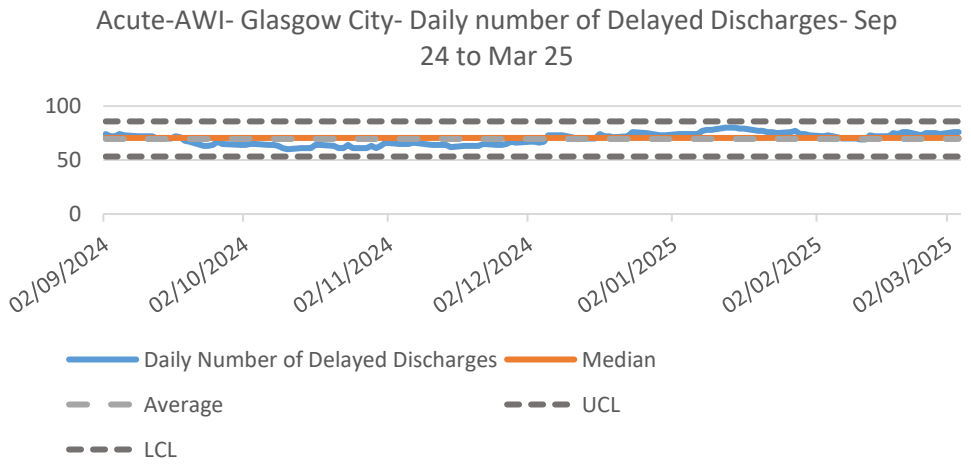
- Acute Delays have increased by 25% from September to March (157:196). Daily Adults with Incapacity Delayed Discharges remained fairly consistent (74 September to 76 March). This is up by 38% comparatively against March 2024 (55).

- Increase of bed days lost moving from 8352 to 9874 (18%), bed days lost are up 96% when compared to Mar 2024 (5028:9874).

- An Increase in Adults with Incapacity requiring Court/Sherriff involvement, impacting on the length of time required to process.

- Regular links with legal department to support AWI issues, using a tracker to progress cases. Use of interim powers to support progress and aiming for additional court dates.





Care Homes 2024/2025

- As of 2024/2025 there are 96 purchased of which 56 are Older People’s care homes and 5 provided Older Peoples' care homes, with enhanced monitoring work of the vacancy list to capture potential contingency planning arrangements, such as; Homes with closed units that can be opened and timescales for this if required.

- Commissioning Team are reporting on progress of providers who are speculatively developing complex care beds due to increasing numbers of extremely complex adults (under 65) delays and where requests for care and support whose needs cannot be met by the community within the Care Home Sector, these beds are not being specifically commissioned and are voluntary developments by providers.

- The recruitment and retention of a skilled workforce within Adult Care Homes remains a significant challenge and priority for the Scottish Government.

Residential Care Homes 24/25

- Strategic capacity modelling review completed, ensuring Residential care meets the needs of frail older adults with increasing acuity levels.

- Collaboration with the hospital discharge and social work teams, prioritising an efficient and appropriate residential admission aiming to reduce delayed discharges.

- 31 student interns successfully transitioned into permanent employment through the Glasgow Clyde College paid internship programme, addressing recruitment challenges.

- Implementation of a staffing dependency tool, aligning with the Health and Care (Staffing) (Scotland) Act 2019 to ensure safe and appropriate staffing levels.

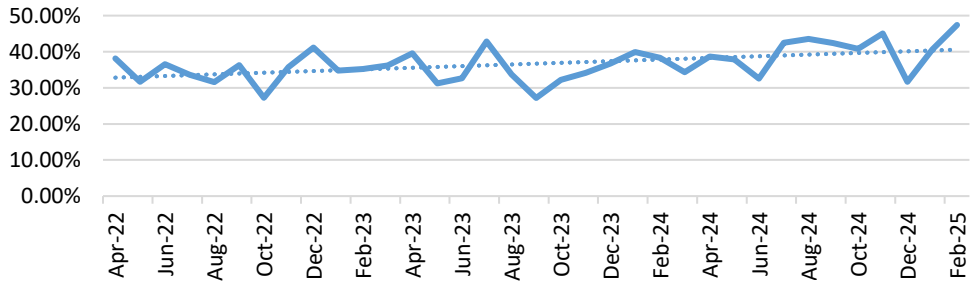
- Enhanced digital connectivity in care home settings, including an improved wi-fi infrastructure and the use of Amazon Alexa and telecare to support and promote independence, social interactions, and residents' overall well-being.

Care at Home 2024-2025

- Glasgow City Health and Social Care Partnership' Home Care Services supports 4,911 service users, with 9,921 referrals for Care at Home. The service delivers an average of 84,444 visits per week (YTD 11/03/25).
- 79% of Hospital Discharge (19.6% weekly avg) referrals are discharged home on the day they are referred; 17% have their service start within 4 hours of the referral.
- 100% of referrals are screened for Reablement, of which 83% go on to receive a service and an expansion of Reablement services, ensuring more individuals regain independence post-hospital discharge.
- Community referrals continue year on year from 2667 pre covid to 1658 year to date; reflective of the introduction of HSC Connect and Maximising Independence. The number of referrals has not in turn, reduced the number of people coming onto the service, who commence at an average of 9.68 hours (9.38 23/24). This is up from 8.22hrs in 19/20.

Year	Hospital Discharges	Other Referrals (Community/Int Care etc.)	Total Referrals
2024/25 (YTD – as at 10/03/2025)	8263	1658	**9921**
2023/24	9577	1989	**11,566**
2022/23	9139	2175	**11,314**
2021/22	9159	2253	**11,412**
2020/21	8216	1703	**9919**
2019/20	10038	2667	**12,705**

Reablement Performance
% of Service Users who required no further support from Care at Home following Reablement



Challenges 2025/2026

- The ability to shift towards prevention and early intervention remains constrained by short-term funding cycles, limiting investment in long-term service transformation.
- Pressures in care home placements, Home Care commissioning, and staff wage increases continue to challenge financial sustainability.
- The impending new pay and gradings policy for GCC and the potential to impact on recruitment and budget.
- Feedback from independent providers advises rising operational costs and recruitment challenges are impacting service availability and decisions on future provision.
- The rise in homelessness related referrals to social care highlights the wider impact of housing instability on health and social care services.
- An increase of service users, including a growing under-65 cohort with complex mental health and disability support needs.

Opportunities 2025/2026

- Continued strategic workforce planning initiatives with academic partners (Clyde College, University of Strathclyde) will provide long-term opportunities for students interested in pursuing careers in home care and residential services.

- A revision of the care home commissioning process, and introduction of specialist services for under-65s, will help address the changing demographics and increasing complexity of service users' needs.

- Further adoption of technology (e.g. Smart Cities initiatives) offers the opportunity to enhance remote monitoring, self-management, and preventative intervention strategies.

- An increase in virtual capacity with digital upgrades in GCHSCP owned Residential Care Homes, offering access to virtual healthcare, along with an increase in the use of Technology Enabled Care (TEC), and further integration with existing GCHSCP services.

- Maximising the opportunity to work with the carer groups and the third sector to support an aging population to live well in their communities.