Glasgow City IJB — Integration Joint Board

Item No.   **11**

Meeting Date   **Wednesday 23rd October 2024**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

Report By:	**Craig Cowan, Head of Business Development**
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Strategic Plan Monitoring Report (October 2024)

Purpose of Report:	The purpose of this report is to present the Strategic Plan Monitoring Report, updating Members on progress with implementation of the Strategic Plan 2023-26.

Background/Engagement:	The IJB's Strategic Plan 2023-26 was approved at the Integration Joint Board in June 2023. The report that accompanied the new Strategic Plan (the Plan) acknowledged that the IJB would seek assurance that the commitments laid out in the Plan are being progressed and are having the desired impact in terms of meeting the needs of the people in the city.

Officers developed a proposed approach for monitoring the content of the Plan, considering the other structures and processes that support implementation and monitor performance in relation to the Plan, including Strategic Planning Groups, the Annual Performance Report, the IJB Performance Framework and the various transformation boards and programmes progressing change activity.

This proposed approach to monitoring the Plan was presented to IJB Members at a Development Session in November 2023 where it was agreed that two Monitoring Reports would be presented to the IJB Finance, Audit and Scrutiny Committee each year to support members to monitor delivery of the commitments made in the Plan and seek to understand the impact that associated activity is having on the health and social care needs of people in the city. |

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ IJB Development Session Not Applicable ☐

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the content of the Strategic Plan Monitoring Report.

Relevance to Integration Joint Board Strategic Plan:
The Strategic Plan Monitoring Report provides an overview of the progress being made by the HSCP in delivering the commitments set out in the IJB Strategic Plan 2023-26 under all six of the IJB's Partnership Priorities.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The Strategic Plan outlines activity that will be undertaken relevant to all the national outcomes.

Personnel:	None

Carers:	None

Provider Organisations:	None

Equalities:	None

Fairer Scotland Compliance:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

1.1. The purpose of this report is to present the Strategic Plan Monitoring Report, updating Members on progress with implementation of the Strategic Plan 2023-26.

2. Background

2.1. The IJB's Strategic Plan 2023-26 was approved at the Integration Joint Board in June 2023. The report that accompanied the new Strategic Plan (the Plan) acknowledged that the IJB would seek assurance that the commitments laid out in the Plan are being progressed and are having the desired impact in terms of meeting the needs of the people in the city.

2.2. Officers developed a proposed approach for monitoring the content of the Plan, considering the other structures and processes that support implementation and monitor performance in relation to the Plan, including Strategic Planning Groups, the Annual Performance Report, the IJB Performance Framework and the various transformation boards and programmes progressing change activity.

2.3. This proposed approach to monitoring the Plan was presented to IJB Members at a Development Session in November 2023 where it was agreed that two Monitoring Reports would be presented to the IJB Finance, Audit and Scrutiny Committee each year to support members to monitor delivery of the commitments made in the Plan and seek to understand the impact that associated activity is having on the health and social care needs of people in the city.

3. Approach to monitoring

3.1. A detailed description of the development of the approach to monitoring the Plan was provided to this Committee at its meeting on 17th April 2024, and key elements of this are summarised below.

3.2. Monitoring focusses on three key elements of the Strategic Plan. The first relates to the five key areas of activity under each of the six Partnership Priorities. These were the activities provided by officers and highlighted within the Plan to act as examples of work to be undertaken in pursuit of each priority.

3.3. The second element includes monitoring of the additional activity relevant to each priority that were not in the published Plan but were included in activity tables published on the HSCP's website.

3.4. The third element refers to the informal measures of "What success would look like" in relation to each priority. These measures are more challenging to track as they are more general, and not necessarily linked to known areas of work to be progressed during the life of the Plan or specific performance measures that could be used to demonstrate progress in achieving them. The likelihood that there may be a reliance on anecdotal evidence and/or testimony from stakeholders was highlighted and acknowledged by members at the IJB Development Session in November 2023.

3.5. Following feedback from the Committee at its meeting on 17th April 2024, a Red-Amber-Green (RAG) model has been applied to the monitoring dashboard to reflect the current position of activities (or projects) that support the commitments in the Plan.

3.6. The RAG model that has been applied is based on research of commonly used RAG status and associated descriptions. The RAG statuses used in this report have been extended to reflect where activities are no longer proceeding, not due to begin or have been completed. Table 1 (below) shows the RAG status and descriptions used.

RAG	Description
Green	On track
Amber	Delayed
Red	Significantly delayed
Black	Not proceeding
Grey	Not due to begin
Blue	Complete

Table 1: RAG model for Activity status in Strategic Plan Monitoring Dashboard

3.7. In monitoring the implementation of the Plan (and in order to minimise additional workload of officers providing similar information for other purposes), updates and progress have been drawn from existing sources as far as possible, such as other reports to the IJB or FASC, the Annual Performance Report 2023/24, the work of Strategic Planning Groups and staff communications related to specific areas of work or initiatives.

4. Monitoring Report

4.1. This Committee already receives quarterly performance reports and "deep-dives" into performance in specific areas, with reference to the six Partnership Priorities in the Plan.

4.2. Whereas those inputs are designed to enable scrutiny of service delivery/performance by members, the purpose of the Strategic Plan Monitoring Report is to provide a high-level picture in relation to progressing the commitments made in the Plan.

4.3.   The Strategic Plan Monitoring Report (October 2024) is attached to this report as Appendix 1.

5.   Recommendations

5.1.   The IJB Finance, Audit and Scrutiny is asked to:

a) Note the content of the Strategic Plan Monitoring Report.

GLASGOW CITY INTEGRATION JOINT BOARD
FINANCE, AUDIT AND SCRUTINY COMMITTEE

Strategic Plan 2023-26

MONITORING REPORT

OCTOBER 2024

Total Strategic Plan Commitments (by priority)

Chart 1 below provides an overview of the commitments made within the Strategic Plan in pursuit of each of the six defined Partnership Priorities. These are the six key strategic priorities for the IJB/HSCP and are as follows:

1. Prevention, early intervention and wellbeing
2. Supporting greater self-determination and informed choice
3. Supporting people in their communities
4. Strengthening communities to reduce harm
5. A healthy, valued and supported workforce
6. Building a sustainable future

In this report the following terms are defined as follows:

Commitments
Things which the HSCP has set out the intention to achieve during the lifetime of the Plan, as published within the Plan itself within the key priority activity, extended activity tables and informal indicators of success.

Key activity/projects
The activities and projects the HSCP has identified as requiring to be done in order to achieve the stated commitments. In some cases one commitment has more than one linked piece of work and in others a piece of work relates to more than one commitment.

Chart 1: Strategic Plan Commitments by Priority (n=204)

Total Plan Commitments by Priority

The chart above shows the number of commitments or key objectives identified within the Strategic Plan for each of the six priorities. These commitments are represented within the Plan in three ways; by key activities in the published Plan document under each priority; by extended lists of activity under each priority located on the HSCP website and; by statements of what success would look like, provided in part by feedback from stakeholders during the development of the Plan.

This shows that the priority with the most commitments is Priority 1 (52), with the least activity identified for Priority 4 (21). In total, this represents 204 unique commitments, formal/detailed and informal, that are being actively monitored in relation to the Strategic Plan.

NB: the work packages and projects that have been identified to progress the commitments collectively represent more than the 204 stated above. This is because in some cases one commitment has more than one piece of work identified. When the total is adjusted to reflect this the total number of commitments equals 225.

Activity/objective Identified (by priority)

During the development of the Strategic Plan officers were asked to consider areas of activity/projects that were due to be started or concluded during the lifetime of the Plan, and to identify which of the Partnership Priorities each activity contributed to.

Chart 2 below shows how those individual areas of activity were distributed across the six priorities. For some priorities the number of activities is greater than the total commitments (chart 1). This is because for some commitments more than one activity was identified.

Chart 2: Strategic Plan activity by Priority (n=225)

Activity / Project Count
by Priority

Priority	Count
1	62
2	29
3	39
4	24
5	38
6	33
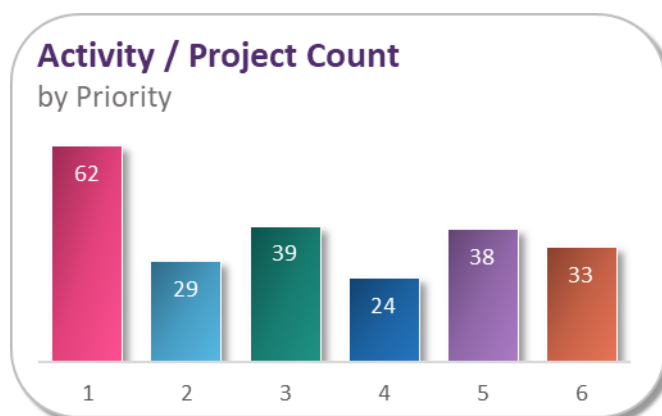
As outlined above the true count of commitments that the activities/projects collectively seek to progress is 225, to account for the fact that some commitments feature more than once due to multiple relevant activities. Chart 1 has not been adjusted to reflect this to accurately represent the commitments within the Plan, prior to the identification of relevant pieces of work. However, each of the pieces of work has a timeframe and status attached to it, and therefore it is important to reflect this. Table 1 below seeks to illustrate the true extent of activity and whether that activity seeks to achieve one of the key priority activities, one of the activities in the activity tables or one of the informal indicators of success.

Table 1: Total activities/projects by priority (n=225)

Priority	Priority activity	Activity table	Indicators of success	Total
1	9	35	18	62
2	5	11	13	29
3	8	16	15	39
4	8	7	9	24
5	6	15	17	38
6	5	16	12	33
Total	41	100	84	225

From the table above it can be seen that whilst there are 204 unique commitments made in the Plan and 225 linked activities/projects identified to progress them, and therefore 225 activities/projects being monitored in total.

Status of Activity

Following feedback from Committee Members a RAG status has been implemented to reflect the current position in relation to activities or projects identified to support the strategic commitments in the 2023-26 plan. The RAG status used in this report has been extended to incorporate activity which is no longer proceeding, not due to begin or has been completed. Table 2 below details the RAG status and descriptions used.

Table 2: RAG Descriptors

RAG	Description
Green	On track
Amber	Delayed
Red	Significantly delayed
Black	Not proceeding
Grey	Not due to begin
Blue	Complete

Chart 3 below shows the high level status of the activity identified. Of the 225 individual areas of work there was sufficient information to make a determination as to the status in all 225 of them (**100%**), this is an increased position from the April report where we had status updates for **63**% of our commitments. The value of the status identified is based on whether or not the piece of work has commenced yet and whether that work is currently on track.

Status is not based on a detailed assessment of the work. For such a high volume of activity this would require too great a commitment of officer time to gather. The measurement of status is designed to give FASC Members general assurance regarding the work undertaken as part of the Strategic Plan.

Chart 3: Activity status (n=225)
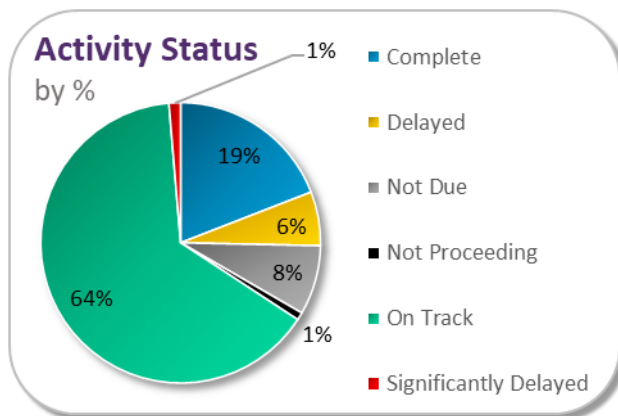
It should also be noted that where an area of work has yet to commence this might reflect its scheduling, and therefore should not necessarily be considered problematic. What Chart 3 above shows is that of the total number of work packages identified in the monitoring database 19% have been completed, an increase from 9% in April.

More than half have started and are currently on track, 64%. Four per cent of activities have yet to start because they are not yet due to start, 8% are delayed, 1% is significantly delayed and 1% are no longer proceeding. The reasons for delays include the current financial constraints and increased demand on the services with limited resources. This is an improvement from the April report where only a third were on track and a small number known to be delayed at the point of report writing.

Commitment by Year

Chart 4 below shows the timeline for the pieces of work identified within the Plan. The table shows a significant number of commitments (150) with a timeframe of years 1-3. A large number of these (84) are attributed to the commitments that are drawn from the informal indicators of success, which were taken from stakeholder feedback during the review and are designed to reflect what success would look like at the end of the Plan period.

For others the timescale for the areas of work may not be clear so it is not possible to pinpoint which Monitoring Report should include updates on them. As the Plan progresses officer review will refine timescales to reflect the specific areas of work.

STRATEGIC PLAN COMMITMENTS & ACTIVITY

Chart 4: Strategic Plan commitment by year (n=225)

SP Commitment Timeline

Year 1	Year 2	Year 3	Years 1-2	Years 1-3	Years 2-3
49	5	6	14	150	1
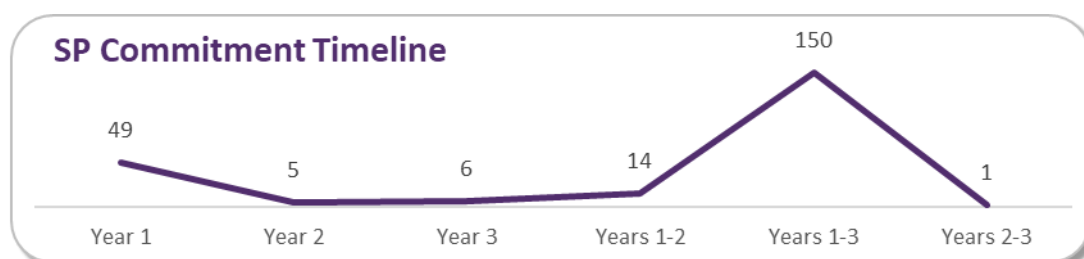
Activities by Priority and Year

Table 3 below shows the estimated timeframe for completion of the key activity/objective under each priority. The table below includes the informal indicators of success referred to above, which again impacts on the figures for years 1-3.

Table 3: Timeframe by priority (Priority Activity and Activity Tables) (n=225)

Year	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Total
Year 1	11	9	8	3	8	9	48
Yrs 1-2	3	3	5	3	0	0	14
Yrs 1-3	43	15	26	18	26	22	150
Year 2	3	1	0	0	1	0	5
Yrs 2-3	0	1	0	0	0	0	1
Year 3	2	0	0	0	3	2	7
Total	62	29	39	24	38	33	225

Examples of Activity and Projects Underway

Examples of key activity underway include:

Table 4: Key activity examples

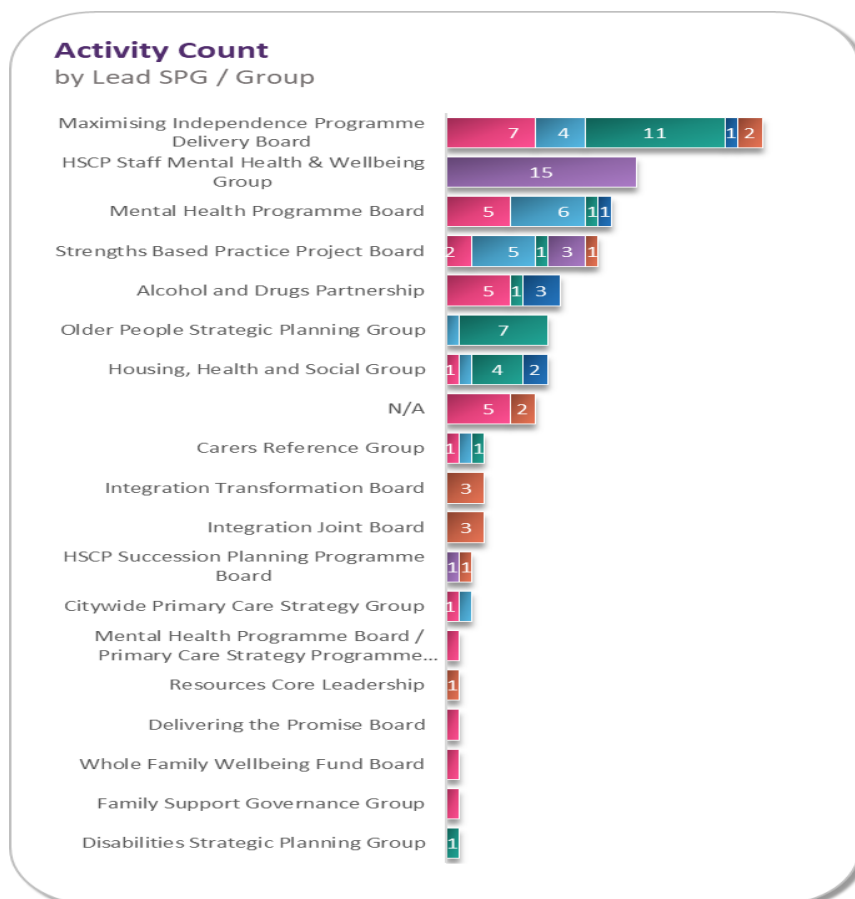| Key activity |
|--------------|
| Review of Flexible Outreach Service |
| Flexible Homelessness Prevention Fund |
| Health Improvement Strategic Direction 2023-28 |
| Out-Patient Antibiotic Treatment (OPAT) Service |
| Suicide Prevention & National Strategy for Self-harm |
| Health Improvement Report |
| People Achieving Change (PAC) recommendations |
| Alcohol Recovery Pathway |
| Breastfeeding Telephone Support Service & Face to Face Infant Feeding Support Groups |
| Integrated Children's Services Plan |
| Glasgow Food Plan |

10 Best Practices for Physical Activity
Care inspectorate Reporting
Review of the Discharge to Assess Process
7-day Discharge Model
OP Services (HOOP)
RSLs (NRS Housing) and HSCP - Older People Planning and Transformation Team
Rapid Rehousing Transition Plan
Early Medical Abortion at Home (EMAH) Service
Manual Vacuum Aspiration (MVA) Service
In-patient Abortion Care
Local Access to Abortion Services
Extending the WAND initiative
Domestic Abuse Strategy 2023-28
Workforce Plan 2022-2025

Governance Routes

Examples of lead groups or governance structures maintaining oversight of selected areas of work include the following. The colours signify the Partnership Priorities that each group is monitoring areas of work for.

Chart 5: Activity by lead group

Activity Count
by Lead SPG / Group

Maximising Independence Programme Delivery Board	7 4 11 1 2
HSCP Staff Mental Health & Wellbeing Group	15
Mental Health Programme Board	5 6 1 1
Strengths Based Practice Project Board	2 5 1 3 1
Alcohol and Drugs Partnership	5 1 3
Older People Strategic Planning Group	7
Housing, Health and Social Group	1 4 2
N/A	5 2
Carers Reference Group	1 1
Integration Transformation Board	3
Integration Joint Board	3
HSCP Succession Planning Programme Board	1 1
Citywide Primary Care Strategy Group	1
Mental Health Programme Board / Primary Care Strategy Programme…	
Resources Core Leadership	1
Delivering the Promise Board	
Whole Family Wellbeing Fund Board	
Family Support Governance Group	
Disabilities Strategic Planning Group	1

Year 1 Commitments and Activity/projects

Chart 6 below shows the number of unique commitments that were identified as starting or concluding in Year 1 of the Plan. In total there are 44 unique commitments across all six Partnership Priorities. However, there are 48 (Chart 7) identified pieces of work that relate to those 44 commitments for year 1.

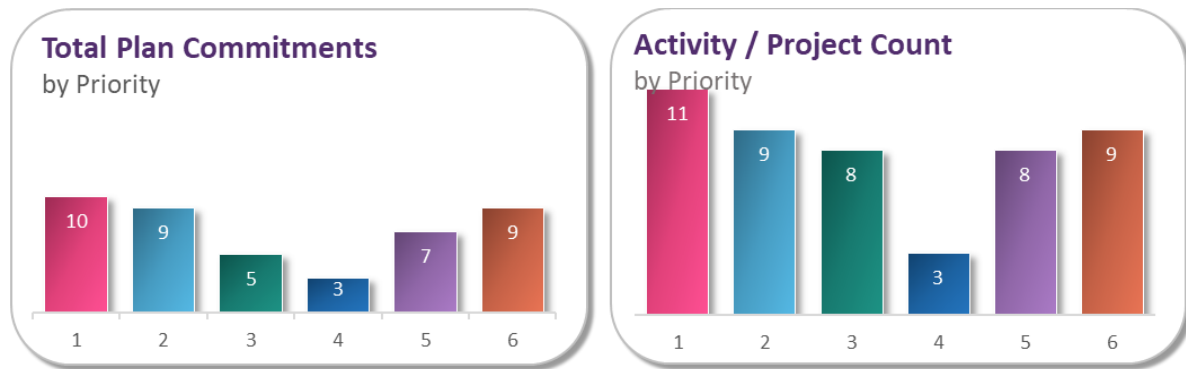Charts 6 & 7: Strategic Plan commitments (n=44) and activity/projects for Year 1 (n=48)

Total Plan Commitments by Priority

Priority	1	2	3	4	5	6
Count	10	9	5	3	7	9

Activity / Project Count by Priority

| Priority	1	2	3	4	5	6
Count	11	9	8	3	8	9

Chart 8 below shows the activity status for all of the 48 specific pieces of work that relate to the 44 commitments scheduled for Year 1. More than half the activity to be implemented to contribute to the commitment has already been completed (25, 52%), in April we reported 11 pieces of work completed, representing 11%.

Around one third (35%) of activity has commenced on schedule and is on track. 10% reported as delayed, 2% significantly delayed.

Chart 8: Activity status (n=48)
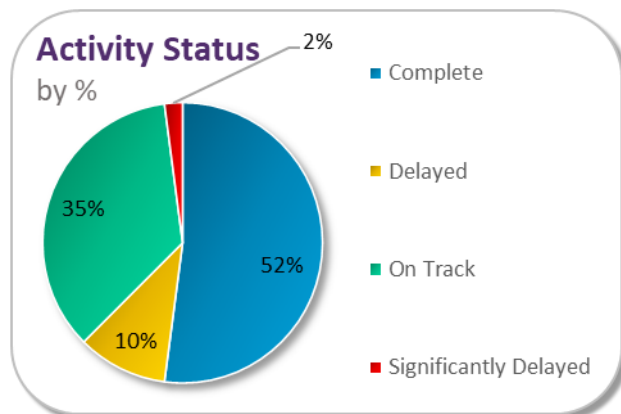
Activity Status by %

- Complete — 52%
- On Track — 35%
- Delayed — 10%
- Significantly Delayed — 2%

Examples of Activity and Projects Underway

Examples of key activity underway in Year 1 include:

Table 5: Key activity examples Year 1

Example Activity/Project
Health and Social Care Connect
Flexible Homelessness Prevention Fund
Breastfeeding Telephone Support Service & Face to Face
Older People's Mental Health Strategy
Mental Health Strategy Refresh
Suicide Prevention Training for all staff.
Wave after Wave Training Programme
Glasgow City Suicide Prevention Partnership's Action Plan
Investment in POA campaign to promote POA aaplications
New national cCBT platform introduced.
Waterloo Care Home Service & Abbeycraig Supported
Borderline Personality Disorder Network
Review of emergency accommodation
Domestic Abuse Strategy 2023-28
Women's Problem Solving Court
Strengths Based Practice Project
Staff Health Strategy Action Plan 2023-2025
Staff Wellbeing Training and Events
AHP Long Covid Service
Workforce Plan 2022-2025
Menopause Email Advice Service
Trauma Informed Training
Work with Jobs and Business Glasgow
Modern Apprenticeship Programme
'Retire and Return' & Flexible Retirement Requests
Electronic Leavers Questionnaire Created
Work to reduce recruitment timescales to 10 weeks

Year 2 Commitments and Activity/projects

Chart 9 below shows the number of unique commitments that were identified as concluding in Year 2 of the Plan (Year 1-2 and Year 2). In total there are 16 unique commitments across all six Partnership Priorities. However, there are 19 (Chart 10) identified pieces of work that relate to those 16 commitments for year 2.

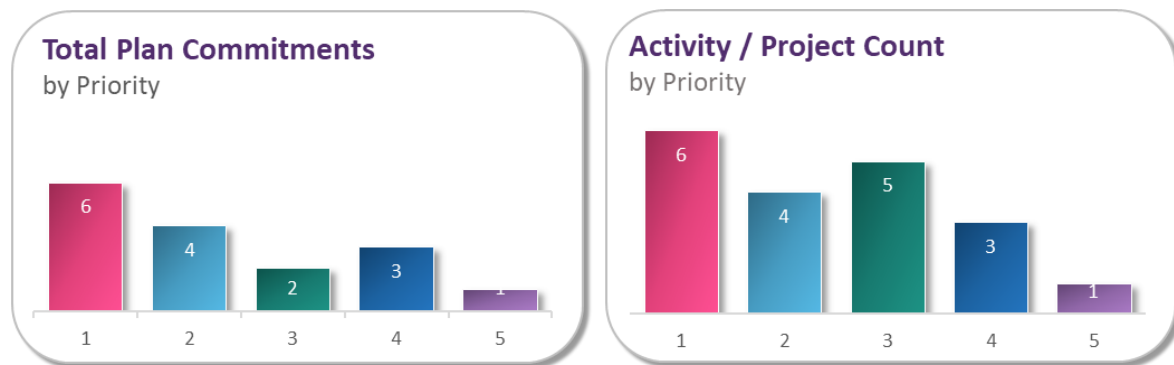Charts 9 & 10: Strategic Plan commitments (n=16) and activity/projects for Year 2 (n=19)
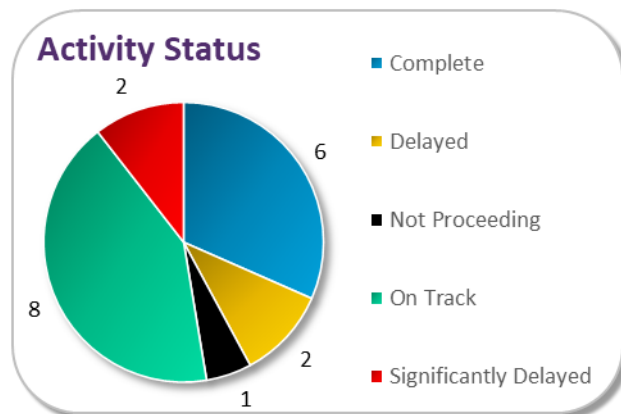

Chart 11 below shows the activity status for all of the 19 specific pieces of work that relate to the 16 commitments scheduled for Year 2.

Chart 11: Activity status (n=19)

Around a third of the activity to be implemented to contribute to the commitment has already been completed (6, 31%). 8 activities (42%) have commenced on schedule and are on track, 2 (11%) reported as delayed, 2 (11%) reported as significantly delayed, and 1 activity has reported as no longer proceeding (5%).

Examples of Activity and Projects Underway

Examples of key activity identified in Year 2 include:

Table 6: Key activity examples Year 2

Activity/Project
Community Link Workers Programme
Post covid hospitalisation mental health and wellbeing service
Well-being App for teaching and learning support staff in the city
Thrive under Five Pilot Programme
Weigh To Go (weight management programme for 12-18 yr olds)
Promotion of Community Link Workers attached to primary care teams
Use NHS24 as a mechanism to access GP Out of Hours
Emergency Planning & Future Care Planning
Establishment of a Bipolar Hub
Community Alarms & Analogue to Digital Project (A2D)
Early Medical Abortion at Home (EMAH) Service
A community based Manual Vacuum Aspiration (MVA) service allowing women to access a safe method of surgical abortion
In-patient Abortion Care, ensuring a choice of medical or surgical abortion when medically appropriate
Local Access to Abortion Services
Temporary Accommodation Strategy Review
Safer Drug Consumption Facility
Mental Health / Housing First Test of Change Project
Leadership and Management Development

Additional Information

For activities that were scheduled to conclude in Year 1 there are currently 5 reporting as being delayed and 1 as significantly delayed. These include areas in relation to homelessness, delayed discharge and Hospital at Home.

For Year 2 there are currently 2 areas reporting as delayed and 2 as significantly delayed. Areas reporting as delayed or significantly delayed are in relation to abortion care and housing.

One commitment is noted as no longer proceeding as this has been superceded by work carried out as part of Health and Social Care Connect.

Demonstrating Impact

Each Strategic Plan Monitoring Report features examples of areas of work that can be seen to have had an impact on people affected by those services or have plans in place to measure and report on impact.

By focusing on tangible examples of the impact the work of the Strategic Plan is having Committee Members can be assured that the work of the Strategic Plan is having an impact on people within the city.

Example 1

Partnership Priority 5 – A Healthy Valued and Supported Workforce

Commitment – Ensure accessibility and raise awareness of mental health and wellbeing resources available to HSCP Staff.

Example of Work – Menopause Awareness Sessions

Around 80% of the workforce in the HSCP are women who are around the age at which peri-menopausal and menopausal symptoms may occur. Various staff focus groups were asked for ideas on how the HSCP could support staff experiencing menopausal symptoms and the feedback was that staff felt they would benefit from informal support with champions they could talk to and a structured educational programme.

In response to the feedback, and in partnership with Lifelink, a range of 60-minute online menopause awareness sessions and regular informal coffee catch ups were offered to all staff. The awareness sessions, 'Menopause + Me', provided staff with an opportunity to learn and understand what menopause is, including Perimenopause, Menopause, and Post Menopause, and what effects it has on our wellbeing, thinking and behaviour.

The coffee catch ups were a safe and confidential space for staff to discuss anything menopause related with peers, including what people find challenging and to share advice. Additionally, a 60-minute session, 'Men's Guide to Menopause' provided male leaders in the HSCP with the opportunity to gain an understanding of what the female menopause is, what effects it has on a female's wellbeing, thinking and behaviour, and the ways that male leaders can support female colleagues.

In the last 12 months, there have been a total of 14 sessions and coffee catch ups attended by 301 staff, an average of 22 per session.

In the HSCP, the Care at Home service is a 92% female workforce, with 75% of this staff group over the age of 40, balancing a physically demanding job, and an absence rate of nearly 14%.

Care at Home staff are not 'PC-facing' so cannot join online sessions, they do not work from a base but go directly to service users' homes and their working day is made up of face-to-face delivery of care.

A survey regarding their thoughts on menopause was circulated and 220 members of the staff group responded. 147 respondents said they were familiar with the menopause awareness sessions but only 4 noted that they had attended a session. However, 140 respondents felt that the sessions would support them. The most common reason for not attending a session was time, with one commenting "*Unfortunately due to pressures at work - I am not able to attend",* with others noting *"(it's a) private thing"* and *"place is for work"*.

Outcome and Impact

Attendees of the Menopause + Me and Men's Guide to Menopause awareness sessions were invited to complete a short survey.

Menopause + Me
93% of respondents felt that the sessions had increased their knowledge of menopause, comments included:

"*Definitely, I thought that this session was excellent and informative*"

"*It was beneficial and learned couple of things I wasn't aware of. Also, Mental Health statistics and how much your mental health is affected at this time*".

Participants were also asked how they would use their learning from the session and example comments included:

"*Remind myself I'm not alone! This is a shared experience with other women.*"

"*I will use the link and the supports to pass information to others in my role with clients that that may require information on the subject.*"

"*I will try to stop bringing myself down as sometimes I just feel everything is getting too much for me. I will try to understand more that it's because of the menopause I am feeling so exhausted and low at times.*"

Participants were asked to provide comments or feedback that will help utilise any future funding to improve their mental health and/or resilience.

Fifteen respondents provided comments which included:

"*I think the sessions are much needed, they are really informative. I feel much better after attending this session, it enabled me to look up further information and actually made me realise that I need to take more care of myself. I have informed my team, colleagues and Service Manager. I think that the funds are well spent.*"

"*Really important to recognise that employers are supportive and are providing employees with the opportunity to attend sessions.*"

Further comments from the survey include:

"*There is a lot (too much/unrealistic) information available online/social media etc. and it was really beneficial to get factual information in 60 minutes.*"

"*Please continue with these sessions as they are a great lifeline for some women really struggling going through menopause.*"

"*I already had some knowledge on this subject, but I learned some new information. It was also validating to hear about the experience of other women and to know that this subject is being taken seriously by NHS GG&C as an employer.*"

Men's Guide to Menopause
86% of respondents said the session increased their knowledge of menopause and 86% of respondents said the session will help in having open and honest conversations with female colleagues.

In response to how the learning from the session will be applied, respondents commented:

"*As a manager, able to more confidently have discussion with female reports about menopause and the impact of this if they wish to.*"

"*By understanding how to start a conversation about symptoms my female colleagues are experiencing and coming from a sympathetic stance rather than an empathetic one.*"

Attendees of the Men's Guide to Menopause were specifically asked if they felt that more gender-specific sessions for men were needed. 7 respondents provided comments on this matter with 6 saying 'Yes' and 1 saying 'No'.

Comments included:

"*I think overall men's understanding of the daily life of women in our organisation is lacking somewhat. I myself as a male see women as being able to do everything all the time and now realise this is not the case and there could be many factors affecting a female colleague's ability to deliver rather than there being a lack of effort*".

As with the Menopause + Me attendees, the survey included the opportunity to provide comment or feedback that will help utilise any future funding, respondents commented:

"*This is a valuable session, it helps me to ask questions which they might feel uncomfortable asking.*"

"*I really enjoyed the content and delivery of the session. It was relaxed and not too formal which allowed everyone to contribute openly about the subject matter*."

Further comments made include:

"*As an example of additional gender session for men, one looking at men's mental health, seeking help, impact on self, family, friends of not seeking help etc*."

"*Session was really very, very, basic, and could have been delivered easily in 30 minutes. One hour for this was far too lengthy in my opinion. It was too drawn out for the content discussed.*"

"*Great session and took a lot from it, well delivered by Paul too.*"

Home Care Survey
As a result of the feedback received via the Home Care survey, further sessions will be developed and provided in local bases to allow better access for home carers during their working day.

Example 2

Partnership Priority 2 – Supporting Greater Self-determination and Informed Choice

Commitment – Continue the work of the Improving Cancer Journey team in co-producing unique care plans with people affected by cancer, focusing on what matters to them most, and by ensuring that through timely conversations individuals play an active and meaningful role in making decisions about the care and support they receive

Example of Work – A new holistic support system, eHNA (electronic Holistic Needs Assessment), which empowers clients by allowing them to articulate their priorities and preferences prior to their meetings with link workers.

Background/Summary

Improving the Cancer Journey (ICJ) is a multi-agency approach to care that improves the outcomes for people affected by cancer. This is achieved through early intervention, holistic needs assessment, and care planning.

The aim of the service is to listen and co-produce a support plan that considers individual needs, preferences, expectations, and values. Shifting from 'what is the matter with you?' to 'what matters to you?'. Whilst also 'shifting the balance of care' and 'enabling independent living for longer'.

The Improving the Cancer Journey service has experienced continued growth and impact. Referral rates have steadily increased, with a weekly referral increase of around 8% ranging between 65/70, demonstrating the ongoing need for support in the community. This sustained demand has led to Glasgow City Council's decision to

commit to funding the service beyond 2025/26, ensuring its continuity and long-term sustainability.

In March 2023, a new holistic support system, eHNA was implemented. This innovative tool empowers service users by allowing them to articulate their priorities and preferences prior to their meetings with link workers. By prioritising their feelings and priorities, the team can co-create care plans that truly reflect their needs and aspirations. This personalised approach has been well-received by service users and has enhanced the quality of services.

Our commitment to supporting individuals facing cancer remains unwavering, with 40% of our caseload dedicated to providing end-of-life care for those with cancer diagnoses. As we continue to evolve and adapt to the changing landscape of cancer care, we remain dedicated to delivering high-quality, person-centred support to all those in need.

Impact / Positive Outcomes

The service has now fully embedded eHNA into the ICJ work, and despite some initial challenges, its implementation has been successful and well-received by service users. The transition has allowed individuals to be more thoughtful about their needs in the comfort of their own homes, hospital beds, or even during their treatments, while also giving the service the opportunity to prepare more effectively for the subsequent conversations.

Some of the key benefits for service users include:

- The care plan is completed within the same space as the conversation and sent directly to them via their preferred method (email, letter, text, etc.).
- The process enables "touch of a button" access to statistics and gives staff an at-a-glance overview of their workload, which helps optimise staff time. We now only contact clients when we know they are ready.
- Importantly, we are now aligned with other services across Scotland, providing a clear and comprehensive picture of needs and care on a national scale.

There has been a total of 909 Holistic Needs Assessments completed since the eHNA system was launched in March 2023. This is broken down as:

Phone/Digital	636
Paper	229
Clinic	44

Holistic Needs Officers continue to work with clients to support their requirements, by face-to-face appointments in clinics and libraries across the city.

Since going fully live in May of this year, ICJ has seen a take-up rate of around 75%, indicating strong service user support for this approach. While still in the early stages, the initial feedback has been overwhelmingly positive. The work through ICJ has also

sparked potential for further roll-out via the wider team in Glasgow Helps, albeit with a slightly different approach or set of questions tailored to that service. It has also provided the team with an opportunity to reassess processes and realign staffing to ensure greater reach in an ever-increasing cancer landscape.

Example 3

Partnership Priority 6 – Building a Sustainable Future

Commitment – Utilise the IJB's engagement processes and the principles of meaningful involvement to involve service users, patients and providers in the development and implementation of new and existing services.

Example of Work – Safer Drug Consumption Facility

Background/Summary

Glasgow City HSCP submitted a revised proposal to the Lord Advocate in 2022 requesting further consideration to a public statement of prosecution policy that would support the implementation of a Safer Drug Consumption Facility (SDCF). The Lord Advocate communicated with Glasgow City HSCP on 11th September 2023, confirming that she would be prepared to publish a statement of prosecution policy to the effect that it would not be in the public interests to prosecute users of that facility in terms of section 5(2) of the Misuse of Drugs Act 1971 for simple possession offences committed within the confines of the Safer Drug Consumption Facility. The IJB approved progress to implementation on 27th September 2023.

The Lord Advocate requested reassurance in relation to evaluation of the pilot phase of the SDCF, and that community engagement is undertaken prior to implementation. Engagement activity has been overseen by the Safer Drug Consumption Facility (SDCF) Implementation Board and managed by the Communication and Engagement workstream group, chaired by the ADRS Associate Medical Director. The Engagement Strategy was presented to, and approved by, the IJB on 29th November 2023, and has since been reported quarterly to the IJB Public Engagement Committee.

Engagement activity has been carried out with a variety of stakeholder groups, including, but not limited to, people who inject drugs and recipients of associated services, families, carers and their representatives, local communities, local businesses, Housing associations / Registered Social Landlords, providers and contractors of health and social care services (independent and third sectors), and GCHSCP, GCC and NHSGGC staff.

A variety of methods were used to engage with stakeholders including:
face-to-face sessions (meetings, focus groups)
- online engagement opportunities with staff and other stakeholders
- meetings with other drugs consumption facilities

- media appearances
- attendance at seminars/conference by invitation
- social media and website feedback opportunities
- staff newsletter articles
- poster dissemination
- visits to the facility
- drop-in sessions

Consultation activity with people with lived and living experience has included choice on colours and furniture in the facility, the development of the service user leaflet and the addition of a smoking area, and shower and clothes facilities.

The response to community concerns has resulted in Police Scotland now being engaged in community consultation events, and their agreement to join the Community Engagement Forum.

A template was used to capture feedback from engagement sessions in as consistent a manner as possible, with output then recorded in a feedback log to enable analysis and identify trends. All feedback is being collated and issues are being addressed in person and through use of a Frequently Asked Questions document.

Impact / Positive Outcomes

Following engagement with the Alcohol and Drug Partnership reference groups (people with lived and living experience) the facility has been named 'The Thistle', and these groups have had significant input into the design and layout of the service, including choice on colours and furniture in the facility, the development of the service user leaflet and the addition of a smoking area, and shower and clothes facilities.

A *You Said, We Did* document has been developed and is shown below. This has also been published on the HSCP's webpage for the SDCF.

You Said	We did
You are concerned about increased drug dealing and violence in the local area when the service opens	We are working closely with Police Scotland to establish a community forum where concerns can be raised and resolved as quickly as possible once the service is operational
You are worried about increased anti-social behaviour in the local area	We are working with the evaluation team to ensure that any changes in anti-social behaviour will be measured and reported
The local residents need to know about the engagement sessions and get a chance to discuss their concerns with service leads	We scheduled engagement sessions at a variety of timeslots across community venues and promoted the sessions on posters, social media and sent out 18,000 flyers to local postcodes

Some people who use the SDCF may be homeless, there needs to be facilities to support them	We added a shower room and clothing store to the service
The local community needs somewhere to raise concerns and get a response	We will create a local engagement forum that will continue throughout implementation and delivery of the pilot
Many people will want to go for a smoke after injecting, it's important they can do that and still come back in to receive aftercare services	We added a secure smoking area for service users to access from and return to the aftercare lounge area
People with lived experience should be involved in recruitment of staff	People with lived experience were involved in recruitment
A safer community would be a key measure of success	We have ensured this is included in the evaluation
You are frustrated at the condition of the streets surrounding Hunter Street	We arranged for the Council's cleansing service to carry out a deep clean of the local streets before the service opens

Feedback from local residents has also resulted in a planned deep clean in the vicinity of the service and engagement with the independent evaluation team to ensure that the impact on local priorities is included in their work.

The response to community concerns has resulted in Police Scotland now being engaged in community consultation events, and their agreement to join the Community Engagement Forum.

Family members contributed to a short video explaining and promoting the service which can be viewed at the Glasgow City HSCP's profile on You Tube. This video was shown at the IJB meeting in January 2024.

Next steps
The SDCF Implementation Board has agreed the creation of a Community Engagement Forum, similar in design to those in other countries that are reported as successful in addressing any immediate concerns.

The Community Engagement Forum will facilitate ongoing communications, with an opportunity for the service leads, Police Scotland and community members to meet, discuss and respond to any issues following implementation of the service. Representatives will include SDCF management, local residents, businesses, housing providers, elected members, those with lived and living experience, Police Scotland and the Alcohol and Drug Partnership (ADP).