Item No: 13

Meeting Date: **Wednesday 28 June 2023**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer**

Contact: **Duncan Goldie, Performance Planning Manager**

Phone: **07917 040856**

Annual Performance Report 2022/23

Purpose of Report:	To present and seek approval of the Annual Performance Report for the Health and Social Care Partnership for the year 2022/23.
Background/Engagement:	The IJB have previously agreed that an Annual Performance Report would be produced and presented to them each year. There have been six previous Annual Performance Reports, covering the financial years 2016/17 to 2021/22.
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 ☐ Not Applicable ☐
Recommendations:	The Integration Joint Board is asked to: a) approve the attached Annual Performance Report for 2022/23;

	b) note that some final year-end figures will be included once available; c) approve that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Chief Officer; and d) note that a glossy version and summary version will also be produced and published, as has been done previously.

Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan and reviews performance against agreed local and national performance indicators.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	HSCP activity and performance within the report is mapped against the Partnership's strategic priorities and the 9 National Health and Wellbeing Outcomes ensuring that performance management activity within the Partnership is outcomes focused.
Personnel:	Activity and Performance in relation to Human Resources is included in the report.
Carers:	Activity and Performance in relation to Carers is included in the report.
Provider Organisations:	None
Equalities:	An Equalities section is is included in the report.
Fairer Scotland Compliance:	Not applicable
Financial:	None
Legal:	This Annual Performance Report (APR) is required to be published within 4 months of the end of each reporting year (by 31 July) in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1 The purpose of this report is to present and seek approval of the Annual Performance Report (APR) for the Health and Social Care Partnership for 2022/23.

2. Background - Scottish Government Performance Guidance

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. This Annual Performance Report is required to be published within 4 months of the end of each reporting year (by 31 July).

2.2 Guidance on these Annual Performance reports was produced by the Scottish Government in March 2016 and has recently been reviewed. This indicates that APRs are for HSCPs to provide an assessment of performance in planning and carrying out the integrated functions for which they are responsible. It states that they are to be produced for the consideration of the Partnerships themselves and it is primarily their responsibility to act upon the information and recommendations within them. It also indicates that the reports should be made available online with consideration given to making them accessible to the public.

3. Recommendations

3.1 The Integration Joint Board is asked to:

a) approve the attached Annual Performance Report for 2022/23;
b) note that some final year-end figures will be included once available;
c) approve that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Chief Officer; and
d) note that a glossy version and summary version will also be produced and published, as has been done previously.

DRAFT ANNUAL PERFORMANCE REPORT 2022/23

Version 3

CONTENTS

FOREWORD

To Be Added

1. INTRODUCTION

1.1 PURPOSE OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the seventh report for the Glasgow City Integration Joint Board (IJB) and within it we look back upon the last year (2022/23). We consider progress in delivering the priorities set out in our Strategic Plan, with key service developments and achievements from the last twelve months highlighted.

Within this report, we also review our performance against agreed local Key Performance Indicators, as well as in relation to the Core Suite of National Integration Indicators (**Appendix C**) which have been published by the Scottish Government to measure progress in relation to the National Health and Wellbeing Outcomes (**Appendix B**).

1.2 PARTNERSHIP OVERVIEW

Glasgow City Integration Joint Board is a distinct legal entity created by Scottish Ministers which became operational in February 2016. In responding to the Public Bodies (Joint Working) (Scotland) Act 2014, Glasgow City Council and NHS Greater Glasgow and Clyde agreed to integrate children and families, criminal justice and homelessness services, as well as those functions required by the Act, delegating these to the Integration Joint Board.

The IJB is, therefore, responsible for the strategic planning and/or delivery of a wide range of health and social care services in the city. These include the following:

- School nursing and health visiting services
- Social care services for adults and older people
- Carers support services
- Social care services provided to children and families
- Homelessness services
- Justice social work services
- Police custody and prison healthcare services
- Palliative care services
- District nursing services
- Services provided by allied health professionals
- Dental services
- Primary care medical services (including out of hours)
- Ophthalmic services
- Pharmaceutical services
- Sexual health services
- Mental health services
- Alcohol and drug services
- Services to promote public health and improvement
- Strategic planning for hospital accident and emergency services
- Strategic planning for inpatient hospital services relating to general medicine; geriatric medicine; rehabilitation medicine; and respiratory medicine

More information on the health and social care services and functions delegated to the Glasgow City IJB are set out within Glasgow City's Integration Scheme.

The Health Board area for NHS Greater Glasgow and Clyde is larger than Glasgow City's boundary, spanning 5 other Health and Social Care Partnerships. As a result, Glasgow City HSCP also has responsibility for planning and delivering some services that cover the entire Board area, including sexual health and continence services.

Across all services, as at April 2023, the Health and Social Care Partnership has a workforce of 11,366 Whole Time Equivalent (WTE) staff, made up of 6,373 WTE employed by Glasgow City Council and 4,993 by NHS Greater Glasgow and Clyde.

In addition to directly providing services, the Partnership also contracts for health and social care services from a range of third parties including voluntary and independent sector organisations. Within primary care services, a range of independent contractors, including GPs, dentists, optometrists and pharmacists are also contracted for by the Health Board, within the context of a national framework.

Within the Partnership's area, there are 143 GP practices providing general medical services to their practice populations. There are also 162 community pharmacies, 117 optometry practices and 159 dental practices which include 6 orthodontic practices.

Back to Contents

1.3 AREA PROFILE

Key demographic characteristics of the city are summarised below. A more comprehensive Demographics Profile is available, containing demographic data and indicators at Scotland, Glasgow City and HSCP locality level. The profile relates to the health and social care of the population and includes further data on population and households, health, lifestyles, poverty and deprivation, in addition to the high-level information shown here. The profile also covers topics not included below such as social care, social health/capital, education or participation in learning/employment and crime/criminal justice. Additional information sources where further information can be found are listed in **Appendix A**.

Population

Glasgow has a population of 635,130. It is densely populated with 3,635 people per km^2 with the majority living in flats (67.8%). This is very different from the Scottish average of 70 people per km^2 with most people living in houses (65.8%). (NRS Small Area Population Estimates (SAPE) 2021; Scottish Household Survey 2019).

Glasgow is a diverse city. 77.5% of people living in Glasgow were born in the UK with the remaining 22.5% born outside the UK. This compares with 88.8% and 11.2% respectively for Scotland, which has less than half the Glasgow rate of those born outside the UK (NRS SAPE 2021 and Scottish Survey Core Questions (SSCQ) 2019).

88.5% of Glasgow's total population has a White ethnic background and 11.5% has a Black or Minority Ethnic (BME) background. The proportion of Glasgow local authority school pupils with a non-White ethnic background is 26.3% - more than double the BME percentage of the total population. By comparison, Scotland's overall population is 96.0% White and 4.0% BME, with 10.1% of local authority school pupils having a

non-White ethnic background (NRS SAPE 2021; Scotland's Census 2011; Scottish Government Pupil Census Supplementary Statistics 2022).

Projected Population

The overall population of Glasgow is expected to grow by 1.2% between 2023 and 2028, 2.3% between 2023 and 2033, and 4.1% between 2023 and 2043.

Within the overall increase between 2023 and 2033, the child population (0-17 years) of Glasgow is forecast to decrease by 5.6%. The adult (16-64 years) population is expected to increase by only 0.2% and the older people (65+) population is expected to increase by a far greater proportion of 22.5%.

Scotland's population is also expected to grow overall, by 0.8% between 2023 and 2028, by 1.2% between 2023 and 2033, and by 1.4% between 2023 and 2043.

Within this small overall increase between 2023 and 2033, are expected decreases in both the child and adult populations (7.3% and 2.3% respectively) and a large increase of 19.7% in the older people population (NRS Population Projections 2018).

Life Expectancy

The Life Expectancy (LE) and Healthy Life Expectancy (HLE) indicators shown below illustrate that on average, Glasgow people live fewer years in good health from birth and die younger than Scotland's people. In addition, the Life Expectancy and Healthy Life Expectancy of Glasgow males are shown to be lower than those of Glasgow females.

- A Glasgow male is expected to live to 54.8 years of age in good health (HLE) from birth, compared to a Scottish male who is expected to live a further 5.6 years in good health, to 60.4 years of age
- A Glasgow female is expected to live to 56.0 years of age in good health (HLE) from birth, compared to a Scottish female who is expected to live a further 5.1 years in good health, to 61.1 years of age
- A Glasgow male is expected to live to 73.0 years of age (LE) compared to a Scottish male who is expected to live a further 3.6 years, to 76.6 years of age
- A Glasgow female is expected to live to 78.0 years of age (LE) compared to a Scottish female who is expected to live a further 2.8 years, to 80.8 years of age

Glasgow has higher than average death rates for deaths attributable to many causes. This is demonstrated by the rate of deaths from all causes for people under 75, which is 651 per 100,000 population for Glasgow, almost 1.5 times the Scottish average rate of 450 per 100,000 population (Sources: Public Health Scotland 2022/NRS 2021).

Key Health and Wellbeing Indicators

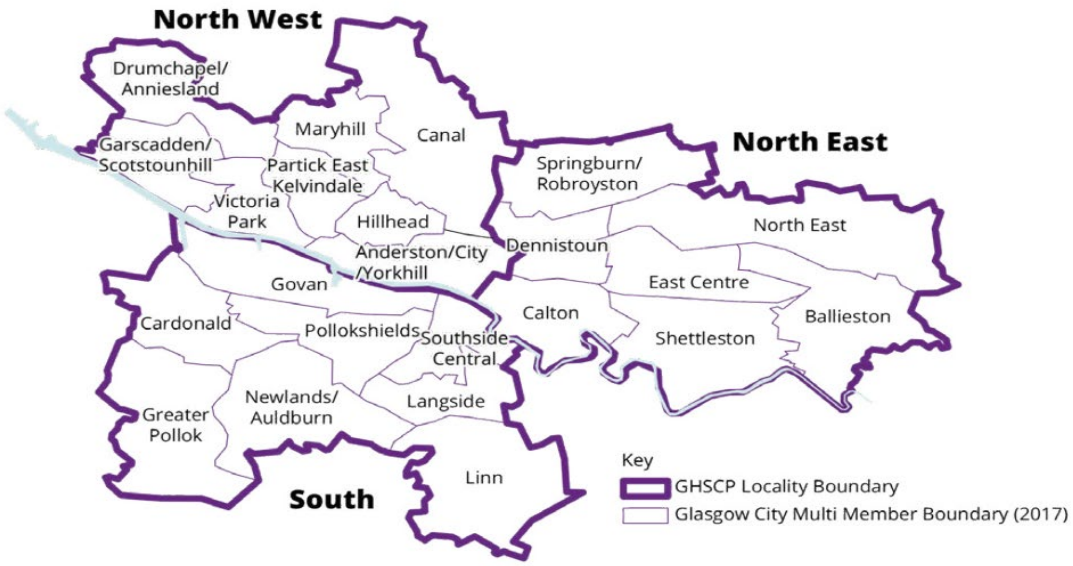
The following high level indicators illustrate some key aspects of the health of, or factors that may impact on the health of, Glasgow's people. More detailed information on these and other related indicators can be found in the Demographics Profile:

- 73.0% of Glasgow adults rated their health positively (NHSGGC Adult Health and Wellbeing Survey – Glasgow City 2017/18)

- 59.4% of Glasgow secondary school pupils rated their health positively (NHSGGC Schools Health and Wellbeing Survey – Glasgow City 2019/20)
- 10.5% of Glasgow adults said their health was bad/very bad, compared to 8.1% of Scottish adults (Scottish Survey Core Questions (SSCQ) 2019)
- 28.6% of Glasgow adults have a limiting condition or illness (NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18)
- 9.0% of Glasgow secondary school pupils have a limiting illness or disability (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 23.0% of Glasgow adults have common mental health problems, scoring 4+ on GHQ12a, compared to 19.0% of Scottish adults (Scottish Health Survey (SHeS) 2017 to 2021 exc. 2020)
- 30.0% of Glasgow secondary school pupils have a WEMWBS well-being score indicating probable depression (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 8,117 people or 2.1% of the Glasgow adult population aged 30+ are estimated to have dementia (Alzheimer's Scotland 2017)
- 61.0% of Glasgow adults are overweight (inc. obese) (BMI of 25 or higher) whilst 27.0% are obese (BMI of 30 or higher) compared to the respective figures for Scotland of 65.0% overweight and 29.0% obese adults (SHeS 2016 to 2019)
- 30.0% of Glasgow adult males and 19.0% of Glasgow adult females are current smokers (NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18)
- 3.1% of Glasgow secondary school pupils are current smokers (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 27.0% of Glasgow adult males and 15.0% of Glasgow adult females have hazardous/harmful levels of alcohol consumption. Both percentages are lower than for Scotland overall (32.0% males, 16.0% females) (SHeS 2017 to 2021 exc. 2020)
- There are an estimated 11,869 to 18,060 problem drug users in Glasgow (Public Health Scotland (PHS) – Prevalence of Problem Drug Use in Scotland 2015/16)
- 14.4% of Glasgow adults provide unpaid care to others (NHSGGC Adult Health and Well-being Survey – Glasgow City 2017/18)
- 87.0% of Glasgow households have home internet access – similar to the national average of 88.0% (Scottish Household Survey (SHS) 2019)
- 98.5% of Glasgow secondary school pupils have home internet access (NHSGGC Schools Health and Well-being Survey – Glasgow City 2019/20)
- 19.3% of all Glasgow people are classed as income deprived compared to 12.1% of all Scots (Scottish Index of Multiple Deprivation (SIMD) 2020)
- 31.8% of Glasgow children aged 0-15 are living in relative low income families compared to 20.8% of Scotland's children (UK Gov Children in Low Income Families Statistics 2021/22 (provisional))

1.4 LOCALITIES

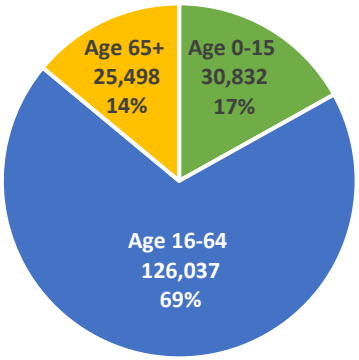
Glasgow is divided into three areas, known as localities, to support operational service delivery and to enable planning to be responsive to local needs. To ensure consistency in local service delivery with key partners, the Glasgow City Health and Social Care Partnership has adopted the same strategic areas as the Glasgow Community Planning Partnership. Services are managed and delivered within three local areas, known as localities. These localities – North West, North East and South – are shown on the city map and described in more detail below.



North East Locality
North East Locality covers the following wards:

- Calton
- Dennistoun
- Springburn/Robroyston
- East Centre
- North East
- Shettleston
- Baillieston

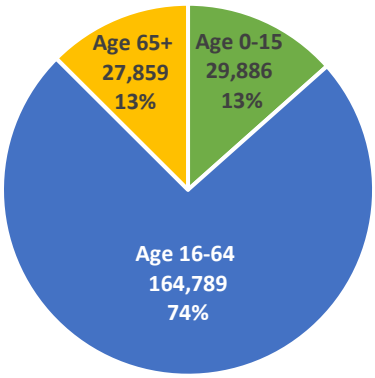
The total population of North East Glasgow is 182,367 people and a breakdown by age is shown on the pie chart.



North West Locality
North West Locality covers the following wards:

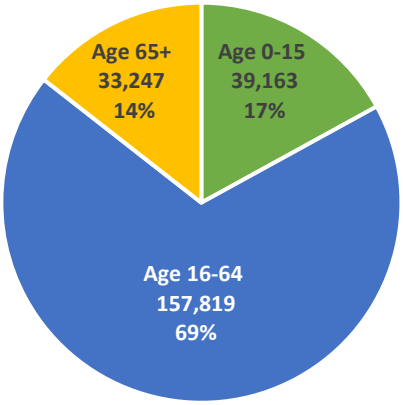
- Anderston/City/Yorkhill
- Hillhead
- Canal
- Maryhill
- Partick East/Kelvindale
- Victoria Park
- Garscadden/Scotstounhill
- Drumchapel/Anniesland

The total population of North West Glasgow is 222,534 people and a breakdown by age is shown on the pie chart.



South Locality
The South Locality covers the following wards:

- Greater Pollok
- Cardonald
- Govan
- Pollokshields
- Newlands/Auldburn
- Southside Central
- Langside
- Linn



The total population of South Glasgow is 230,229 people and a breakdown by age is shown on the pie chart above.

Locality Management Arrangements

Each locality is managed by an Executive Team responsible for the overall delivery of health and social care services in that area. This team is also responsible for ensuring that the partnership's policies and plans are put into practice at a local level; and working with partners, including the third sector, service users, and carers, to improve health and well-being. Individual care group management teams in each locality are responsible for overseeing their own service's activity and delivery. Wider locality planning arrangements are also in place which involve a range of partner agency representatives, service user and carer networks and groups, GPs and other primary care professionals.

Community Planning

Links with Community Planning partners are maintained at a strategic level through the Community Planning Area Senior Officers Group and the Community Planning Partnership Board. At a neighbourhood level, locality teams support the development of Thriving Places with Community Planning partners and others, as described in more detail in later sections of this report.

Working in Partnership with Primary Care Contractors

Glasgow HSCP engages with primary care contractors (general practice, dental, community pharmacy and optometry) within each of our localities and at a city-wide level, through our local primary care groups and our city wide strategy group. Primary care contractors are involved also in our transformation and service improvement programmes.

The 143 general practices within Glasgow City have been grouped into 'clusters' to take forward the quality agenda in primary care. There are 21 GP clusters, with an average patient population of approximately 34,000. Each of the clusters has identified a Cluster Quality Lead and each practice has a Practice Quality Lead. These clusters provide an opportunity for GPs and their associated primary care services to work more closely to share good practice, identify quality improvement priorities and to look at how community services can align with the clusters to facilitate more integrated working. To support this activity cluster intelligence reports and quality improvement

supports were distributed in 2019 and were well received but the future development of Scotland-wide cluster intelligence is being discussed by Scottish Government and national agencies. There is also on-going work at a national level to understand how primary care can be supported to take forward quality improvement following the pandemic.

Locality Engagement Forums

Across the City, we have established Locality Engagement Forums (LEFs) in each of the Partnership's localities, which feed into local management arrangements and city-wide networks. LEFs are made up of a range of stakeholders, mainly patients, service users and carers from local communities. They have an important role to play in linking to the governance, decision-making and planning structures of the locality and HSCP, ensuring that feedback and the opinions of patients, service users and carers are heard. These form a key role in our local participation and engagement arrangements, in line with the HSCP's current Participation and Engagement Strategy. LEFs have continued to meet online over the course of the last year and papers for their respective meetings can be found on the HSCP website. Topics covered in both locality and city wide LEF sessions in the last year have included Hospital at Home, Primary Care, Welfare Benefits, Power of Attorney, Anticipatory Care Plans and the Draft HSCP Strategic Plan.

Locality Plans

Each locality has developed a Locality Plan, which details how they are taking forward the IJB's Strategic Plan and responding to locally identified needs and priorities. Locality plans are aligned with the overarching Strategic Plan and cover the same time period. Locality plans detail:

- Health and social care needs and demands
- Key service priorities, informed by the IJB's Strategic Plan
- Current performance against key targets, identifying good performance and areas for improvement
- Resources available including staffing, accommodation, and locality budgets
- Community engagement mechanisms and development
- Equalities activity and priorities

Implementation of locality plans is monitored on an ongoing basis and reported to locality and citywide management teams, as well as to the Integration Joint Board.

1.5 STRATEGIC VISION AND PRIORITIES

Our Current Strategic Plan (2019-23)

As indicated above, in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, we have prepared a Strategic Plan for the delivery of those functions which have been delegated to the Integration Joint Board by Glasgow City Council and NHS Greater Glasgow and Clyde (NHSGGC).

The current Strategic Plan sets out the Vision and Priorities for health and social care services in Glasgow set out below. It was initially intended to cover the 2019-22 period, but due to recent factors impacting the health and social care sector, the IJB decided to extend it for a further year. Within this Annual Performance Report which

looks back on performance in the previous year (2022/23), we therefore capture some of our key achievements in relation to delivering the following Priorities and Vision from this current Plan, as well as the nine National Health and Wellbeing outcomes (See **Appendix B**).

Our Current Vision

Our medium to long term vision within our current plan is that the City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives, and we will seek to achieve these by:

- being responsive to Glasgow's population focussing on reducing health inequalities
- supporting and protecting vulnerable people and promoting their independence and social wellbeing
- working with others to improve physical, mental and social health and wellbeing, and treating people fairly
- designing and delivering services around the needs, talents, aspirations and contributions of individuals, carers and communities using evidence from what we know works
- showing transparency, equity and fairness in the allocation of resources and taking a balanced approach by positively allocating resources where health and social care needs are greatest, with decisions based on evidence of what works and innovative approaches, focussed on outcomes for individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- developing a competent, confident and valued workforce
- striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology
- evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- developing a strong identity
- focussing on continuous improvement, within a culture of performance management, openness and transparency

Our Current Priorities

The highest priority for the Glasgow City Health and Social Care Partnership is delivering transformational change in the way health and social care services are planned, delivered, received and experienced in the city. We believe that more of the same is not the answer to the challenges facing Glasgow, and we will strive to deliver on our vision through the following strategic priorities:

- Prevention, early intervention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public protection

Our New Strategic Plan

During 2022/23, work has been undertaken to review the current Strategic Plan and develop a new one for 2023 onwards, with an extensive programme of engagement taking place with service users, the wider public, staff and key partners. Once finalised and approved by the IJB, the new Strategic Plan will outline how integrated health and social care services will be planned and delivered within the city going forward. Our next Annual Performance Report (2023/24) will reflect the revised priorities and commitments from this new Plan.

Back to Contents

1.6 PERFORMANCE MANAGEMENT ARRANGEMENTS

A comprehensive Performance Framework is in place and routine performance management arrangements established within the Partnership, which facilitate scrutiny of performance in relation to delivery of our Strategic Plan and against a range of local and national Key Performance Indicators (KPIs).

A detailed Quarterly Performance Report is produced which includes a wide variety of Health and Social Work KPIs and provides information on how services are responding to areas of under-performance. All KPIs have been aligned to the HSCP's Strategic Priorities as set out in our Strategic Plan and to the National Health and Wellbeing Outcomes specified by the Scottish Government.

This Performance report is shared with and scrutinised by HSCP Senior Management Team and is presented to the Integration Joint Board's Finance, Audit and Scrutiny Committee. At each of these meetings, specific service areas are focused upon and relevant strategic leads are invited to discuss performance and demonstrate how they are impacting upon the HSCP's Strategic Priorities.

The IJB and HSCP Management Teams also regularly receive updates upon delivery of our Strategic Plan commitments through individual service reports, as well as financial updates upon budgetary performance and the delivery of agreed savings programmes. They will also review and respond to any reports produced by NHS/Council Internal Audit teams, Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate and the Ministerial Strategic Group for Health and Care.

In addition to service performance, the health improvement team, in partnership with the wider public health intelligence community, also undertakes periodic population surveys, analyses and tailored needs assessments, in order to compare population health and well-being trends and inform future planning. These include the Adults and Schools Health and Wellbeing Surveys which are featured within the HSCP's Demographics Profile.

There are, therefore, a range of mechanisms in place within the Partnership to monitor and scrutinise performance on an ongoing basis and to consider longer term demographic and health and wellbeing trends.

Back to Contents

1.7 COVID-19 AND THE HSCP RESPONSE AND RECOVERY

During 22/23 the HSCP continued to be impacted by the COVID-19 pandemic which it has been actively responding to since early 2020. Throughout this period, we have had business continuity and planning structures in place to respond to the initial impact of COVID-19 and to plan for the recovery and renewal of community-based services. These have been overseen by the HSCP's Executive Group, which was extended to include all of the HSCP's most senior managers.

As reported in last year's Annual Performance Report service delivery arrangements have adapted over time in response to the challenges posed by the pandemic. Initially, face-to-face provision of many community-based services was reduced, and alternative models of delivery were adopted which included telephone and online service provision. Over time, as the HSCP's Recovery Strategy has been implemented, further services have been reinstated to varying degrees and face-to-face contacts have increased, although there have been recurring challenges experienced such as staff absences, which have affected the nature and speed of service responses and the degree to which service recovery plans have been able to be implemented. Detailed and up to date information on recovery responses and progress for all HSCP service areas, could be found in the COVID-19 updates which were regularly published on a dedicated section of the HSCP website from the start of the pandemic until Summer 2022.

As part of the recovery process, services across the HSCP have identified opportunities to consolidate the most effective practices adopted during the pandemic and incorporate these going forward within mainstream service delivery in order to offer greater flexibility for service users and improve service efficiency.

Back to Contents

1.8 STRUCTURE OF THE REPORT

Chapters 3 to 9 of this report are structured around the HSCP's strategic priorities and within it we highlight some of the key achievements and developments over the last 12 months, then consider our performance in relation to Key Performance Indicators associated with each priority. Drawing on this information, key achievements in relation to our performance over the last 12 months are highlighted and areas for improvement identified. Consideration is also given to the HSCP's performance in relation to the Core Suite of National Integration Indicators (**Appendix C**) as well as other local information sources and surveys.

Chapter 10 provides information on inspections undertaken over the last twelve months by the Care Inspectorate and Mental Welfare Commission. It also describes internal audit and evaluation activity undertaken within the HSCP.

In chapter 11, we provide a summary of our financial performance for 2022/23. We also describe some of the key transformation programmes and resultant savings that have been achieved as a consequence. Key capital investments are also summarised and the financial outlook for 2023/24 considered.

2. DELIVERING OUR KEY PRIORITIES

Chapters 3 to 9 are structured around the HSCP's Strategic Priorities:

- Prevention, early intervention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public Protection
- Staff Development and Engagement
- Equalities

For each Priority, we profile some of the key developments/achievements in the last 12 months. We then consider performance in relation to some of our Key Performance Indicators (KPIs) which are associated with each Strategic Priority.

Indicators where performance has shown the greatest improvement over the past 12 months are highlighted. Areas where we would like to see improvements over the next year are also identified and key actions to achieve this are summarised. Progress going forward will be monitored through the range of performance management mechanisms described in Chapter 1.

Under each priority, where relevant, we also include other information such as local service surveys as well as our performance in relation to the National Integration Indicators (**Appendix C**). These were produced by the Scottish Government to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing Outcomes (**Appendix B**) and as they are derived from national data sources, allow comparisons to be made with the Scottish average.

Key

Within Chapters 3 to 9, **Performance Status** has been classified as Red, Amber or Green (RAG) and the key below explains these categories. The **Status** is provided for the end of 2022/23 and the previous 5 years. The **Direction of Travel** details whether the current figure (2022/23) is better or worse in comparison with i) the previous year (2021/22) and ii) 5 years ago (2017/18).

KEY TO PERFORMANCE STATUS		
	**RED**	Performance misses target by 5% or more
	**AMBER**	Performance misses target by between 2.5% and 4.99%
	**GREEN**	Performance is within 2.49% of target
	**GREY**	No current target and/or performance information to classify performance against.
DIRECTION OF TRAVEL		
▲		Improving
▶		Maintaining
▼		Worsening

3 PREVENTION, EARLY INTERVENTION AND HARM REDUCTION

In tackling this Strategic Priority, we have continued to work with a wide range of partners across the City to improve overall health and wellbeing, prevent ill-health and increase healthy life expectancy. This work is underpinned by agreed priorities for Health Improvement, which focuses on reducing health inequalities and changing the culture in relation to health behaviours in the city. Additional information on the range of health improvement activity being undertaken in the city can be found within the Health Improvement Annual Report.

The activities described in this section have contributed to a range of the 9 national Health and Wellbeing Outcomes, most notably those shown below. Other related activities including those addressing poverty, are described in later sections of this report in relation to other Strategic Priorities.

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 5
Health and social care services contribute to reducing health inequalities

3.1 KEY DEVELOPMENTS/ACHIEVEMENTS

3.1.1 EARLY YEARS AND YOUNG PEOPLE

Perinatal Mental Health

Health Improvement have worked with clinical and third sector staff over the last year to organise Conversation Workshops which aimed to help foster working relationships and develop pathways of mental health support for parents during the 'perinatal' period before and after birth. They also developed the Glasgow City Staff Guide which provides information on organisations and resources that offer mental health and wellbeing support to new and expectant parents and their families. Work was also commissioned to improve understanding of partner organisations' experiences of engaging with Black and Minority Ethnic women and their families during the perinatal period, with the evaluation Report making a number of recommendations on how to better support and respond to their mental health and wellbeing needs.

Breastfeeding

In the last year, HSCP Health Improvement staff have supported the launch of the national Breastfeeding Friendly Scotland Scheme (BFS) which aims to help mothers feel confident when breastfeeding in public areas. Businesses and organisations are encouraged to sign up to the scheme and promote their involvement to let mums know they will be welcomed in a warm and supportive environment. In August, HSCP staff helped Clyde College to become Scotland's first Further Education institution to obtain BFS accreditation.

Staff have also continued to support the Breastfeeding Telephone Support Pilot which offers mums peer volunteer support before and after their birth. Overall, since it started in 2021, over **280** families have been supported by the service. Approximately **38%** of volunteers are from ethnic minority groups, enabling mums to be offered support from someone who shares a similar culture and primary language. **22%** of families seen in the last year were from ethnic minority groups, with **21%** from a SIMD 1 area.

User/Carer Feedback

- *96% of mums agreed that the support from the Pilot had helped them to breastfeed for as long as they wanted and helped them feel more confident about breastfeeding their baby.*

Gender Friendly Nurseries

The Gender Friendly Nursery (GFN) is an early years training and awareness raising programme on gender inequality and its links to issues such as gender-based violence, homophobia, transphobia, and mental health and suicide. Early Years nursery staff are supported to consider current practice and identify areas for development through use of an audit tool and action plan, which leads to Gender Friendly Nursery accreditation. An evaluation of the programme was completed in October 2022 and highlighted a range of benefits including the impact on play activities and books in early years settings; and the increased ability of staff to talk to each other and children about gender equality issues. Opportunities for further development were also identified which will be explored going forward with Glasgow City Council Education services.

Thrive Under 5 Pilot Project

The Thrive Under 5 Pilot Project is a Scottish Government funded initiative and aims to help children under five years of age and their families to eat more healthily and maintain a healthy weight. Networks were established across the city and have now been extended to Inverclyde, following a positive evaluation by the Glasgow Centre for Population Health. These networks involve local families and organisations in identifying and overcoming barriers to healthier eating including low family income, limited access to affordable fresh food, and a lack of cooking knowledge and skills.

Case Study

Client B is a refugee who lives with her husband and 3 children. Her husband works limited hours but she cannot work due to childcare responsibilities and personal health issues. She was referred to the Thrive Under 5 project by a local community organisation and outcomes for her have included fuel poverty support and a Personal Independence Payment award. She also received an 8 week recipe pack delivery service from East End Flat Pack Meals and 12 vouchers for her local pantry. This enabled the family to try new meals, better manage their food budget and through contact with local services, feel more connected to their local community.

Youth Health Service (YHS)

A short video was produced to promote the *'A&E (Accident and Emergency) Intoxicated Young Persons' Pilot'* to hospital staff, along with a leaflet on alcohol harm targeted at young people, which was co-produced by their peers. The Pilot involves the establishment of a referral pathway to the Youth Health Service (YHS) for young people who present at A&E with alcohol or drug intoxication. Young people referred to

the YHS through this route are offered health and wellbeing advice and are supported to make more positive lifestyle choices.

A&E Leaflet for Young People

Adobe Acrobat Document

More generally in the last year, the Youth Health Service has also launched its own YHS Instagram page to better promote the range of services on offer to its target audience.

Togetherall

In the last year, the Togetherall service has been made freely available to anyone aged 16-24 with a Glasgow postcode. This offers a 24/7 online peer-to-peer mental health community, as well as access to related evidence-based resources. Members join the community anonymously and can be supported on a wide range of mental health and wellbeing issues, from anxiety, depression and isolation, to relationship issues and lifestyle challenges. 'Wall Guides' who are trained mental health professionals, moderate the service and ensure everyone accessing the community remain safe and supported.

Health and Wellbeing App

A new Health and Wellbeing App aimed at Education staff was also launched in the last year, which shares quality assured materials and offers a 'one stop shop' where staff can access a range of health improvement resources. It was developed by our Health Improvement Team and a range of partners following the launch of Glasgow City Council's Digital Strategy, which led to the introduction of digital teaching resources such as Apple iPads for teaching staff and pupils across the city.

3.1.2 ADULTS AND OLDER PEOPLE

Physical Activity

During the last year, care home staff have commissioned weekly Virtual Gym Sessions that are broadcast within all five of the HSCP's care homes. These classes are in line with the aims of the Care Inspectorate's 'Care about Physical Activity' (CAPA) programme and engage residents in interactive chair-based exercises, which are intended to improve their mobility, reduce their risk of falls, and improve their confidence and mental health and wellbeing.

Mental Health

Wave after Wave Suicide Awareness Training

This training was commissioned in response to an earlier scoping study which recommended making suicide bereavement information and training available for those supporting, or coming into contact with, people bereaved by suicide. It aims to ensure participants have an understanding of the complexity and impact of a suicide bereavement and are able to provide a compassionate response. Glasgow Association

for Mental Health developed the training along with other partners and involved staff and individuals with lived experience in its development.

Case Study

'After losing my husband Chris to suicide in 2017, I found myself wanting to honour his memory as best I can by raising awareness of suicide prevention and bereavement from suicide. Being able to contribute to the Wave after Wave training using my lived experience was extremely important to me, as unfortunately, suicide remains a taboo subject which can often hold back the healing of those grieving. I hope I can make Chris proud by trying to help others who may find themselves struggling with suicide and all of its complexities. This training was developed very delicately; honouring our loved ones and our personal experiences beautifully.'

Contagion

Concerns over the death by suicide of a looked after young person and the associated risks of suicide contagion led to a number of pieces of work being progressed over the last year. These included social media work with professional football teams, their Supporters Liaison Officers (SLO) and fan groups. This has been successful in getting key messages out to a much wider audience than before, showing the importance of using key influencers when communicating public health messages. Suicide awareness training has also been offered to all staff in the city's children's houses, with work being undertaken to develop a mental health and wellbeing policy for these houses and each supported to develop their own associated action plans.

Distress Collaborative

The Multi Agency Distress Collaborative identified the requirement for the development and delivery of training packages focused on distress and mental health awareness for HSCP Support Workers. During the last year, activity has included delivery of SAGE & THYME training which teaches participants how to use a structured approach to engage in conversations with someone who is upset or distressed and provide basic psychological support. Anxiety and Depression Awareness (ADA) Training has also been developed following feedback from residential, day centre and care at home staff who highlighted the need for clear, practical information on the symptoms, causes and impact of anxiety and depression. During the last year, over 320 have attended SAGE & THYME training, with over 350 attending ADA training. Both have been evaluated positively by participants, who felt they helped improve their own wellbeing, as well as help develop their professional practice.

Staff Feedback

'*Well delivered, very insightful. Made me think about my practice and possible ways to improve, I think this is a good tool to help me communicate.'*

'Session was well presented, allowed for reflective practice regarding how mental health impacts on patients, general public, colleagues and self.'

Sexual Health

Awkward Moments

In June 2022, the Sexual Health Improvement Team launched a sexual health campaign called *'Awkward Moments'*, which ran on various social media platforms. The campaign aimed to help young people recognise what good consensual intimate experiences can look like and increase their confidence to start conversations around positive and mutual consent. The campaign was co-produced by young people and included five short films which were based around the barriers they face when communicating within sexual situations. These materials have now been included in national teaching resources on Relationships, Sexual Health and Parenthood (rshp.scot).

GlasGOw GetTested

The Sexual Health Improvement Team also worked in partnership with the Terrance Higgins Trust (THT) to develop a targeted social marketing intervention, *'GlasGOw GetTested,* along with a GlasGOw GetTested hub page. This was designed to encourage Gay, Bisexual and other men who have sex with men (GBMSM) to test for HIV at a frequency based on their levels of sexual risk and was developed in response to evidence of the need for improved testing levels amongst these groups. The campaign was run across a number of social media platforms and used a tool to enable people to assess their own risk and connect to the Sandyford online booking site. Post campaign evaluation showed levels of engagement with the target audience was exceptionally strong, with results also suggesting it had led to an increase in the number of tests booked.

Learning Disabilities and Sexual Health

Following a Staff Training Needs Assessment in 2021, Sandyford Sexual Health Service hosted an engagement event with stakeholders to plan and prioritise a programme of work to support adults with learning disabilities on their relationships and sexual health. This new programme of work aims to build HSCP staff knowledge and confidence in these areas and topics covered include*; what is a healthy relationship; how to seek help if you're in an abusive relationship; how to give and gain consent; what is contraception; and when would you go to a service*.

Postnatal Contraception

The Sandyford Sexual Health Service was also involved along with NHS Lothian in producing a short animation encouraging women to think about postnatal contraception. The animation explains why it's beneficial for expectant women to consider postnatal contraception as part of their routine birth plan and highlights how the timing of decisions around contraception can help plan for healthy future pregnancies, given evidence that an inter-pregnancy interval of less than 12 months is associated with an increased risk of pre-term birth and low birth weight.

3.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
% of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks. (Outcome 4)	NE 93% ✓ NW 96% ✓ South 96% ✓	NE 98% ✓ NW 99% ✓ South 99% ✓	NE 98% ✓ NW 95% ✓ South 96% ✓	NE 96% ✓ NW 96% ✓ South 99% ✓	NE 97% ✓ NW 97% ✓ South 97% ✓	95%	NE 96% ✓ NW 88% ● South 98% ✓ (All Jan 23)	NE ▲ NW ▼ S ▲	NE ▼ NW ▼ S ▲
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks (Outcome 9)	93.6% ●	86.4% ●	51.9% ●	60.8% ●	59.4% ●	100%	74.5% ●	▼	▲
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) (Outcome 1)	93.9% ✓	92.3% ▲	93.2% ✓	94.2% ✓	93% ✓	95%	92.4% ▲ (Q3)	▼	▼
Mumps, Measles & Rubella (MMR) Vaccinations: (% Uptake at 5 years) (Outcome 1)	96% ✓	96% ✓	96.5% ✓	96.3% ✓	94.8% ✓	95%	96% ✓ (Q3)	►	▲
Psychological Therapies: % of people who started treatment within 18 weeks of referral. (Outcome 9)	NE 88.3% ✓ NW 87.1% ▲ S 96.5% ✓	NE 78.2% ● NW 89.4% ✓ S 97.6% ✓	NE 69.9% ● NW 90.3% ✓ S 80.3% ●	NE 56.6% ● NW 93.6% ✓ S 91.4% ✓	NE 46.3% ● NW 92.4% ✓ S 81.2% ●	90%	NE 58% ● NW 90.7% ✓ S 79.2% ●	NE ▼ NW ▲ S ▼	NE ▲ NW ▼ S ▼
% service users commencing alcohol or drug treatment within 3 weeks of referral (Outcome 7)	92% ✓	98% ✓	98% ✓	99% ✓	95% ✓	90%	94% ✓ (Q3)	▲	▼

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Alcohol Brief Intervention Delivery (Outcome 4)	6470	5055	4,394	4,269	7,749	5,066 per annum	8,966	▲	▲
Smoking Quit Rates at 3 months from the 40% most deprived areas. (Outcome 5)	1,398	1,412	1,389	1,280	1260	Q3 Target -886 Year End Target -1,217	702 (Q3)	**TBC**	**TBC**
Women smoking in pregnancy (general population) (Outcome 1)	10.6%	10.4%	9.8%	8.2%	9.5%	<11%	8.4%	▲	▲
Women smoking in pregnancy (most deprived quintile) (Outcome 5)	18.7%	18.9%	14.6%	12.4%	16.7%	<15.5%	13.9%	▲	▲
Exclusive Breastfeeding at 6-8 weeks (general population) (Outcome 1)	26.9%	30.4%	31.8%	29.6%	28%	33%	28.7% (Q3)	▲	▲
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones). (Outcome 5)	20.3%	21.2%	24.9%	21.9%	20.6%	24.4%	18.8% (Q3)	▼	▼

Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets**.**

KEY ACHIEVEMENTS

Indicators where performance has shown the greatest improvement over the past 12 months:

INDICATOR		2021/22	2022/23
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks		59.4%	74.5%
Mumps, Measles & Rubella (MMR) Vaccinations: % Uptake at 5 years		94.8%	96% (Q3)
Alcohol Brief Intervention Delivery		7,749	8,966
Women Smoking in Pregnancy	- General Population	9.5%	8.4%
	- Most Deprived Quintile	16.7%	13.9%

AREAS FOR IMPROVEMENT

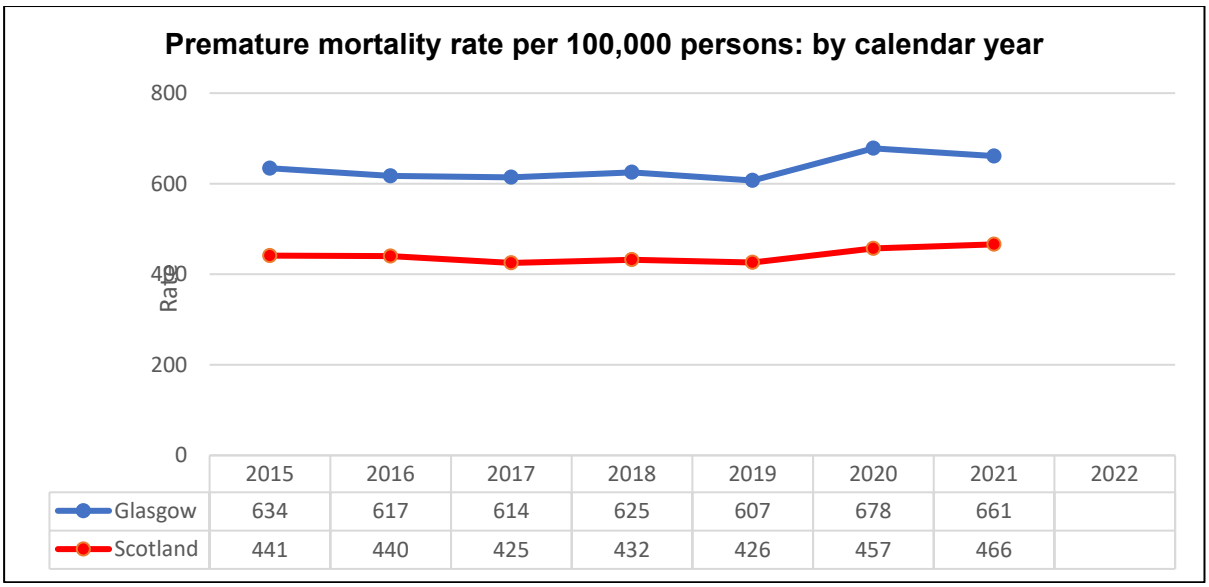
Ongoing improvement is sought across all services. KPIs relating to this Strategic Priority which we would specifically like to improve within the next 12 months are:

INDICATOR	PERFORMANCE ISSUES AND ACTIONS
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks **Target:** 100% **Actual:** 74.5%	**Performance Issues** • Teams continue to experience increasing demand on the duty system and an increase in the number of emergency presentations, which both reduce the ability of CAMHS teams to allocate children with the longest waits. **Actions to Improve Performance include:** • Work is continuing to orient the system towards assessing and supporting children who require an urgent response. • Providing increased flexibility in how children and their families access appointments to minimise the risk of missed appointments. • Additional appointments being made available through overtime and/or bank shifts. • Tier 1 and 2 community mental health services will continue to support families with children on the CAMHS waiting list. • Ongoing work analysing the needs of children accepted into the service will inform future service developments and improve service delivery.
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) **Target:** 95% **Actual:** 92.4% (Q3)	**Performance Issues** • Vaccine uptake varies across geographic areas and socio-economic groups. • The World Health Organisation has raised concerns that vaccine uptake has reduced internationally for several reasons including a decline in vaccine confidence linked to the pandemic. **Actions to Improve Performance include:** • Continue to focus on areas where uptake is lowest. • Continue to recall and chase up families who have not attended for vaccines. • Videos have been produced for use with marginalised communities to help improve uptake. • Work is being carried out with public health colleagues to undertake ‘tests of change’ to improve uptake. • Use of the mobile vaccine bus to help increase the accessibility of vaccines.
Psychological Therapies: % of people who started treatment within 18 weeks of referral **Target:** 90% **Actual:** North East Locality 58.0%	**Performance Issues** • The initial service reaction to the Covid-19 outbreak created a large cohort of people waiting to start a Psychological Therapy (PT) and the longer-term effects of the pandemic continue to have an impact. • The capacity to deliver PTs has been affected by staff turnover and resulting vacancies, as well as episodes of sick leave and extended leave. • Recruitment to some posts resulted in no applicants, highlighting the national shortage of clinically trained professionals.

South Locality 79.2% *(N.B. This indicator is reported at locality level, rather than city-wide.)*	**Actions to Improve Performance include:** • Waiting list initiatives continue to target patients with the longest waits. • Digital alternatives to face-to-face approaches continue to be used to reduce waiting times. • Continued delivery of cCBT (Computerised Cognitive Behavioural Therapy) for people with long term conditions. • Ongoing focus on staff recruitment. • Routine monitoring of team performance.
Smoking Quit Rates at 3 months from the 40% most deprived areas **Target:** 1,217 **Actual:** 702 (Q3)	**Performance Issues** • Continuing issues with pharmacy capacity and unavailability of several products including varenicline which has been unavailable since June 2021 and was the most popular and effective product. • Following the pandemic, clients continue to present at the Quit Your Way (QYW) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. These require an increased amount of time and intensity of intervention which has impacted capacity. • The service has also been significantly impacted by staff absences and vacancies, operating with 76% of the staffing complement pre-pandemic. **Actions to Improve Performance include:** • Our Community QYW staff are engaging with Public Health and Local Pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. • The impact of these solutions will be monitored on an ongoing basis by the Health Board wide Tobacco Planning Implementation Group and Smoking Cessation Manager's Group, as well as the City Tobacco Group.
Exclusive Breast feeding at 6-8 weeks: **General population** **Target:** 33% **Actual:** 28.7% **15% most deprived data zones** **Target:** 24.4% **Actual:** 18.8%	**Performance Issues** • The Board Infant Feeding Team has been impacted for the last year by reduced capacity due to long term sickness. **Actions to Improve Performance include:** • A mix of face-to-face and online appointments are being offered by the Board team to meet the needs of families, prioritising those experiencing feeding issues. • Funding has been agreed for the continuation of Breastfeeding Telephone Support Pilot until March 2024 (see section 3.1 above). • Additional Breastfeeding Support Groups are being set up across the city, targeting areas where uptake is lower. • Focus for volunteer activity upon engaging minority communities, young mothers and those in the most deprived areas, with rates traditionally lower amongst these groups. • Roll out of the Breastfeeding Friendly Scotland Scheme (BFS) in the city (see section 3.1 above). • Infant feeding training will continue for Health Visiting and Family Nurse Teams who support mothers as part of their Universal Pathway visits. • Pilot projects in Springburn and Thornliebank will be evaluated.

3.3 NATIONAL INTEGRATION INDICATORS OFFICIAL

National Integration Indicator 11*



	2015	2016	2017	2018	2019	2020	2021	2022
Glasgow	634	617	614	625	607	678	661	
Scotland	441	440	425	432	426	457	466	

*Information for 2022 is still to be published.

- Glasgow consistently higher than the Scottish average
- Decrease in 2021 in Glasgow after an increase in 2020

Back to Contents

4. PROVIDING GREATER SELF-DETERMINATION AND CHOICE

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Providing Greater Self-Determination and Choice and consider performance in relation to KPIs associated with this theme. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 3
People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5
Health and social care services contribute to reducing health inequalities

4.1 KEY DEVELOPMENTS/ACHIEVEMENTS

4.1.1 SELF DIRECTED SUPPORT

Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013, aims to provide people with greater choice and control over the support they receive. At the end of March 2023, a total of **3,178** adult service users were in receipt of a personalised social care service – a decrease of **2%** since March 2022 (**3,244**). Children with disabilities in receipt of personalised services rose by just over **5%** over the same period (from **382** to **402**).

The overall proportion of service users who chose to receive their personalised budget as a direct payment increased to **21%** from **19%**. This varied between client groups with **72%** of children with disabilities receiving a direct payment compared to **15%** of adults. Trends over time in respect to these indicators are provided below:

Number of service users in receipt of personalised services (end of March)							
Client Group	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Adults	2,828	2,994	3,208	3,163	3,063	3,244	3,178
Children	133	184	266	272	291	382	402
% receiving Direct Payments (end of March)							
All Users	15%	15%	15%	17%	19%	19%	21%

A Self-directed Support (SDS) Policy and Practice review was initiated in the last year within the context of the national SDS Standards Framework and the publication of My Support My Choice: People's Experiences of Self-directed Support and Social Care in Glasgow. A wide range of engagement has taken place with key stakeholders including the delivery of presentations to over 200 frontline social work staff; focus groups with third sector representatives, people with lived experience and social care providers; practitioner forums to share learning and good practice; and staff briefings.

Key priorities for improvement have been identified from this engagement and will be progressed going forward. These include the development of best practice approaches; producing a staff learning and development plan; identifying how we can best facilitate outcomes-focused conversations with service users in a risk-enabling way that maximises the opportunity for independent living; and where necessary, refreshing our SDS/personalisation policies and procedures, ensuring they are available in an accessible format.

4.1.2 LISTENING TO OUR SERVICE USERS

Locality Engagement Forums

As indicated in Chapter 1, we continue to seek the views and experiences of people who access our health and care services through the work of the Locality Engagement Forums (LEFs). These provide a link to the governance structures of each Locality and the wider Partnership including the IJB Public Engagement Sub-Committee. They provide a mechanism for disseminating information and gathering feedback from patients, service users and carers, with the aim of ensuring that health and care services in the city reflect the priorities and needs of our local communities.

Children's Rights Service

The Children's Rights Service (CRS) support children and young people to have their voices heard, by providing advocacy and information on rights for children and young people who live with foster or residential carers, as well as those in continuing care and aftercare. In the last year, the CRS have received increased requests for support and have also been involved in a range of other activities, including the planning of the 'Care-Chella' arts based festival, as part of Care Leavers Week, which young people were supported to attend and contribute to. The CRS have also involved young people in the recruitment of a new Children's Rights officer, from drawing up the person specification, to defining the interview questions and sitting on the interview panel. They have also worked to disseminate the key messages from research into the experiences and opinions of care experienced young people on mental health services in the city which were published in February 2022.

User/Staff Feedback

'I have always felt really well supported by Children's Rights Service, you have been a great help.'

'I feel in such a better place, and it is all down to you guys.'

'Thank you for asking me to take part in the interviews, it was so good.'

Glasgow's Promise

In February 2020, the Promise was launched, which was Scotland's national response to an Independent Care Review that gathered the views of those with experience of living and working in and around the childrens' care system. In response to this, Glasgow's multi-agency Care Experienced Board have produced their own Promise Plan, which set out commitments to improve the experiences of children involved in the care system. In the last year 4 Promise Participation Workers have been recruited, who will support delivery of our Plan by ensuring that the voices of children, young

people and families are at the heart of service design and by holding partners to account for delivery of their Promise commitments.

Viewpoint

Social Workers use several tools to help children and young people to express their views and encourage participation. One such tool is Viewpoint which has been used in the past to allow a child or young person to complete a questionnaire online prior to a meeting about their care. A working group has involved care experienced young people in the development of new, shorter strengths-based questionnaires which could be completed through the Viewpoint MyView app on personal phones or other devices. The new questionnaires have now been piloted and 29 children and young people provided feedback. They indicated that they wanted to be offered the opportunity to use an online system to give their views, as long as this was reliable, accessible and the questions were streamlined and strengths based. This feedback will be used to amend the questionnaires and social workers will encourage and support children and young people to use them going forward, in order to enable them to contribute their views at meetings about their care.

Review of Continuing Care and Aftercare services

During the last year the HSCP commenced a Strategic Review of 16+ accommodation and support services, within the context of national evidence that care experienced young people have a substantially higher risk of becoming homeless and experiencing poorer outcomes in adulthood. The outcomes of the Review will influence the future commissioning and delivery of accommodation and support services, with the aim of ensuring that they support all of our young people to thrive and reach their full potential, living as independently as possible within their own homes and communities. Young people's participation has been central to this exercise and they have been engaged with in a number of ways and are represented on the Steering Group overseeing the Review.

Family Connections

A key aim within the Promise and a focus for our Family Group Decision Making and Family Support teams, is to enable families to stay together and children keep living at home, or with people that our services know are important to them. Work has been undertaken in the last year to develop the Family Connections Assessment and Plan, which helps practitioners to understand what the important relationships are for children and young people with care experience, in order to ensure they remain connected to those people they identify as most important. To support this, our Independent Reviewing Officers, who oversee Childrens' Care Plans, have responsibility for whole family groups which helps maintain their focus on close family relationships. Brothers and sisters are supported to contribute to one another's plans and attend each other's meetings, along with other family members, social workers and foster families where relevant.

This Family Connections approach is being evaluated by CELCIS and will help inform the work of the national 'Staying Together and Connected' Implementation Group. Glasgow is a significant contributor to the work of this group including the national 'Staying Together and Connected: Getting It Right for Sisters and Brothers' National Practice Guidance, which features good practice examples from the city.

Supporting Decisions About Care

Care Services have worked closely with the Scottish Social Services Council (SSSC) to co-design a suite of filmed learning tools on Dementia (Lady In A Room) which are part of the Changing Times, Changing Perspectives resource on the SSSC website. These are intended to raise awareness and understanding of people's experiences with dementia and the impact it has on those around them, and to support staff in making good decisions about people's care throughout their dementia journey.

4.1.3 EMPLOYABILITY

Mental Health

Employability has been a core activity of Mental Health Services (MHS) for several years and the HSCP currently fund a range of directly managed and commissioned mental health and employability services. These aim to promote and facilitate recovery, create volunteering opportunities and increase access to further education and employment. One such initiative, Project Restart, which supports around 250 people each year, provides recovery-based support to those living with severe and enduring mental health conditions. Participants are given the opportunity to take part in various vocational training activities to increase self-belief, build resilience and provide a greater sense of hope for the future.

Case Study

A had schizophrenia and was referred to Project Restart by their Occupational Therapist who wanted to build their social network and provide meaningful activity and interests which would help provide a structure for them. A had a business degree and had various jobs previously but was unsure of the kind of employment he would like to pursue. After discussions about his interests, he decided he would like to get involved in catering. He registered for a Level 6 Community Achievement Award, where he was given the opportunity to plan, deliver and lead catering sessions. He did exceptionally well and his confidence has greatly improved. He has now started a voluntary placement at a local charity where he has completed his Food Hygiene Certificate and is focused on and hopeful of gaining employment in the near future.

Young Person's Guarantee Programme

The Young Person's Guarantee programme has continued to be developed over the course of the last year, with employability coaches located within various HSCP services. These coaches carry out a strengths-based assessment and offer 12 months of intensive personalised learning and support to young people, with the aim of improving their skills and helping them to secure a positive destination such as employment, training or a modern apprenticeship.

Case Study

B is 16 and when first referred to the Young Persons Guarantee Programme, they stated they had ambitions of joining the construction industry. However, it became clear that they felt pressure to move into this industry due to criminal behaviour in the past, which they felt would limit their future career choices. After discussions with staff about options, their confidence has improved and they have been able to recognise they have a wider choice of future careers and are now considering shipbuilding or the merchant navy.

4.1.4 FINANCIAL INCLUSION

Financial Inclusion Partnership

The HSCP is a key funding partner with Glasgow City Council for Financial Inclusion services across the City. This supports community-based NHS staff to make direct referrals for patients who have money worries, to a range of dedicated Money Advice providers. In Q1 to Q3 of 2022/23, NHS staff made **5,560** referrals and **3,693** individual clients engaged with Financial Inclusion services. **44%** (**2,435**) of these referrals were made by staff engaging with families with children under 5 years old, therefore helping to mitigate child poverty. To date, financial gains of approximately **£4.3m** have been achieved and **£957k** of debt managed.

Welfare Advice & Health Partnerships (WAHPs) programme

Scottish Government funding is supporting the delivery of an embedded Welfare Advice and Health Partnerships Programme (WAHPs) in 84 GP Practices in the most deprived parts of city. This builds upon the Deep End Money Advice Project and enables each practice to host a dedicated adviser one day per week. Evidence shows this has a positive impact on patient health, poverty and health inequalities, while also freeing up time for Practice staff for clinical care. In the last year, there have been **3997** referrals made by WAHP Practice Staff across Glasgow, with just over **£3.3m** in financial gains achieved and over **£1.1 m** in debt managed.

Welfare Rights Social Work Service

Social Work also operate a welfare rights service for clients and during 2022/23, they represented **340** clients at social security appeal tribunals. In total, **£2.79m** (£2.14m in ongoing benefits and £ 656K in backdated benefits) has been generated in successful claims for service users who receive a chargeable non-residential care service.

Case Study

*A Service user with significant mental health issues and reduced vision had disengaged from the benefits system because of health issues and failed to attend a tribunal to appeal a refusal of Personal Independence Payment (PIP). Significant efforts were made to encourage them to attend a new tribunal and it was identified that her anxiety prevented her from attending in person, so their welfare rights officer arranged for a telephone hearing instead and provided written and oral submissions on their behalf. The appeal was successful, and the total weekly financial gain was **£156**, with a backdated award of **£9,000**.*

Winter Help for Vulnerable People and Families

In winter 2022/23, the IJB increased foster carer fees by £15 per week and allocated £2.6m to 6,500 vulnerable children and families in the form of a one-off £400 winter payment, to help alleviate the effects of the cost of living crisis. Working in partnership with the Red Cross, the HSCP also launched a new referral pathway to support those identified as being at risk of food poverty, which involved supplying essential food parcels and signposting recipients to other community-based services and organisations for ongoing support.

4.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2020/21	Direction of Travel since 2021/22
No. Anticipatory Care Plan (ACP) conversations (Outcome 2)	N/A	N/A	N/A	264	208	ACP conversations held **200**	345	▲	▲
No. ACP summaries completed and shared with the patient's GP (Outcome 2)	N/A	N/A	N/A	69	50	Summaries completed and shared with GPs **50**	276	▲	▲
% of young people currently receiving aftercare service known to be in employment, education or training. (Outcome 4)	67%	74%	68%	80%	80%	75%	80%	▲	►

Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets. No comparable target prior to 2020/21.

4.3 LOCAL EVIDENCE

User Feedback - Home Care

Home Care and Reablement Services provide care and support to enable people to live as independently as possible in their own home. The annual service user consultation on the Home Care service was carried out in the spring of 2023. Some of the headline figures for the 2023 survey in relation to our Strategic Priority of Self Determination and Choice are presented below.

Statement	% of respondents who "strongly agreed" or "agreed" with statement*	National Health & Wellbeing Outcome
I am treated with dignity and respect.	97%	Outcome 3
My home carers know me well and they know what is important to me.	91%	Outcome 3
My home carers have enough time to support me in the way I prefer.	79%	Outcome 4
If I am not happy with my support, I am listened to and can make changes.	70%	Outcome 3
I am involved in decisions about my support (Personal Support Plan/Service Review) and if I want my family or friends to be included, they can be.	84%	Outcome 3

My home carers use my PSP (Personal Support Plan) to find out how best to support me.	87%	Outcome 4
I feel confident I can communicate changes to my PSP (Personal Support Plan) and that these are acted on.	85%	Outcome 3

*Figures are currently provisional.

Carer Feedback

The Carers Centres provide an Evaluation form to Carers in recent contact with the service which asks a number of questions, one of which relates to our Strategic Priority of Self Determination and Choice. Feedback in the last year is included below:

Question	% Carers Responding Positively
Did you feel valued and respected by the worker?	99%

KEY ACHIEVEMENTS

Indicators where performance has shown the greatest improvement over the past 12 months:

INDICATOR		2021/22	2022/23
Anticipatory Care Plans (ACPs)	- Number of conversations	208	345
	- Summaries completed and shared with GP	50	276
Number of Children in Receipt of a Personalised Service		382	402
% of Service Users Receiving Direct Payments		19%	21%

AREAS FOR IMPROVEMENT

There are no specific KPIs relating to this Strategic Priority we would highlight as to be improved within the next 12 months, but ongoing improvement is sought across all service areas.

4.4 NATIONAL INTEGRATION INDICATORS (see Appendix C)

National Integration Indicator	2021/22 Survey Results (19/20 results shown in brackets)				Direction of Travel Since Last Survey (19/20)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above / Below	
3. % adults supported at home who agreed that they had a say in how their help, care or support was provided	3	**71.1%** (75.5%)	**70.6%** (75.4%)	✓	▼

Back to Contents

5. SHIFTING THE BALANCE OF CARE

Transformation Programmes have been delivered across HSCP services in recent years, with the balance of care shifting away from institutional, hospital-led services, towards those that support people more in the community and which promote recovery and greater independence wherever possible. Progress in delivering these Programmes is overseen by the Integration Transformation Board, chaired by the Chief Officer and within this section, we profile some of the key developments which have been able to be progressed over the last year and consider performance in relation to KPIs associated with this theme. Within this section, we consider the range of Transformation Programmes delivered across Children's, Adult, Older People and Primary Care. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

5.1 TRANSFORMATION PROGRAMMES

5.1.1 OLDER PEOPLE'S AND CARE SERVICES

Through the Transformation Programme for Older People, the HSCP is aiming to support a shift in the balance of care away from institutional care (hospital and care homes) towards supporting people more in the community. The HSCP has also been working with all five HSCPs in NHS Greater Glasgow and Clyde (NHSGGC), along with the Acute Services Division and the NHS Board, to develop and implement a system-wide Unscheduled Care Commissioning Plan and Delivery Plan as part of the Moving Forward Together programme. Some of the key developments progressed in the last 12 months include:

Hospital at Home Service

A new Hospital at Home Service has been in operation over the last year in the South of Glasgow with a view to potentially expanding it city and Health Board wide following evaluation. This aims to keep patients out of hospital by providing the same level of high-quality multi-disciplinary care that they would receive as inpatients and in doing so, help reduce admissions and relieve pressures on acute hospital beds. Eligible patients are identified either through their GP or from the acute receiving wards and the service is discussed with the patient and their family, who are involved in making a shared decision on referral into the service. Approximately **300** patients have been seen by the service over the year, saving in the region of **1,500** hospital bed days.

User/Carer Feedback

'My mother took unwell again and was referred for the second time to Hospital at Home Team. Once again, they provided a first-rate service, every member of the team was courteous, professional and friendly. They understood fully the issues and problems and dealt with these promptly giving reassurance to my mother at all times.' (Family Member)

Home First

The Home First Service has also been introduced which involves the establishment of community led multi-disciplinary frailty teams, led by advanced frailty practitioners, at the front doors of the Queen Elizabeth University Hospital (QEUH) and Royal Alexandra Hospital in Paisley (RAH). A hub and spoke service model with each of the 6 HSCPs in Greater Glasgow and Clyde is operated by these teams, who ensure rapid and seamless access to community services for those frail patients that could be managed better in a homely setting rather than an acute bed. For the Glasgow City HSCP hosted QEUH team at end of week twenty two of its operation, **201** patients had been identified and assessed of which **78** (**39%**) had been discharged home directly from the Emergency Department with **56 (57%)** of those patients referred to community teams for further assessment and support.

Hospital Discharge Team

The Social Work Hospital Discharge Team support all complex discharges for over and under 65's. On average, the team have been averaging **80-90** referrals per week, with approximately **30%** of their caseload being AWI (Adults With Incapacity). To support the intensive requirements of these clients, two additional solicitors have been recruited which has given the GCC legal team a resource to engage with and support private solicitors dealing with complex AWI cases. From September 2022 to March 2023, this has resulted in a significant improvement in the numbers of AWI patients delayed, dropping from a high of **82** down to **41**. This has been recognised nationally in the Scottish Government's Discharge Without Delay programme.

5.1.2 PRIMARY CARE

A key aim of Glasgow's Primary Care Improvement Plan (PCIP), in line with the new GP contract, is to enable GPs to divert work that can best be done by others, leaving them with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams. Updates on progress in implementing this Plan are regularly reported to the IJB and are available within Regular Bulletins on the HSCP website. Over the last twelve months, work has been undertaken to refresh the PCIP and a significant engagement exercise has been completed which will inform the new updated Plan that will be published this year.

Other achievements over the last year have included the following:

North East Hub

Building work on the new Parkhead Hub started on site in March 2022. Programme is progressing well and anticipated to reach practical completion on the main building in July 2024 with the building fully operational from 2025. The Hub will bring together a number of community health and social care services which are currently located at nine different sites, including GP, pharmacy and dental services. The facility will also provide community spaces including bookable rooms, the relocated Parkhead library

and a community café. A programme of public engagement activities to keep the local community informed as to progress continue, along with a creative arts programme, which provides people with the opportunity to have their artwork displayed in the Hub. Artists have also been invited to apply to design and install two large scale art commissions at the site.

Health and Care Centre Improvements

In addition to the above, over the last year, there has been an investment of £4.4 million to improve six of Glasgow's community health and care centres in Baillieston, Bridgeton, Shettleston, Govan and Elderpark, Govanhill and Thornliebank. This will create additional consulting and treatment rooms, as well as agile office accommodation and will help to facilitate the expansion of multi-disciplinary working by enabling a wider range of professionals to operate within them.

Immunisation and Injections team

Responsibility for vaccinations in Glasgow has been transferred from General Practice to a new HSCP Team. This has been established to deliver non-routine vaccinations in older people and adult care homes, as well in the homes of people with learning disabilities and those unable to attend community vaccination clinics. The range of vaccinations offered by them is expanding, with Covid-19, Flu, Shingles and Pneumococcal vaccinations currently being administered. Over **7,000** Spring Covid-19 boosters were administered by the team, along with over **11,000** Flu And Covid-19 winter immunisations.

Pharmacist Consultant

A new Pharmacist Consultant Post, the first of its kind in Scotland, has been appointed by the HSCP, focusing on improving the care of people living with frailty. This new post is a collaborative initiative between us, Renfrewshire HSCP, and NHS Greater Glasgow and Clyde's (NHSGGC) Pharmacy Services. As well as service improvement and research and evaluation, the post will support the development and delivery of training to multidisciplinary teams, with the aim of optimising pharmaceutical care and advancing practice in the city in relation to frailty.

5.1.3 ADULT SERVICES

The Adult Services Transformation Programme sets out the aim of shifting the balance of care away from high cost inpatient, residential and 'buildings' based services and delivering more effective community based alternatives. The Recovery Model of Care has also been introduced across a number of services which seeks to support greater self-determination and choice.

A number of strategies have been developed underpinned by these principles including the Sexual Health Transformation Programme; the Rapid Rehousing Transition Plan; and the Mental Health Strategy (2018-23). Work has recently commenced to refresh the latter, with its scope expanding to encompass older people, learning disability, forensic, Child and Adolescent Mental Health, and alcohol and drug recovery services. Key achievements over the last year across Adult Services have included**:**

MENTAL HEALTH

Compassionate Distress Response Service

The Compassionate Distress Response Service (CDRS) supports individuals who feel overwhelmed or unable to cope but who don't require a medical or specialist psychiatric assessment. Referrals come from a variety of partners and staff work with individuals to agree a tailored plan, which will include coping strategies and self-management techniques. The service has been evaluated in the last year and findings indicate that the CDRS is perceived to be much-needed; to provide an excellent level of care; and to make a positive difference to service users and referrers, including time/cost savings for the latter. The CDRS have also been working over the last year with the national Distress Brief Intervention (DBI) Programme Team and from Spring 2023, it will be provided in partnership with this DBI Programme, ensuring CDRS can benefit from national resources available to support DBI, including training, database support and evaluation.

User/Referrer Feedback

'At the start I needed to get a lot off my chest but I could slowly see progress. By the time we had the last call I felt great! We usually spoke for an hour or an hour and a half, but that lasted only 15 minutes. I had nothing to say, I just felt really good.' (CDRS Client)

'The real benefit comes from being listened to by someone who cares. It helps them process their emotions in their time of crisis. CDRS has the time to do it, so I refer to them first and follow up later. I don't have the time required to deliver a service like that, to be a compassionate ear and de-escalate things.' (Primary Care Referrer).

Borderline Personality Disorder Pathway

People with a primary or secondary diagnosis of Borderline Personality Disorder (BPD) occupy an average of 24 adult acute inpatient admission beds across the system at any given time. During the last year, we have developed a BPD pathway to deliver community based therapy, alongside provision of coordinated clinical care (CCC) training, to community and crisis mental health service staff. Early evidence suggests a definite reduction in inpatient bed usage by people with BPD and this impact will be monitored going forward.

HOMELESSNESS

Homelessness Outreach Services

The Glasgow Alliance to End Homelessness, along with the HSCP, has concluded an extensive review of existing outreach provision. *'Your Outreach Unified (YOU): Future of Outreach'* lays out a new vision for outreach services based upon this review. The necessary governance, procurement and operational infrastructures to support it are continuing to be developed and the Alliance have a regular open forum to engage with providers and the sector as it is progressed. The Alliance have also continued their '*Get Help Glasgow'* campaign, to raise awareness of available support for people rough sleeping in the city.

Housing First

The Housing First Service engages with those affected by multiple and complex needs and is underpinned by the assumption that housing should be provided rapidly, with intensive support provided in tandem to address health or any other issues which may threaten the person's ability to sustain that tenancy eg mental health or addictions issues. The service has supported **290** households to date to gain their own tenancy, including an additional **34** in the last year.

Housing First's Mental Health Test of Change at Stobhill Hospital, which focuses on those in a long-term cycle of hospital admission and discharge to homelessness accommodation, has now evaluated positively and will be rolled out across other sites. Work has also been undertaken via a pilot with Alcohol and Drug Recovery Services focussing on complex cases in temporary homeless accommodation, with a group of service users involved travelling to take part in a national football tournament in Manchester.

Complex Needs Service

The Complex Needs Service provides a single point of access to a vulnerable, transient and high-risk population, with a fully integrated and specialised team rapidly providing a range of trauma informed health and social care interventions for individuals with multiple and complex needs. The new model, which operates on an assertive outreach approach, officially launched in March 2022 and despite still being at a developmental stage, is demonstrating positive outcomes which will be the subject of ongoing evaluation. The service was shortlisted as a finalist in the SSSC Awards 2022/23 demonstrating Excellence in Adult Services.

Homelessness Prevention

The Rapid Rehousing Transition Plan is based upon increased prevention activities and it is positive that, in the face of increased demand (approx. 15%), the number of homelessness applications will be lower this year than in 2021/22.This is due to the investment in Senior Housing Options Workers within the Community Homelessness Teams and a continued focus on homelessness prevention. In October 2022, as reported in more detail in Chapter 6, we also launched Health and Social Care Connect (HSCC) which offers a highly accessible, multidisciplinary homelessness prevention service which works closely with other HSCP services. We also continue to fund the Private Rented Sector (PRS) Hub which provides holistic, multi-agency support to vulnerable households, particularly those with children and has the aim of homelessness prevention at its core.

Accommodation Supply

The Covid-19 public health crisis saw a rapid expansion in the use of emergency accommodation and the continued demand upon Homelessness Services has meant its use - particularly Bed and Breakfasts (B&B) - has remained stubbornly high, rising from **461** at the start of the year to **623** at the end of March. An operational group has been established, with staff from across a range of services working with households in emergency accommodation to ensure they have access to relevant health and social care support and have a 'resettlement/move on' plan in place.

Homelessness Services have also published a Temporary Accommodation Strategy, which sets out how partners will work together over the next 5 years to deliver a temporary accommodation model, that will be the catalyst for the transformation of homelessness services and will end the use of B&B accommodation in the city. To

support this, Homelessness Services continue to work closely with Registered Social Landlords (RSLs) in the city, with the aim of increasing the number of available settled lets. Work has also been undertaken with Vanguard Scotland Consultants to deliver a more streamlined approach when homeless households secure an offer of settled accommodation, allowing them to move into it more quickly and in doing so, increase the turnover of temporary accommodation.

Ukrainian Displaced Persons (UDPs)

The Ukrainian Crisis Response Team was created to support Ukranians who have come to Glasgow as a result of the war. Staff within the team support people in hotels and onboard the ship MS Ambition which is docked in Glasgow. They provide advice and a range of assistance, including GP registration, enrolment with education, pathways into employment, opening bank accounts and access to English language classes. The team have also matched individuals to sponsors in the community who have supported UDPs in their own homes and work is underway with RSL's to reinstate 210 long term void properties across the city for them. This team won Team of the Year in GCHSCP's Staff Awards for Excellence in October 2022.

5.1.4 CHILDREN'S SERVICES

Glasgow's Transformation Programme for children's services aims to deliver a sustainable shift in the balance of care for Glasgow's children. Key aims are to enable children looked after within other local authorities to be supported locally while reducing the number of families requiring statutory support. The savings generated are being reinvested in prevention and earlier intervention work and in increasing the availability, accessibility and quality of family support services, as set out in Glasgow's Family Support Strategy.

This Strategy sets out a joint commissioning framework for 'Early Intervention and Prevention Family Support' (EIPFS) (0-12 years); and 'Intensive Family Support' (GIFSS) (aged 12 and above). These both adopt a strengths-based approach and seek to ensure families have a voice and take ownership of their own lives and journey, with a range of interventions offered to support them including home based practical help, emotional and wellbeing support, conflict resolution, parenting skills and support to improve family relationships and dynamics. During the last year, over **150** families have been supported by EIPFS and more than **250** by GIFSS. A range of positive outcomes from these services have been identified through service monitoring as illustrated by the feedback below.

User/Carer/Staff Feedback

Reduction in risk/levels of harm
'Home life has settled. I have no concerns currently about their behaviour in the community or within school. There have been no incidents or crises within the family since the service began' (Referrer)

Improved family relationships
'Child reported feeling positive about returning to the care of their birth mum. She had built better relationships, felt her mum and partner listened to her more and was enjoying quality time with mum and partner on 'adventures'. She now felt included in the family' (Worker)

Increased confidence in parenting ability
'I went into his room at 1am to discover he was watching YouTube on his phone. I reminded him of the rules and asked him to switch it off, which he did and handed it over to me. I nearly cried, if this had been last year, he would have smashed his room up. Thanks for all your support with him' (Carer)

Improved learning and education attainment
'On exit from the service, their school attendance has risen from 50% to 80%' (Worker)'

Improved physical, mental health and wellbeing
'…and sometimes that's the best bit about the support, just having a little laugh or a smile. Sometimes even just having someone to talk to. For me as a parent who was struggling a lot, I feel the difference now compared to 6 months ago' (Mother).

Improved life skills and greater resilience to mitigate poverty
'I hadn't heard of the service but I thought they were brilliant. You helped me out when I didn't know things. The book you gave me helped me with my own experiences. I also really appreciated the food vouchers when I had nothing' (Service user).

Greater support networks and supportive relationships
'P is loving the Cadets, I think you may have saved his life, I was so emotional when I saw him my heart was bursting" (Mother).

5.2 KPI PERFORMANCE

Children's Balance of Care/Performance Indicators

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Number of out of authority placements (Outcome 4)	N/A	N/A	N/A	N/A	N/A	30	30	N/A	N/A

Note: the scope of the target has been adjusted this year so no historical data is shown.

Looked After and Accommodated Children (LAAC)*								
Year End	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**Direction of Travel since 2018**	**Direction of Travel since 2022**
Total LAAC	**1,078**	**960**	**899**	**801**	**733**	**657**	**down**	**down**
Children Looked After at Home (LAC)*								
Looked After at Home	469	443	539	436	365	330	**down**	**down**
Kinship Placements	1,125	1,100	1,064	1,087	1,044	964	**down**	**down**
Total LAC	**1,594**	**1,543**	**1,603**	**1,523**	**1,409**	**1,294**	**down**	**down**
Overall Total (LAAC/LAC) *								
LAAC/LAC Total	**2,672**	**2,503**	**2,502**	**2,324**	**2,142**	1,951	**down**	**down**
Unaccompanied Asylum Seekers*								
Unaccompanied Asylum Seekers	23	52	87	33	16	15	**down**	**down**

The totals shown above for LACC include foster placements as well as Out of Authority Placements, with trends in relation to these components shown below:

Foster Care								
Year End	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**Direction of Travel since 2018**	**Direction of Travel since 2022**
Purchased	232	206	182	168	144	134	**down**	**down**
Provided	608	550	511	487	444	397	**down**	**down**
Total	**840**	**756**	**693**	**655**	**588**	**531**	**down**	**down**

Note: There are no targets for the numbers shown in the tables above and hence performance direction arrows have not been added.

Adults and Older People Balance of Care/Performance Indicators

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Shift since 17/18	Shift since 21/22
A&E Attendances									
New Accident and Emergency attendances (18+). MSG 3 (Outcome 9)	156,783 13,065/ month	162.600 13,542/ month	159,916 13,326/ month	113,513 9459/ month	139,920 11,660/ month	153,791 12,816/ month	141,729 11,811 month	▲	▼
Hospital and Bed Days									
No. Emergency Admissions (18+) MSG 1 (Outcome 9)	62,725 5227/ month	63,898 5325/ month	63,324 5277/ month	54,947 4579/ month	59,194 4933/ month	66,624 5552/ month	55,372* 4614/ month	▲*	▲*
No. Unscheduled Hospital Bed Days - Acute (18+) MSG 2 (Outcome 9)	506,792 42,232/ month	496,071 41,339/ month	497,641 41,470/ month	438,871 36,572/ month	521,169 43,431/ month	453,866 37,822/ month	494,048* 41,171/ month	▲*	▲*
No. Unscheduled Hospital Bed Days- Mental Health (18+) MSG 2 (Outcome 9)	185,816 15,485/ month	191,810 15,984/ month	196,689 16,390/ month	179,235 14,936/ month	176,049 14,671/ month	181,371 15,114/ month	162,793* 13,566/ month	▲*	▲*
Delayed Discharges									
Total no. of Acute Delays (Outcome 9)	60	59	77	103	136	120	142	▼	▼
Total no. Bed Days Lost to Delays (All delays, all reasons 18+). MSG 4 (Outcome 9)	29,897 2,491/ month	38,656 3,238/ month	45,318 3776/ month	49,902 4159/ month	64,853 5404/ month	39,919 3327/ month	74,875 6,240/ month	▼	▼
Acute (AWI) (Older people 65+): Average no. days delayed per patient	N/A	N/A	N/A	N/A	N/A	155 days	99.8	N/A New KPI 22/23	N/A New KPI 22/23
Older People Mental Health (AWI): Average no.days delayed per patient	N/A	N/A	N/A	N/A	N/A	120 days	82	N/A New KPI 22/23	N/A New KPI 22/23
Total number of Adult Mental Health delays (Outcome 9)	21	13	19	25	26	0	24	▼	▲

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Shift since 17/18	Shift since 21/22
Intermediate Care									
Intermediate Care: % users transferred home. (Outcome 2)	21%	24%	19%	25%	15%	30%	29%	▲	▲

*Provisional
Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets

KEY ACHIEVEMENTS

Indicators where performance has shown the greatest improvement over the past 12 months:

INDICATOR		2021/22	2022/23
Number of Emergency Admissions (18+)		4,933 per month (Annual Total-59,194)	4,614 per month* (Annual Total-55,372*)
Number of Unscheduled Hospital Bed Days (18+)	- Acute	43,431 per month (Annual Total-521,169)	41,171 per month* (Annual Total-494,048*)
	- Mental Health (18+)	14,671 per month (Annual Total-176,049)	13,566 per month* (Annual Total-162,793*)
Intermediate Care: % Users Transferred Home		15%	29%

*Provisional

AREAS FOR IMPROVEMENT

Ongoing improvement is sought across all services. KPIs relating to this Strategic Priority which we would specifically like to improve within the next 12 months are:

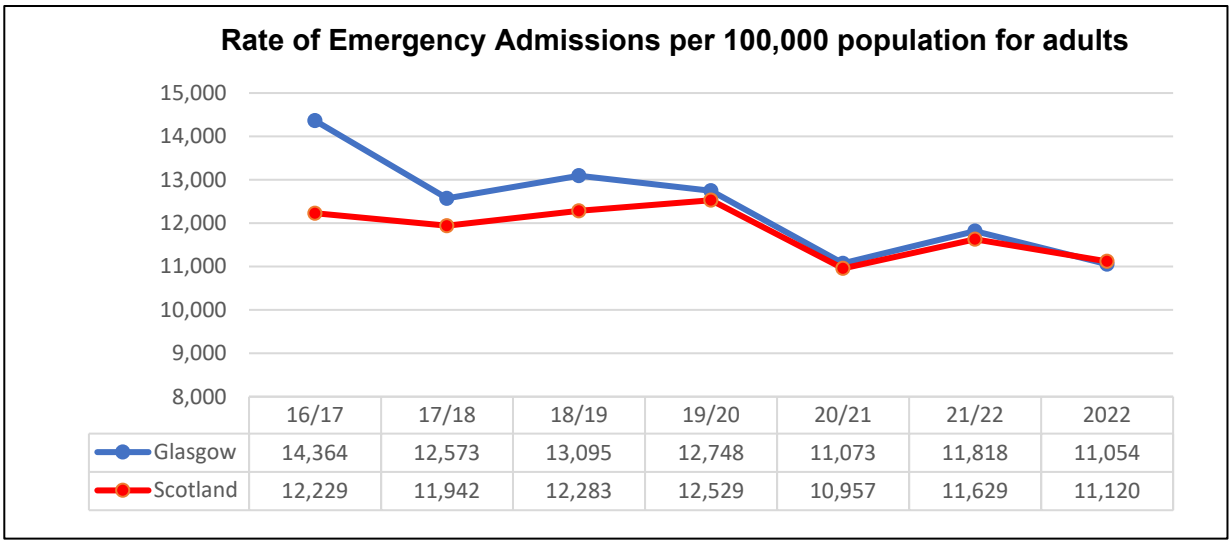
Total number of Acute Delays and Bed Days Lost to Delays (All delays, all reasons 18+) ***Delays*** **Target:** 120 **Actual:** 142 ***Bed Days Lost*** **Target:** 39,919 (Total) 3,327 per month **Actual:** 74,875 (Total) 6,240 per month	**Performance Issues** • Closure of hospital wards and care homes due to COVID and other public health outbreaks. • Care Homes staggering admissions due to staffing pressures. • Wards not arranging timely and appropriate discharge arrangements ie. transport, medication, paperwork • Staffing pressures within the Hospital Social Work Team. • Guardianship issues around patients who lack capacity (AWI). **Actions to Improve Performance include:** • Continued work to identify opportunities to prevent or reduce delays and mitigate their impact. • Continued use of the Discharge to Assess pathway to improve outcomes for patients and prevent delays. • Initiatives such as the introduction of 'Planned Date of Discharge' and 'Discharge by Lunchtime' which aim to enable patients to get them home at the earliest opportunity and without delay. • Development of an AWI Action Plan including the provision of a ward at Gartnavel Hospital to target resources on the management of AWI patients. • Recruitment of two additional solicitors enabling the council legal team to offer greater support around AWIs / Delays. • Regular meetings with commissioning colleagues to progress complex cases and improve the interface with care homes. • Further Power of Attorney promotional campaigns to encourage their uptake.
No. Unscheduled Hospital Bed Days – Acute (18+) **Target:** 453,866 (Total) 37,822/month **Actual:** 494,048* (Total) 41,171*/month	**Performance Issues** • The increase in delayed discharges has contributed to the rise in the level of unscheduled bed days. • Adults with Incapacity (AWI) remain a challenging issue and also has impacted unscheduled bed days. **Actions to Improve Performance include:** • Work has been undertaken to prevent unnecessary hospital admissions, including delivery of the Home First and Hospital at Home programmes. • See actions above relating to Delayed Discharges/Bed Days Lost.
Total number of Adult Mental Health delays **Target:** 0 **Actual:** 24	**Performance Issues** • Staff vacancies and absence continue to affect the day-to-day running and planning of Adult Mental Health wards. • Wards continue to face significant pressures with increased admission rates and some ward closures. • The complexity of presenting patients' needs is placing further significant pressures on the system. **Actions to Improve Performance include:** • A group has been set up to review and improve discharge systems and processes.

	• All potential discharge placement opportunities are being explored. • Regular meetings are held with commissioning colleagues to discuss discharge destinations for the most complex patients.

*Provisional

NATIONAL INTEGRATION INDICATORS

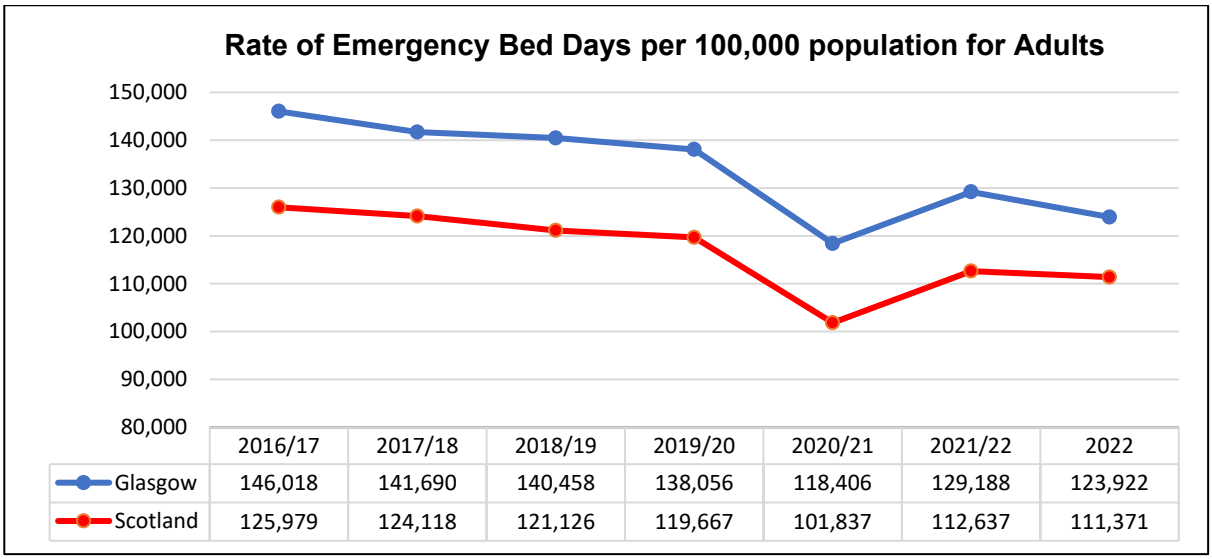
National Integration Indicator 12



	16/17	17/18	18/19	19/20	20/21	21/22	2022
Glasgow	14,364	12,573	13,095	12,748	11,073	11,818	11,054
Scotland	12,229	11,942	12,283	12,529	10,957	11,629	11,120

- Reduction over the period shown and decreased again in the last year after an increase in 2021/22 in both Glasgow and nationally
- Glasgow now slightly below the Scottish average having been above in 2016/17

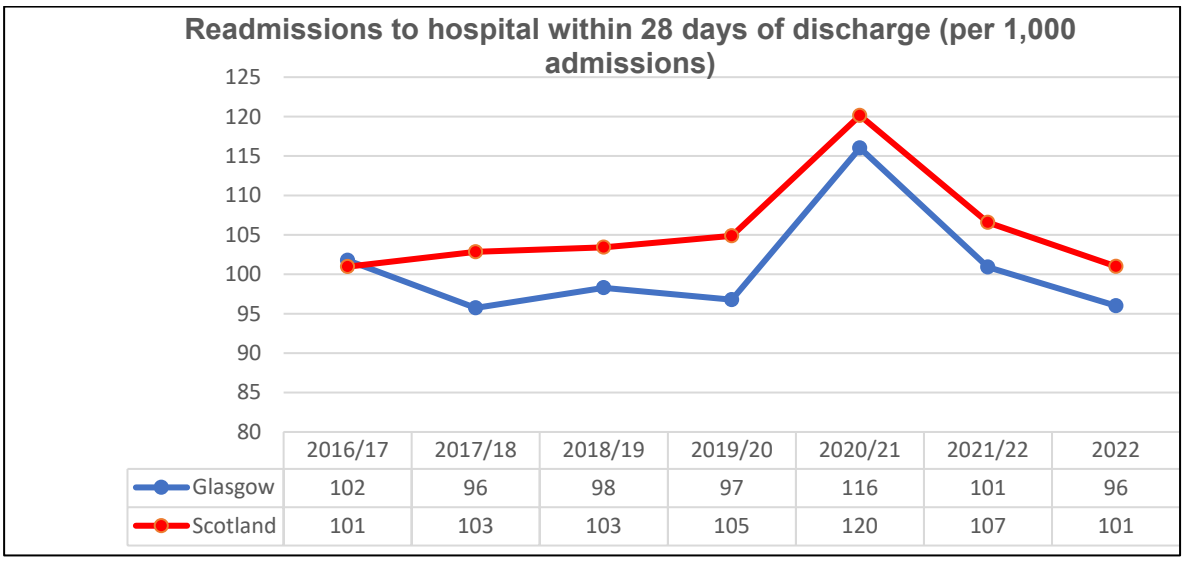
National Integration Indicator 13



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	146,018	141,690	140,458	138,056	118,406	129,188	123,922
Scotland	125,979	124,118	121,126	119,667	101,837	112,637	111,371

- Reduction over the period shown and decreased again in the last year after an increase in 2021/22 in both Glasgow and nationally
- Glasgow continues to be higher than the Scottish average although the gap has been narrowing over the period shown

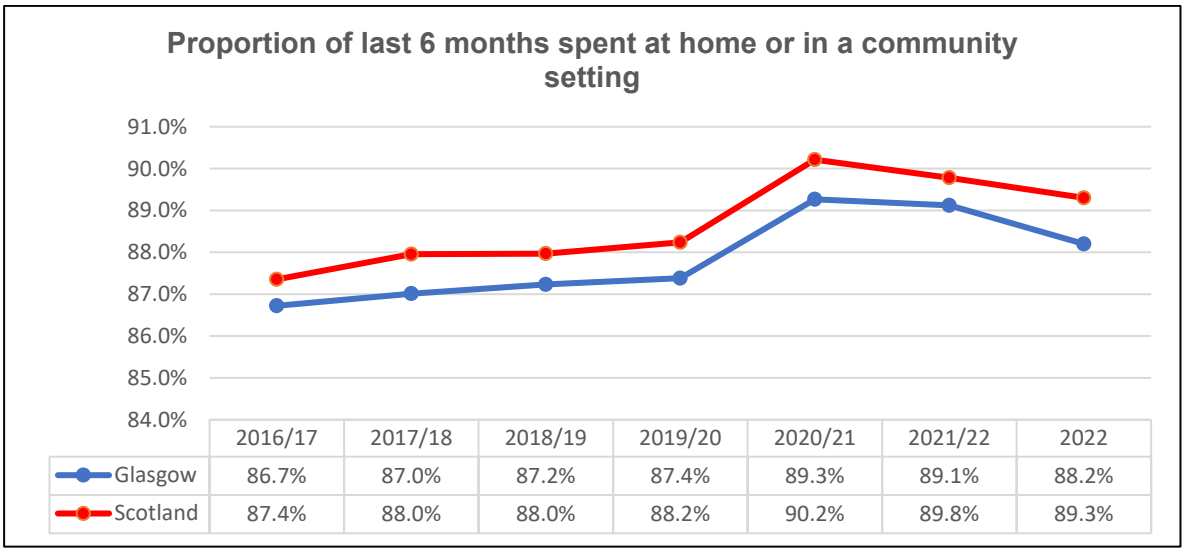
National Integration Indicator 14



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	102	96	98	97	116	101	96
Scotland	101	103	103	105	120	107	101

- Decrease in the last two years after a large increase in 2020/21 in both Glasgow and nationally. Now below levels of 2016/17 in Glasgow.
- Glasgow has remained lower than the Scottish average since 2017/18

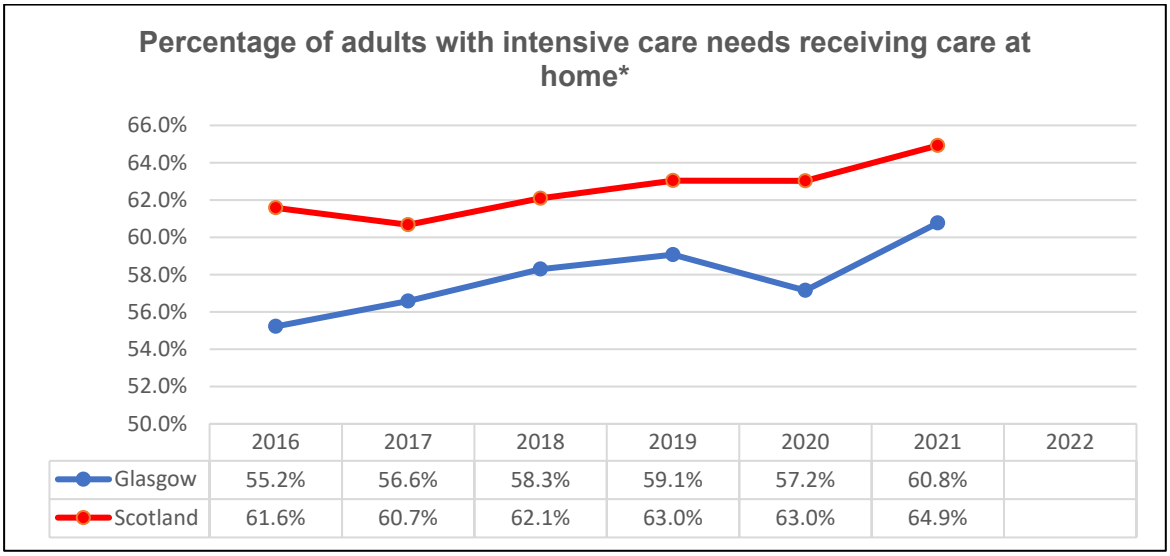
National Integration Indicator 15



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	86.7%	87.0%	87.2%	87.4%	89.3%	89.1%	88.2%
Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.8%	89.3%

- Increase over the period shown in Glasgow and nationally although there was a decrease in the last two years most significantly in Glasgow
- Glasgow lower than the Scottish average over the period shown with the gap increasing over the period shown

National Integration Indicator 18

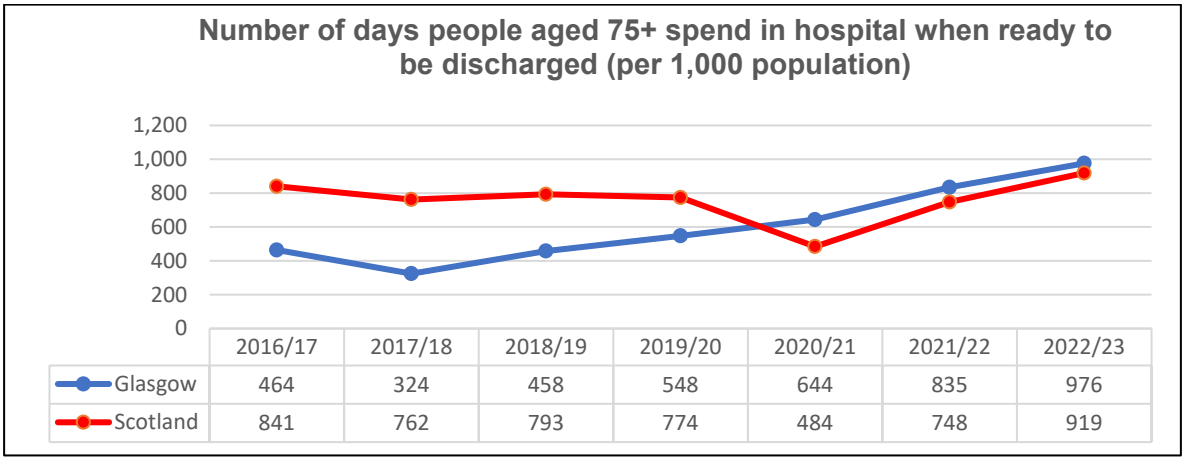


	2016	2017	2018	2019	2020	2021	2022
Glasgow	55.2%	56.6%	58.3%	59.1%	57.2%	60.8%	
Scotland	61.6%	60.7%	62.1%	63.0%	63.0%	64.9%	

*Data for 2022 not published yet

- Increase over the period shown in Glasgow and nationally with Glasgow increasing again after a decrease in 2020
- Glasgow lower than the Scottish average over the period shown

National Integration Indicator 19



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Glasgow	464	324	458	548	644	835	976
Scotland	841	762	793	774	484	748	919

- Significant increase in Glasgow over the period shown with Scotland wide figures also going above their 2016/17 levels in the last year
- Glasgow higher than the Scottish average since 2020/21 having been lower prior to that for the period shown

Note

Please note that calendar year 2022 is used for indicators 12-15 as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Using more complete data should improve the consistency of reporting between HSCPs.

Back to Contents

6. ENABLING INDEPENDENT LIVING FOR LONGER

Work has continued to be progressed across all care groups to support and empower people to live healthy, meaningful and more personally satisfying lives as active members of their community, for as long as possible. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Enabling Independent Living for Longer and consider performance in relation to KPIs associated with this theme.

Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 6
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

KEY DEVELOPMENTS/ACHIEVEMENTS

Maximising Independence

Glasgow City HSCP is taking forward the Maximising Independence programme which aims to change the way health and social care services support people. Key principles of this approach include putting people at the centre of care; using the existing assets of individuals and communities; embracing new technology; taking early action to prevent problems developing into crises; working closely with the community and voluntary sectors; and ensuring the right support is available and easy to find in the right place at the right time. During the last year, the HSCP organised a People's Panel to hear from service users, staff and partners on how we can best communicate with them on the implementation of this programme going forward.

Health and Social Care Connect

Health and Social Care Connect (HSCC) was launched in November and aims to make it easier for people to get in touch with the HSCP when they need advice or want to request a service, by providing a single point of contact (telephone and online). HSCC is supporting the Maximising Independence approach with HSCC staff assessing callers' needs in order to determine whether they require statutory services or could have their needs met better via community, 3rd sector or commissioned services, thus enabling people to be matched to the 'right service at the right time.'

Supporting Carers

During Carers Week in June, a range of activities were undertaken to celebrate the role of unpaid carers and promote the support available to them, including peer support opportunities and free training on a range of topics including dementia. The new Glasgow Carers Strategy 2022-25 was also launched, alongside the Carer Eligibility Criteria and Short Break Services Statement. During the last year, work was also undertaken across the HSCP to raise awareness of unpaid carers with the aim of enabling them to be identified and signposted for support at an earlier stage. The Carer Information Pages on the Glasgow Your Support Your Way website were also updated, informed by feedback from the Carer Strategy Consultation.

Carer Feedback

'I found the dementia training to be invaluable. It helped me better understand my mother's situation and I felt buoyed by the unending support of the trainer and the other carers on the course.' (Carer).

'The feeling of relief was immediate when I joined the course, here were other people like me, trying to navigate a way through the darkness of dementia. I didn't feel so alone, unable to cope and not having a clue where to find help.' (Carer).

Free Personal Care

Following an amendment to the Community Care (Personal Care and Nursing Care)(Scotland) Act, free personal care (FPC) for under 65s was introduced in April 2019, bringing parity with older people. This means that everybody who has been assessed as requiring personal care no longer have to make a financial contribution towards its costs. The HSCP's Social Care Charging Policy was updated to reflect this major change in legislation. At the end of March 2023, there were **2,369** adult service users under 65 in receipt of free personal care; an increase of **5%** in comparison to the March 2022 figure (**2,257**). **94%** of current service users under 65 in receipt of FPC have either a Learning Disability (**42%**), a Physical Disability (**38%**) or a Mental Health issue (**14%**).

Technology Enabled Care and Support

The HSCP offers Technology Enabled Care and Support (TECS) to help people live their lives as independently as possible in their own home. During the last year, new videos were launched to promote the service which covered how the social work assessment process works and the support options available, along with an accompanying Easy Read Booklet. These are all available on the TECS section of the Glasgow Your Support Your Way website.

The Community Alarms & Telecare service currently support approximately **9,000** service users. Over the course of the last 12 months, they have received approximately **530,000** incoming alarm calls; made approximately **146,000** outbound calls; and responded to approximately **34,000** onsite requests for assistance. In October, the service was independently audited by the TEC service association and re-accredited to their Quality Standard Framework, with the auditor recognising the resilience of the service; its business continuity arrangements; and how well the service was valued across the HSCP. Investment of over £5m has been agreed by the IJB to support the service to make the transition from analogue to a new digital

platform in light of the decommissioning of analogue phone lines and work to achieve remains on track.

Day Care Recovery

A key area of service recovery from Covid-19 during 2022/2023, was the successful re-opening of day services for older people. Due to physical distancing measures, these services were initially limited in operation and could only operate to one third of their capacity to allow for distancing in the centres and on transport to them. This ended with the removal of COVID-19 restrictions in September, which enabled day care services to also resume outings, social activities and engagement with their local communities. Occupancy rates have since increased and centres are continuing to promote their services to further increase uptake.

Socially Connected Strategy

In June, the HSCP launched the Socially Connected Glasgow Strategy which was co-produced with Impact Funding Partners (IFP) and local community members. It addresses the issues of isolation and loneliness, focusing on the importance of mental health and wellbeing within the context of our recovery from the pandemic. It examines what is working well in the city and identifies ways in which partners can work better together, to help people become more socially connected to their local communities. Recommendations for improvement are made across a number of areas including health, support for carers, transport, volunteering, sustainable funding and communication.

Case Study

Daytime Discos for over 50s were extended across the city in the last year. The sessions have been set up by Weekday Wow Factor, working in partnership with HSCP Local Area Coordination (LAC) Teams and Health Improvement staff. The sessions give people a chance to get out and socialise with others in their local communities and aim to enhance physical, mental and social health and help reduce loneliness and isolation.

User Feedback

"I came alone and have made so many new friends who I spend weekends with and I get fit and have fun in the process, it's changed my life." (Daytime Disco Participant).

'I'm here to make new friends and spend time with my old friends.' (Daytime Disco Participant).

Community Link Workers

Community Link Workers (CLW) are embedded within 80 GP practices across the city in areas of deprivation. They adopt a person-centred approach, working with patients to find out what is important to them and what issues they may need help with. They then identify what support would be of assistance and signposting them as required to local services, groups and resources. City wide thematic posts have also been established who have specific expertise in responding to the needs of a number of vulnerable groups including asylum seekers, homelessness and vulnerable adults.

Case Study

S is a 53 year old parent of two who was referred to the CLW team by the CAMHS service who were supporting her 18 year old son - who had been diagnosed with ADHD, autism and epilepsy – and had been discharged from an inpatient unit and was transitioning into adult mental health services. The CLW established that managing her son's behaviour was affecting her physical and mental health and worked with her to identify areas where she could benefit from additional support. This led to her attending a NHS weight management service and local walking group. She was also referred to other local voluntary organisations, including one which provides peer support and training to parents of children with additional support needs, and one providing a range of complimentary alternative therapies. When S completed her final evaluation, she identified improvements across all aspects of her wellbeing including social support and physical and mental health. She indicated that she had made improvements in her daily living and that the CLW 'helped me to see clearly and make informed choices'.

6.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Number of Clustered Supported Living tenancies offered to Older People (Outcome 2)	N/A	N/A	N/A	N/A	84	75 per annum	83	N/A	▼
% service users who receive a reablement service following referral for home care **from hospital** (Outcome 2)	72.8%	75.8%	68.9%	70.9%	71.7%	70%	70.1%	▼	▼
% service users who receive a reablement service following referral for home care **from the community** (Outcome 2)	78.2%	74.8%	75.5%	81.5%	72.5%	70%	79.6%	▲	▲
Has the Carer's Service improved your ability to support the person that you care for? (Outcome 6)	N/A	N/A	87%	90%	97%	70%	87%	▲ **(since 2019/20)**	▼
Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement (Outcome 6)	1,942	1,984	1,932	1,928	2,391	1,900 per annum	2,533	▲	▲
Telecare: Standard (Outcome 2)	2,771	2,706	2,723	2,326	2,771	2,000	2209	▼	▼
Telecare: Enhanced (Outcome 2)	1,222	1,337	1,565	444	672	760	1034	▲	▲

Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets

6.3 LOCAL EVIDENCE

User Feedback - Home Care

Home Care and Reablement Services provide care and support to enable people to live as independently as possible in their own home. The annual service user consultation on the Home Care service was carried out in the spring of 2023. Some of the headline figures for the 2023 survey in relation to our Strategic Priority of Enabling Independent Living for Longer are presented below.

Statement	% of respondents who "strongly agreed" or "agreed" with statement*	National Health & Wellbeing Outcome
I am supported to be as independent as possible by my home carers.	91%	Outcome 2
I feel more confident at home because of my home care service.	92%	Outcome 7
I feel that having a home care service has contributed to my quality of life.	94%	Outcome 4
I am confident that my home carers have the right skills and training to support me.	91%	Outcome 8
Someone lets me know when there are changes to my care and support.	74%	Outcome 3
My home carers are helpful and friendly.	96%	Outcome 3
The home carers are familiar faces.	83%	Outcome 3
If I telephone the service, I receive a prompt response.	77%	Outcome 3
Overall, I am satisfied with the service.	93%	Outcome 4

**Figures are currently provisional.*

Carer Feedback

The Carers Centres provide an Evaluation form to Carers who have been in recent contact with the service. The Evaluation form asks Carers to rate the Carers Service in relation to a number of questions including those which relate to this Strategic Priority of Enabling Independent Living for Longer.

Question		% Carers Responding Positively during 22/23
Has the Carers Service…	improved the quality of life for the person you look after?	77%
	improved your quality of life?	84%

KEY ACHIEVEMENTS

Indicators where performance has shown the greatest improvement over the past 12 months:

INDICATOR	2021/22	2022/23
% Service Users who Receive a Reablement Service Following Referral for Home Care From the Community	72.5%	79.6%
Number of New Carers Identified During the Year That Have Gone on to Receive a Carers Support Plan or Young Carer Statement	2,391	2,533
Telecare Referrals: Enhanced	672	1,034

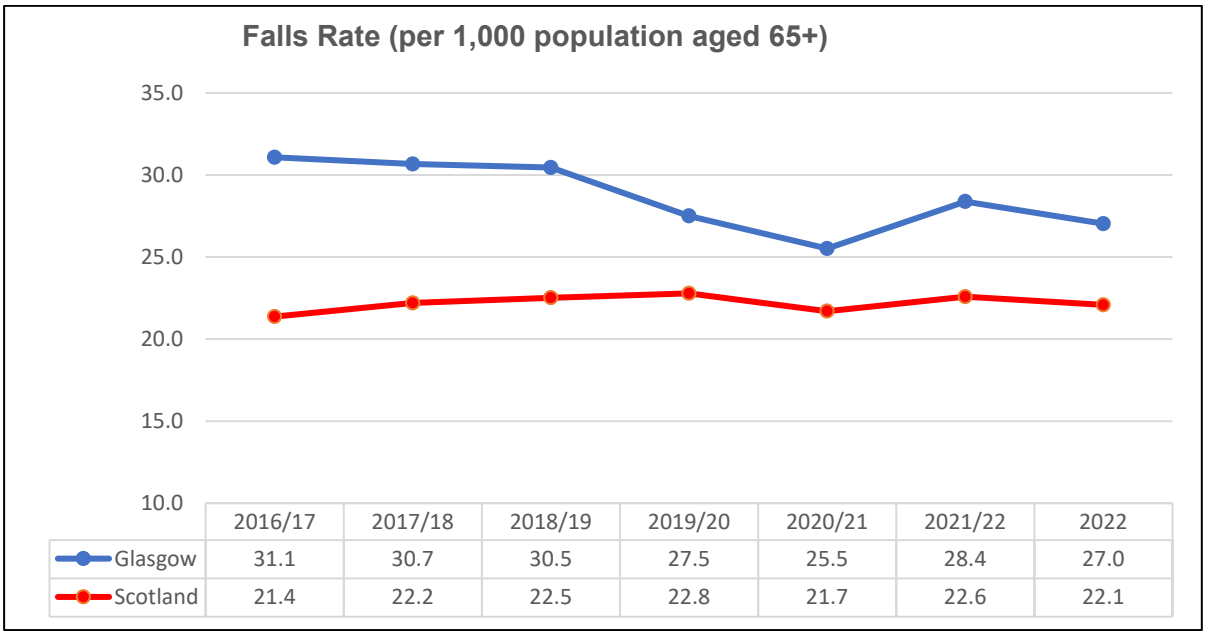
AREAS FOR IMPROVEMENT

There are no specific KPIs relating to this Strategic Priority we would highlight as to be improved within the next 12 months, but ongoing improvement is sought across all service areas.

6.4 NATIONAL INTEGRATION INDICATORS (see Appendix C)

National Integration Indicator	2021/22 Survey Results (19/20 results shown in brackets)				Direction of Travel Since Last Survey (19/20)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above ✅ Below 🛑	
1. % adults able to look after their health very well or quite well	1	**88.1%** (89.7%)	**90.9%** (92.9%)	🛑	▼
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	**80.3%** (81.5%)	**78.8%** (80.8%)	✅	▼
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	**70.1%** (74.8%)	**66.4%** (73.5%)	✅	▼
5. % adults receiving any care or support who rate it as excellent/good	3	**74.9%** (78.9%)	**75.3%** (80.2%)	🛑	▼
6. % people with positive experience of the care provided by their GP practice	3	**71.4%** (83.1%)	**66.5%** (78.7%)	✅	▼
7. % adults supported at home who agree that their services/support had impact on improving /maintaining their quality of life.	4	**79.6%** (79.2%)	**78.1%** (80.0%)	✅	▲
8. % carers who feel supported to continue in their caring role	6	**33.7%** (35.8%)	**29.7%** (34.3%)	✅	▼
9. % adults supported at home who agreed they felt safe	7	**81.0%** (81.6%)	**79.7%** (82.8%)	✅	▼

National Integration Indicator 16



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	31.1	30.7	30.5	27.5	25.5	28.4	27.0
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.1

- Reduction over the period shown in Glasgow while the figure for Scotland has increased slightly
- Glasgow higher than the Scottish average over the period shown although the gap has been reducing

Notes

Please note that calendar year 2022 is used for indicator 16 as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Using more complete data should improve the consistency of reporting between HSCPs.

Back to Contents

7. PUBLIC PROTECTION

A continued emphasis has been placed on promoting health and well-being, as part of our focus on safeguarding and protecting our most vulnerable children, adults and older people and helping to ensure that they are kept safe from harm.. Within this section, we profile some of the key developments progressed in relation to our strategic priority of Public Protection and consider performance in relation to KPIs associated with this theme.

Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 5
Health and social care services contribute to reducing health inequalities
Outcome 6
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7
People using health and social care services are safe from harm

7.1 KEY DEVELOPMENTS/ACHIEVEMENTS

7.1.1 ADULT SUPPORT AND PROTECTION

Glasgow City Adult Support and Protection (ASP) Committee and its sub-groups are the primary strategic planning mechanisms for over-seeing multi-agency support and protection arrangements for adults at risk of harm. This helps to support Partnership arrangements for making/receiving ASP referrals, undertaking inquiries and investigations, and progressing relevant cases to Case Conference and related stages of protection planning.

Performance

ASP data continues to demonstrate an upward trend in relation to referral numbers and complexity. The most recent Annual Government return (for year ending 31 March 2023) noted that there had been a **23%** increase in ASP referral rates, rising to **10,329** referrals from **8,431** the previous year. Police Scotland were the main source of referrals, amounting to **26%.** The percentage of ASP referrals going on to ASP investigation decreased by **15%** from **506** the previous year, to **428** in 2022/23. The principal harm noted in ASP investigations during this time period was ‘Neglect’.

ASP Data reporting and analysis is also being strengthened by work driven by the National ASP Improvement Plan, including the anticipated roll-out of a new minimum data set by Spring 2023, which we are currently involved in discussions about implementing. This will help to achieve a robust data collection process that supports more meaningful comparison, identification of trends and forward planning.

Inspection

Glasgow City Partnership (involving Health/Social Work and Police) were subject to inspection of their ASP arrangements by the Care Inspectorate last year, which focused on ASP processes and Strategic Leadership. This involved the scrutinising of records between May 2020 and May 2022, a period which spanned the unprecedented challenges caused by the pandemic. The extensive inspection included analysis of supporting documentary evidence; a comprehensive staff survey (431 responses); scrutiny of health, police and social work records (involving 90 adults at risk of harm); and staff focus groups (involving 47 staff members across 4 focus groups).The Joint Inspection Report was published in October 2022 and concluded that our ASP key processes are **effective** (with clear strengths supporting positive experiences and outcomes) and that our strategic leadership arrangements are **very effective**, based on the following findings:

- Evidence of robust procedures to manage the high volume of ASP referrals.
- ASP Inquiry work completed to a high standard.
- Collaborative and robust risk assessments helped to ensure that almost all adults experienced improvements in their circumstances.
- The HSCP has a clear vision for ASP underpinned by a strong commitment to trauma informed practice.
- Evidence of robust audit activity driving improved practice.
- Most areas of ASP work completed to a high standard with evidence of effective management oversight.

The Inspection noted two areas for improvement:

- The quality of chronologies alongside the consistency of decision making around progressing investigations to case conference.
- Aspects of the Case Conference including more accurate recording of attendees including detailing the reasons for any non-attendance of the adult.

In response, an Improvement Plan has been developed which identifies actions to help support the recording of chronologies, adult participation, and a collaborative approach to ASP.

Self-Evaluation

The above Improvement Plan will be monitored via self-evaluation including a Tripartite Audit in early 2023 (again also involving Health/SW Police), placing particular emphasis on the themes arising from the Joint Inspection. The Tripartite Audit will also involve staff Focus Groups, as part of a drive to better embed frontline staff in improvement planning and ensuring they inform service delivery.

Our commitment to self-evaluation is also reflected in the development of a new Learning Review Protocol and the publication of two Significant Case Reviews in the last year. The learning from these cases has resulted in a multi-agency Action Plan which we are currently progressing to help drive practice improvements, alongside the development of key learning pack materials which have been used for staff briefings across partners. The external Joint Inspection of our ASP processes commented positively on our approach to Significant Case/Learning Reviews, noting that we adhere to national guidance and effectively evidence learning. We are making efforts to expand on this approach and ensure that key learning derived from self-evaluation and audit activity, helps to inform service delivery.

Code of Practice

Work is also underway to help align our ASP processes to the revised Code for Practice, which provides guidance to help implement ASP legislation. The guidance has been updated to ensure consistency with the legislative and policy framework and it highlights the need for a trauma informed approach; places increased importance on adult participation; and promotes the need for effective collaboration with relevant agencies, families, and adults at risk of harm, to help offer effective support and protection.

We are actively involved in the National Implementation Group that has been set up to help guide and support any local changes and it is anticipated that local areas will require a period of around 18 to 24 months to assess, plan and implement them. On this basis, the Priority areas for improvement activity for ASP will be:

- Implement and monitor the effectiveness of the multi-agency ASP Improvement Plan (submitted to the Care Inspectorate as part of the Joint Inspection outcome).
- Commitment to robust Self-Evaluation and Audit activity – this includes the recommencement of the Tripartite Annual Audit (paused because of the pandemic) and implement/monitor the progress of multi-agency Action Plans linked to the recent Significant Case (Learning) Reviews.
- Strengthen the collection of ASP data – including supporting the roll-out of the new national minimum data set.
- Involvement in the National Implementation Group regarding the revised ASP Code of Practice – to help inform local changes required to help align to the updated guidance.

7.1.2 CHILD PROTECTION

Trends over time in respect to child protection data are shown below:

Year	March 18	March 19	March 20	March 21	March 22	March 23	Direction of Travel since 2018	Direction of Travel since 2022
No. on CP Register	314	388	401	342	302	302	**down**	***no change***
	17/18	**18/19**	**19/20**	**20/21**	**21/22**	**22/23**	**Direction of Travel since 17/18**	**Direction of Travel since 20/21**
New Registrations	415	517	495	423	369	346	**down**	**down**
De-Registrations	587	443	482	482	409	346	**down**	**down**
Average Time on Register before De-Registration (Days)	315	285	255	333	306	284	**down**	**down**

Note: There are no targets for the numbers shown in the tables above and hence performance direction arrows have not been added.

At year-end 2023 **52%** of the children on the CP register were aged 0 to 4; **34%** were 5 to 11; and **14%** were 12 to 15. The proportion of children aged 0 to 4 rose since March 2022 (**46%**) while the proportion decreased in the 5 to 11 (**38%**) and 12 to 15 (**16%**) age groups. There were no children 16 and over registered during the year.

In 2022 the most used categories of registration were Domestic Abuse (**47%**), Neglect (**44%**) and Non-Engaging Families (**36%**). **79%** of Child Protection Registrations were in SIMD1 areas in the city.

Audit

The centralised Child Protection (CP) Team is well established and has a clearly defined strategic, practice and policy development role in the protection of children and young people at potential risk of significant harm. The key functions of the team include the responsibility for ensuring direction of flow between respective CP governance arrangements with locality teams; undertaking case reviews at the request of localities and the Child Protection Committee (CPC); and translating national policy and legislation into practice in a Glasgow context.

The priorities of the CP team in 2022/2023 focused on the implementation of the revised National Guidance for Child Protection (2021); the rewrite of Glasgow's Social Work Services Child Protection procedures; and preparation for the anticipated inspection of Children's Services. In addition to this, a comprehensive and wide ranging audit of Child Protection practice within the city (reporting in April 2023) is currently being undertaken by the Practice and Audit Team, which aims to quality assure our approach to child protection based on extensive case sampling. Aspects which are being looked into are the factors which may explain the significant and sustained reduction in Child Protection registrations; as well as the use of categories and practitioners understanding of risks within the wider context of the family's circumstances.

Learning and Development

The CP team also remain committed to the ongoing learning and development of CP practice within the city, with the areas of priority:

- 6 monthly CP multi-agency CP Practice Development Forums in each locality.
- 3 Development days for all grade 8 staff across Children's services.
- Development of a CP Training Pathway for locality based Qualified Social Workers, Team Leaders and Service Managers.
- Membership of national working groups including child exploitation, child trafficking, National Referral Mechanism (trafficking).
- Leading, in partnership with Children's Services, on implementation of the Scottish Child Interview Model (SCIM) and the development of the 'Children's House' in Glasgow.
- Ensuring the interface arrangements with locality based children's teams remains robust following the introduction of Health and Social Care Connect.

How Nurturing is our Children's House? Programme

How Nurturing is our Children's House?' is a multi-agency project between HSCP and Educational Psychology Services. This programme has a focus on relationships, care and love and is aiming to adapt the approach of practitioners within children's houses, in order to better support and nurture the children within them. The programme was initially tested in one house and has since been rolled out to day staff in all 19 children's houses in the city. It has been received positively by young people and their carers and has had a positive impact on reducing violent behaviour and staff work related stress levels. As part of its implementation, nurture rooms have been created; nurturing principles adopted in house processes; and staff have been given a range of related development opportunities. Going forward, the next phase will involve developing digital materials and training to support new staff and those that missed the roll out; and the launch of the 'Nurture at Night' programme, a blended approach specifically for night shift carers.

7.1.3 JUSTICE SOCIAL WORK

The Justice Social Work transformational agenda has aspirations to improve long term outcomes for service users, creating opportunities for reintegration and rehabilitation, while working to reduce the prison population and improving engagement and compliance with community orders. Early and effective intervention remains at the heart of this agenda, with the ongoing development and enhancement of services in pursuit of these ambitions. Activities over the last 12 months have included:

Domestic Abuse Strategy

The need for a more joined up and explicit response across the HSCP to domestic abuse and its impact was identified in early 2020 and during the Covid-19 pandemic. In response, effective joint planning arrangements and a clear strategic direction for Domestic Abuse have been established through development and publication of the first Domestic Abuse Strategy for Glasgow city. The draft Strategy was subject to an extensive public consultation process in the last year including an online Survey as well as a range of engagement opportunities targeting key stakeholders including those with lived experience of domestic abuse. The Strategy outlines six Strategic Priorities and commits to a range of actions to improve our services for people who experience, or who are affected by domestic abuse, as well as people who cause harm through domestic abuse.

MAPPA

Glasgow MAPPA (Multi Agency Public Protection Arrangements) published its 13th Annual Report in November 2022, which reviewed performance between 2021-2022. The report evidenced that Glasgow MAPPA continued to effectively manage the risk posed by individuals subject to MAPPA and met the required performance targets. New National Guidance led to changes in the performance framework used in respect to MAPPA in April 2022 and since then performance across all indicators remains high and has been subject to ongoing review by the MAPPA Operational and Strategic Groups. A Significant Case Review (SCR) was undertaken in the last year and is in the process of being finalised, following which its findings will be shared with key partners.

The Glasgow Youth Court

The Glasgow Youth Court was introduced in 2021 to improve sentencing and outcomes for young people and is now being evaluated by the Children and Young

Person's Centre for Justice. Prior to the Youth Court being implemented, the majority of young people were made subject to Community Payback Orders (CPOs). Evidence shows they often did not complete these CPOs given their duration and the often strict requirements associated with them, which could lead to them receiving further convictions. Through the Youth Court, Structured Deferred Sentences (SDS) are increasingly being offered, which provide young people convicted of an offence with a period of time between conviction and sentencing. During this time, Youth Court staff link with HSCP services and voluntary sector partners to deliver a person-centred plan. This provides the young person with intense structured interventions aimed at addressing the issues contributing to their offending behaviour, such as addictions or mental health problems; and offers them support in areas such as employability advice or mentoring. Providing they commit no further offences, they may then receive a lowered sentence or complete admonishment.

Women's Problem-Solving Court

Glasgow HSCP justice social work services, in conjunction with the Sheriff Principal at Glasgow Sheriff Court, established a Women's Court in January 2023. This takes a problem-solving approach similar to the already established Drug, Youth and Alcohol Courts and it is hoped their success can be replicated, ensuring that women's experience of the criminal justice system is more trauma informed and person centred. This Court aims to utilise community-based disposals such as Structured Deferred Sentences, with women supported by the multi-agency Tomorrow's Women Glasgow team to address the factors contributing to their offending behaviour, whilst the court monitors their progress and engagement via regular review hearings.

Unpaid Work

Unpaid Work personal placements provide an opportunity for individuals subject to Community Payback Orders to learn, develop new skills and support local communities, by working directly with a third sector or charitable organisation. This can help the individuals involved obtain and sustain future employment opportunities, which can be vital in reducing reoffending. In the last year we have developed a personal placement action plan, which has included the commissioning of a Short Film to demonstrate the positive impact of personal placements. This film was developed in conjunction with people who have undertaken personal placements and were able to reflect on their positive impact, both in terms of payback to the community and their own improved resilience and wellbeing. This film will be used in 2023 to promote these personal placements to key stakeholders and grow the number of community agencies offering them.

Bail – Electronic Monitoring

Following the Scottish Government's introduction of Electronic Monitoring (EM) as part of bail in Spring 2022, our justice bail team now consider EM bail as part of their assessment process for service users presenting at Glasgow Sheriff Court from Police custody, providing an assessment to the court of its suitability where appropriate. The overarching aim of EM bail is to reduce the use of remand, by giving confidence to the court that people bailed in the community will be supported to comply with the conditions of bail, with any non-compliance robustly managed. Specific groups given particular consideration for EM bail are those with a high level of need/complexity that would require support to manage standard bail, including women involved in the justice system, young carers and people with mental health difficulties, learning disabilities, or substance misuse issues.

Martha's Mammies

Martha's Mammies is a multi-disciplinary service which became operational in November 2022 and works with women who have lost care of their children. The aim is to help the women stabilise their personal and social circumstances by offering practical advice and assistance, peer support, advocacy, and signposting to partners as required. The service works towards emotional wellbeing, repair and recovery and supports women to find ways of making sense of their experiences and living with their loss of care for their children. To date, the service has received over 100 referrals from a variety of HSCP services.

Early and Effective Intervention Team

A short film was launched in the last year to highlight and promote the work of the multi-agency Early and Effective Intervention (EEI) Team which takes referrals for children under the age of 12 (the age of criminal responsibility), who have come into contact with the police by displaying risky or offending behaviour. Young people referred to the voluntary programme are given advice and support, with the team working with them to identify and address the underlying causes of their behaviour and provide them with better coping strategies going forward.

Let's Get Communities Connected App

Community Justice Glasgow commissioned the *Let's Get Communities Connected* App, which was developed in partnership with Glasgow Girls Club, in a bid to reduce offending/reoffending. It is targeted mainly at people working in Community Justice, enabling them to link through the App to over 800 community-based groups and services who offer support and advice for those coming into contact with the criminal justice system. It was developed in response to evidence that if people are connected to positive influences in their community and receive the support they need at an early stage for any underlying issues which may be contributing to their offending, they are more likely to pursue positive paths and the risks of offending or reoffending can be reduced.

7.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
Number of households reassessed as homeless/ potentially homeless within 12 months. (Outcome 4)	444	400	437	420	526	<480 per annum	406	▲	▲
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence (Outcome 9)	67%	66%	76%	76%	87%	80%	89%	▲	▲
i) % of Community Payback Orders (CPO) with a Case Management Plan within 20 days	80%	76%	85%	85%	93%	85%	97%	▲	▲
ii)% of Drug Treatment and Testing Orders (DTTO) with a Case Management Plan within 20 days(Drug Court)	N/A	N/A	N/A	N/A	N/A	85%	100%	N/A New KPI 22/23	N/A New KPI 22/23
iii). % of Licences with a Case Management Plan within 20 days (Clyde Quay) (New KPI from 22/23)	N/A	N/A	N/A	N/A	N/A	85%	100%	N/A New KPI 22/23	N/A New KPI 22/23

Note: targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets

KEY ACHIEVEMENTS

Indicators where performance has shown the greatest improvement over the past 12 months:

INDICATOR	2021/22	2022/23
Number of Households Reassessed as Homeless/Potentially Homeless Within 12 months	526	406
% of Community Payback Order (CPO) Unpaid Work Placements Commenced Within 7 Days of Sentence	87%	89%
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days	93%	97%

AREAS FOR IMPROVEMENT

There are no specific KPIs relating to this Strategic Priority we would highlight as to be improved within the next 12 months, but ongoing improvement is sought across all service areas.

Back to Contents

8. EQUALITIES

8.1 PROGRESS UPDATE

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, list the following specific duties which the IJB is required to undertake:

- Report progress on mainstreaming equality
- Publish equality outcomes and report on progress in relation to them
- Assess and review policies and practices in respect to equality
- Consider award criteria and conditions in relation to public procurement
- Publish equality information in an accessible manner

Glasgow City HSCP Equalities Working Group oversees the programmes of work related to the Equalities and Fairer Scotland Duties to further advance equalities practice across all our business areas. During 2022/23, activity has included:

- Introducing monthly equality training communications to promote the learning opportunities available to staff and to encourage everyone to keep this information up to date. Regular equality training is important in giving staff a sound understanding of equality, diversity and human rights and providing examples of good practice to support how they interact with service users and each other.
- Working with partners to establish an HSCP Equality Peer Support Network to share good practice and improve collaborative working to advance equalities practice.
- Working in partnership with Intercultural Youth Scotland's (IYS) Mental Health Service and other local partners, to hold a Conversation to Action event in February - '*Culturally Informed, Anti-Racist Mental Health Care'*. The event followed on from the report 'Mental health and wellbeing of black and minority ethnic children and young people in Glasgow', which we produced as part of the Scottish Government's Community Mental Health and Wellbeing Supports and Services Framework. A short animated version is also available.
- Undertaking an evaluation of our Gender Friendly Nurseries Project which aims to embed gender equality in early years settings in Glasgow (see also chapter 3). Zero Tolerance worked with us to produce a briefing to highlight the evaluation's main findings, which will provide vital learning to help embed gender equality into practice in early years settings in Glasgow and beyond.
- With NHS Lothian and Public Health Scotland, we undertook an LGBT+ Health Needs Assessment. This research recognised that there are gaps in knowledge about the health and wellbeing of LGBT+ groups and sought to better inform public health approaches for LGBT+ people across the Greater Glasgow & Clyde and Lothian areas.
- The completion of 20 EQIAs (Equality Impact Assessments). These provide a key way for us to design and deliver services that are responsive and appropriate to protected characteristic groups and intersectionality.
- Produced our latest Equalities Progress report provides full details of the actions and progress to date against our Equality Outcomes.

8.2 THRIVING PLACES

The Community Empowerment (Scotland) Act 2015 plays a key role in ensuring that communities are involved in local decision making and lays out the public sector duty to improve outcomes in neighbourhoods disadvantaged by inequalities. HSCP staff, in particular Health Improvement teams, continue to concentrate their activity within neighbourhoods experiencing persistent inequalities. Much of this work has been aligned with the Community Planning Thriving Places approach which aims to facilitate collaboration between organisations and communities to make better use of existing resources.

Thriving Places activity is taken forward in 10 neighbourhoods across Glasgow, each of which are particularly affected by poverty. Each neighbourhood developed a 10-year Locality Plan in 2017 which includes a history of the area; a profile of the local population; details of local amenities and community groups; local priorities; and an action plan. Links to these plans are provided below:

North East

Easterhouse
Parkhead, Dalmarnock and Camlachie
Springboig and Barlanark

North West

Drumchapel
Ruchill and Possilpark
Lambhill and Milton

South

Gorbals
Govan
Govanhill
Priesthill and Househillwood

Over the past 10 years, the Thriving Places programme has funded Community Connectors across 10 neighbourhoods. These are people employed by local/anchor organisations who bring stakeholders together to address local priorities. As reported during 2021/22, the Pandemic had a significant impact on local/anchor organisations with the number of active Community Connectors in place to coordinate activity reduced, this affected the capacity and reach of the programme across a number of neighbourhoods. Despite this, place based work within and beyond Thriving Places continued throughout 2022/23. An example of activity undertaken within each of the localities in the past year is described below. A citywide review of Thriving Places is scheduled to complete in the Autumn of 2023 which will inform future locality planning and delivery of place based activity within the city.

North West - Community Hub (Drumchapel)

Drumchapel Community Council (DCC) invited Thriving Places (TP) to prepare and conduct a piece of research on a proposed Community Hub for Drumchapel. The Thriving Places team suggested a Participatory Action Research (PAR) approach to seek the views of people who live and work in the area on the suggested Hub, how it should operate and what they thought it should deliver. A total of 325 face-to-face interviews took place and 22 focus groups were facilitated. The detailed results of the research were published in a report in November 2022. This highlighted a general consensus that a Hub was needed and generated a number of suggestions on what it should offer, including a range of social and leisure activities, employment support and personal development opportunities. The report was sent to key stakeholders and shared with the local community at a public meeting, as well as in a special edition of Drumchapel News, which was delivered to every household in the G15 postcode. Some funding has now been accessed through the People Make Glasgow Communities programme and a local Action Group created to take forward the community's aspirations for the Hub.

South – Growing Well Together (Govanhill)

It is recognised that access to quality greenspace is a key determinant of health both in terms of increased physical activity with consequent health benefits and mental health and wellbeing. Building on the success of the Shields Community Garden which delivers garden activities and greenspace prescribing to people struggling with mental health, isolation or loneliness, work has been undertaken in partnership with Hubbub and Urban Roots to further develop greenspace activity via the Greenspace Connector & Outreach Worker Demonstration Project. This project has been engaging with local communities, community based organisations and GP practices across East Pollokshields and Govanhill, to further support greenspace prescribing and engagement in the area. It is one of four UK pilot projects and aims to create and enhance local green spaces; remove the barriers to accessing nature and growing spaces for the local community, particularly women from South Asian backgrounds; and test methods of engaging service users, staff and visitors in green spaces, in order to share the learning with other projects.

North East - Barrowfield Burn Community Garden (Parkhead, Dalmarnock and Camlachie)

Work on the Barrowfield Burn Community Garden began in Feb 2022 in collaboration with local people using a previously derelict and vacant piece of land which had become a hot spot for fly-tipping. After a community consultation, the area was cleared and developed by community volunteers who have been supported by the Thriving Places community worker and a range of partners, to apply for funding and become a fully constituted group. The aim has been to make the area an inclusive space for the whole community and features installed have included a seating area & planters, exercise and play areas, a fairy garden, paved paths to make the garden wheelchair accessible, as well as produce which has been grown and distributed locally. Activities and maintenance of the garden are community-led and since its opening day in June 2022, the garden has hosted 2 movie nights, a Halloween party and Santa's Grotto at Christmas time.

9. STAFF DEVELOPMENT AND ENGAGEMENT

9.1 KEY DEVELOPMENTS/ACHIEVEMENTS

9.1.1 SUPPORTING OUR STAFF

Workforce Plan

A new Workforce Plan (2022-25) was developed this year which takes account of the Scottish Government's requirements in the National Workforce Strategy for Health and Social Care in Scotland. It includes an associated Action Plan, with actions set out in relation to the HSCP's Strategic Priorities and the 5 Pillars of the Workforce Journey – *Plan, Attract, Train, Employ and Nurture*. Underpinning the Plan are commitments to promote the HSCP and Glasgow as a great place to work; to support and nurture our workforce; to look after staff mental and physical wellbeing; and to offer rewarding and fulfilling roles and development opportunities.

Recruitment

The HR Recruitment team within Social Work services have recruited approximately **900** new staff in the last year. The team have used a range of social media in all of their recruitment campaigns, made improvements to recruitment web pages and introduced more efficient systems to reduce recruitment times and improve the candidate journey.

Case Study

Care at Home services have continued to face recruitment challenges due to shortages across the health and social care sectors in Scotland. In response, a targeted values-based recruitment campaign was used across multiple mediums, including television, radio, social media and recruitment fairs, which attracted over 400 applications. They have also engaged with 'Bridges', a third sector organisation who support foreign nationals and refugees into employment, including Ukrainian nationals. Discussions have also commenced with Glasgow Clyde College to co-create a bespoke entry level course, which would include placement opportunities for students that would enable them to gain hands-on experience, with a view to supporting them to pursue a career in social care.

Staff Health and Wellbeing

A Staff Health and Wellbeing Group, with representatives from across HSCP services, has been established. It has been responsible for pulling together an Action Plan and overseeing a range of activities to promote staff wellbeing. These include the creation of a Staff Health and Wellbeing website that contains information on local activities, as well as links to local and national health and wellbeing resources. This Group is also responsible for Healthy Working Lives (HWL) activity and have established HWL coordinators and champions in each locality and continue to produce Quarterly HWL Bulletins which are disseminated widely to staff across the HSCP.

Case Study

20 Minute Care Space is a structured approach to offering Care at Home staff a reflective space during working hours, which have been developed and facilitated by a Senior Principal Clinical Psychologist. They aim to enable staff to connect with colleagues, reflect on their present circumstances and identify areas for self-care.

Feedback indicates that 85% of staff who attended these sessions felt an increased awareness of the importance of self-care, with a similar percentage saying they felt more connected to colleagues as a result of attending. 88% also stated it would be 'extremely likely' they would attend further sessions.

iMatter

iMatter is a national staff engagement questionnaire that measures staff engagement and satisfaction within teams and supports them to create an action plan to improve and build on their results. In 2022, the HSCP had a **50%** response rate and an overall HSCP Employee Engagement Index of **77**, which is classified by iMatter as 'Strive and Celebrate' (compared to **53%** and **77** in 2022). The overall experience of working in the HSCP was rated at 7 out of 10, the same as in 2022. **33 %** of teams have completed an action plan to follow up on their team report, compared to **29%** in 2022.

Learning and Development

A range of learning and development opportinities are provided to staff including the Leading, Managing and Caring course provided though the Open Uiversity. We have 19 managers due to complete the award in June 23 and a further 18 starting in August 2023. Coaching conversation half-day courses for managers have also been made available in the last year and are scheduled again during 2023

Trauma Informed Organisation

Trauma is defined as 'an event, series of events or a set of circumstances that is experienced by an individual as being physically or emotionally harmful or life threatening'. Trauma can be experienced at any stage in a person's life and they can then find it difficult to trust people, cope with life and be safe. The Scottish Government, COSLA and partners have a shared ambition to develop a trauma-informed and responsive workforce across Scotland, to support the resilience and recovery of people affected by trauma. Glasgow has been selected as one of the pilot areas in a Scottish Trauma Informed Organisation approach and will roll out Trauma Informed Training to relevant staff across a range of care groups including Addictions, Mental Health and Homelessness.

Supporting Attendance

A number of activities to support wellbeing and attendance have been undertaken in the last year. These include the rolling out of 90 minute training for managers across the HSCP entitled '*Maximising Attendance & Employee Wellbeing'*. Training has also been delivered for managers on the NHS and Council's Attendance management policies and systems. Online hubs have also been created for staff and managers to access a range of sickness absence related guidance, templates and resources.

9.1.2 AWARDS

Internal Awards

Glasgow City HSCP's (Health and Social Care Partnership) Staff Awards for Excellence 2022 took place as a virtual event in October. The Awards recognise and celebrate individual staff, teams and projects who have 'gone the extra mile' in their work in a number of categories. This year's awards were hosted by our HSCP's Chief

Officer (Susanne Millar), and the Chair (Councillor Chris Cunningham) and Vice Chair (Simon Carr) of our Integration Joint Board (IJB). Awards made were as follows.

Team of the Year: The Ukrainian Crisis Response Team
Commendation: The Residential Older People's Services Team

Leader of the Year: Anna Toland, Team Leader, Older People's Services
Commendation: Eileen McDade, Team Leader, Counselling and Support Services at Sandyford

Employee of the Year: Ian Ferguson, Social Worker, Mental Health Team
Commendation: Jean Carson, NHSGGC Prison Healthcare

Volunteer of the Year: The Peer Naloxone Programme Team Champions
Commendation: Mark Howie, Senior Officer, Business Development

Innovation of the Year: Older People Residential and Day Services and Care Home Liaison Psychology Service
Commendation: Abortion Care Team at Sandyford

External Awards

Nominations were also submitted for external awards, with a number of winners or recognitions:

- Housing First Programme - Finalist, Excellence in Adult Services category, **Scottish Social Services Awards 2022.**

- Phil Donnelly, Midlock Medical Centre - Winner, Social Prescribing Link Worker of the Year Award, **National Association of Link Workers UK Awards 2022**.

- Lorna Robertson, (Drs Duffy and Morgan, Drumchapel Health Centre) - Finalist, **National Association of Link Workers UK Awards 2022.**

- Keppoch Medical Practice (Possilpark Health and Care Centre) - Finalist, Social Prescribing Partnership of the Year Award, **National Association of Link Workers UK Awards 2022.**

- Design in the Dale landscape public artwork commission at Leverndale Hospital - Finalist, Design for Good category**, Scottish Design Awards 2022.**

- Kenna Campbell, Farhat Khan and Sandra Barber, Health Improvement Team - Winner, 'Digital Initiative' category, **UK Public Health Register Awards 2022.**

- GlasGowGetTested Campaign (Sandyford Sexual Health Services) - Finalist, Best Use of Technology in Healthcare Award, **Herald Digital Transformation Awards 2022.**

- Older People Mental Health Physiotherapists (Leverndale Hospital) - Finalist, Better Health Award, **NHSGGC Excellence Awards 2022.**

- Tracy Brown, Prescribing Support Pharmacist (Govanhill) - Finalist, Better Health Award, **NHSGGC Excellence Awards 2022.**

- Barr Street Community Assessment Centre, Finalist - Better Workplace Award, **NHSGGC Excellence Awards 2022.**

- Gorbals Health Centre Treatment Room - Finalist, Nursing Award **NHSGGC Excellence Awards 2022.**

- Creating Cancer Animations Poster (Health Improvement Team) - one of the top three in the Health of the Population category, **NHS Scotland 2023 Annual Event.**

- Peer Naloxone Training Programme - Winner, Volunteer of the Year Award and Innovation of the Year Award, **NHSGGC Public Health Directorate Excellence Awards 2022.**

9.1.3 COMMUNICATIONS

Effective communication enables the HSCP to engage with staff and other key stakeholders to increase awareness of its priorities for health and social care and to engage them in the planning and delivery of services. This past year, Glasgow City HSCP's Communications Team activities have included:

- Reviewed, refreshed and relaunched the HSCP's Your Support Your Way website to improve its design, content, accessibility and user experience.

- Further development and usage of the HSCP's social media channels to increase the ways the HSCP communicates and engages with internal and external audiences, including: Facebook, Twitter and YouTube.

- Continued promotion of accessible communications guidance with staff to support more consistent best practice across the HSCP.

- Made further improvements to a range of HSCP websites to ensure that they are more accessible and compliant with web accessibility regulations and standards and improved the content of a range of webpages including IJB Committee webpages and news articles.

- Continued the bi-monthly publication of Partnership Matters to keep a range of internal and external audiences up to date on some of the key work happening across the HSCP with partners.

- Provided a range of communications support to the development, planning and launch of Health and Social Care Connect (HSCC), including regular email/briefing updates; the development of webpages and online forms; and print and digital public information to promote the service via a range of communication channels.

- Supported the HSCP's ongoing recruitment campaign to attract people to work for the HSCP across a number of roles.

- Continued communications support to the HSCP's business continuity and recovery planning arrangements, and our responses to COVID-19 including briefings, posters, videos, emails, webpages and social media.

- Provided communications support to a number of programmes, projects and campaigns, including: the IJB's Strategic Plan 2023 - 26; the Domestic Abuse Strategy; the Parkhead Hub; the Power of Attorney campaign; and a range of Health Improvement campaigns.

- Provided graphics support to design a range of print and digital publications and branding for projects and programmes, including the IJB's Strategic Plan 2023 – 26; the IJB's Annual Performance Report; the IJB's Annual Accounts; the Property Strategy; HSCP social media branding; Health and Social Care Connect; and Martha's Mammies.

- Developed a range of videos to promote the work of the HSCP and partners, as well as videos to support staff training, some of which are available on the HSCP's YouTube channel.

- Supported a number of events, including: the HSCP's Staff Awards for Excellence, Care Leavers Open Day, Foster Carer's Summit and the Social Care Provider Event.

Activity

- As at 31 March 2023, the HSCP's Twitter profile had **5,392** followers (up from 4,789 last year), and 814 Tweets were made during 1 April 2022-31 March 2023.

- As at 31 March 2023, the HSCP's Facebook profile had **1,819** followers (up from 1,189 last year), and 733 posts were made during 1 April 2022-31 March 2023.

- During 1 April 2022-31 March 2023, there were **84,644** visitors to the HSCP's website, and there were **251,132** page views.

- As at 31 March 2023, the HSCP's YouTube channel had **237** subscribers.

9.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2017/18 YEAR END	2018/19 YEAR END	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 TARGET	2022/23 YEAR END	Direction of Travel since 2017/18	Direction of Travel since 2021/22
NHS Sickness Absence rate (%) (Outcome 1)	5.42%	6.23%	6.37%	5.1%	6.39%	4%	7.03%	▼	▼
Social Work Sickness Absence Rate (Average Days Lost) (Outcome 1)	12.1 ADL	14.5 ADL	15.7 ADL	15.9 ADL	19.7 ADL	ADL per employee per annum 10.2 ADL	20.3 ADL	▼	▼

Areas for Improvement

INDICATOR	PERFORMANCE ISSUES AND ACTIONS
Sickness Absence ***NHS Sickness absence rate (%)*** **Target:** 4% **Actual:** 7.03% ***Social Work Sickness Absence Rate*** **Target:** 10.2 ADL Average Days Lost (ADL) per employee per annum **Actual:** 20.3 ADL	**Performance Issues** • The impact of the pandemic on the health and social Work workforce has been significant, in particular on staff mental health and wellbeing which has had a knock-on effect on absence levels. • Absences recorded as 'Psychological' (which includes all stress related absence) remains the most common absence reason. **Actions to Improve Performance include:** • Updating of the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to attendance management and support the health and mental wellbeing of staff. • HR support and advice has been made more accessible and promoted to all HSCP staff and managers. • HR advice and guidance is automatically sent out to managers when staff are off sick. • HR Training for Managers being provided. • Ongoing analysis of absence trends to identify areas for improvement. • Managers to continue to promote uptake of COVID booster vaccinations for staff.

Back to Contents

10. INSPECTION AND PRACTICE AUDIT

10.1 HSCP REGISTERED SERVICES – CARE INSPECTORATE

Between April and December 2022, the Care Inspectorate undertook 10 unannounced inspections of HSCP services. The following tables details the individual services inspected during this period, the care grades achieved across each Standard and the number of requirements made. Full details of these inspections can be accessed from the Care Inspectorate Website and via the individual links provided in the table.

Older People

Please note that in 2020 the Care Inspectorate revised their inspection methodology for Older People Care Homes, developing 'Key Question 7' (*How good is our care and support during the COVID-19 pandemic?)*, which augmented their quality framework for care homes for older people and was implemented to meet the statutory duties outlined in the Coronavirus (Scotland) (No.2) Act and subsequent guidance. During 2022/23 the inspection schedule in 2022/23 has seen a return to the standard inspection methodology as evidenced by the absence of this 'Key Question 7' within inspections.

UNIT (DATE OF INSPECTION)	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our setting?	How good is our Staffing?	How good is our leadership?	How good is our Care and Support during the COVID-19 pandemic?	No. of Requirements
CARE HOMES (OLDER PEOPLE)							
Hawthorn House (10/06/22)	4	Not assessed	Not assessed	Not assessed	4	Not assessed in 22/23	0
Riverside House (19/05/22)	4	4	5	4	4	Not assessed in 22/23	0

Key to Grading:
1 – Unsatisfactory**, 2 –** Weak**, 3 –** Adequate**, 4 –** Good**, 5 –** Very Good**, 6 –** Excellent

Children

Inspections of Children's Residential Services is underpinned by the Quality Framework for Care Homes for Children and Young People. From 1st April 2022, a new question Key Question 7 was introduced: *How well do we support children and young people's rights and well-being?* This question was introduced to produce a more regulatory footprint and prioritise the quality of relationships experienced by children and young people in line with the aspirations of *The Promise*. This was the only question assessed during 2022/23.

Children's House	Date of Inspection	Key Question 7: How well do we support children and young people's rights and wellbeing?	No. of Requirements
Kempsthorn RCU	08/06/22	2	5
Newlands Road RCU	23/06/22	3	2

Hinshaw Street RCU	09/08/22	4	0
Wellhouse RCU	06/09/22	4	0
Plenshin Court	13/10/22	4	0
Dalness RCU	19/10/22	4	0
Broomfield Crescent RCU	01/12/22	5	0
Norse Road	20/12/22	2	2

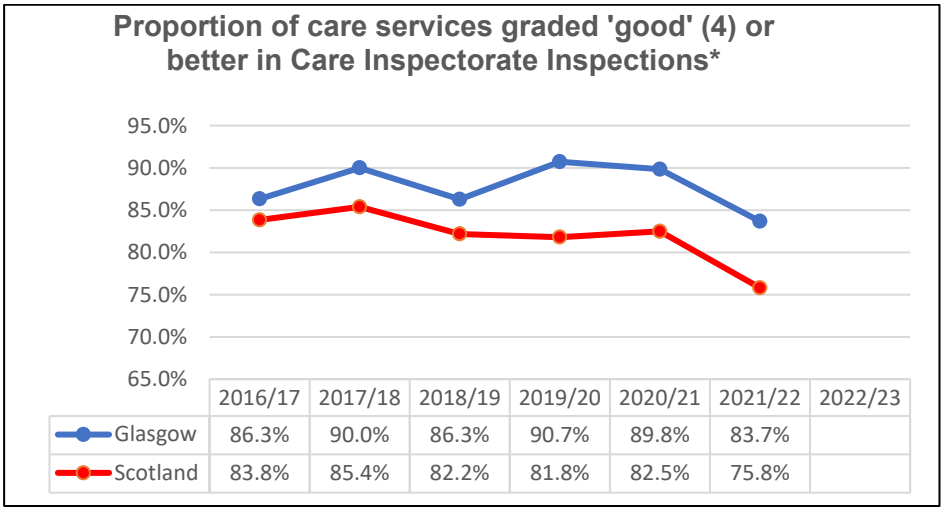
Key to Grading:
1 – Unsatisfactory**, 2 –** Weak**, 3 –** Adequate**, 4 –** Good**, 5 –** Very Good**, 6 –** Excellent

Care Inspectorate grades are regularly reviewed by the IJB Finance, Audit and Scrutiny Committee. Reports for 2022/23 were presented in February 2023, giving details of inspections by care group and details of Requirements and Areas for Improvement. These can be accessed on the HSCP website via the following links:

Children's Residential Services Care Inspectorate Activity and Update Report 2022

Older Peoples Residential and Day Care Services - Care Inspectorate Inspection Outcome

National Integration Indicator Number 17 (Care Inspectorate Grades) shows Glasgow's performance over time and in comparison to the overall figure for Scotland. Glasgow is higher than the Scottish average in 2021/22 and has increased slightly since the baseline year, 15/16.



*2022/23 data not available yet

10.2 MENTAL WELFARE COMMISSION LOCAL VISITS

The Mental Welfare Commission (MWC) undertake local visits, either announced or unannounced, which involve visiting a group of people in a hospital, care home or prison service. These visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the MWC have concerns; and provide information, advice, and guidance to people they meet with. Local Visits are not inspections, however the Commission details findings from the visit and provide recommendations, with the service required to provide an action plan within three months.

During 2022 the Mental Welfare Commission made Local Visits in Glasgow to a range of adult inpatient wards, older adult inpatient wards, intensive psychiatric care units (IPCU), and rehabilitation wards. 23 reports have been published for local visits in Glasgow undertaken in 2022 and the reports from 8 other visits will be published in due course. Details of the sites visited, and the recommendations and good practice noted during these visits, was presented to the IJB in February 2023.

10.3 PRACTICE AUDIT AND EVALUATION ACTIVITY

In addition to external inspections, the Partnership has an ongoing planned programme of audit and self-evaluation to give quality assurance across all service areas. Practice Audit and Evaluation activity carried out by Social Work between April 2022 and March 2023 is listed in the following table.

Practice Audit and Evaluation Activity 2022/23
Complex Needs Team (Audit/Review)
Housing First Project (Audit/Review)
Caledonian Project (Staff Questionnaire) Service Delivery (Audit/Review)
COVID-19 Rag System within services (Review)
Disadvantage and Domestic Abuse Experienced by Women in Glasgow (Report)
Historical Complaints by Children within Foster Care (Audit/Report)
NORM Service (Audit/Review)
Child Protection Register (Audit/Review) Ongoing
16+ Care leavers (Audit/Review) Ongoing
Martha's Mammies Project (Evaluation/Review) Ongoing
ASP (Adult Support and Protection) Duty System Audit Ongoing
ASP Tripartite Audit – 2022/23 Ongoing
ASP Service User Evaluation – 2022/23 Ongoing
Mental Health Officers evaluation – 2022/23 Ongoing
Autism and Carers Support
Justice Social Work:Your Voice evaluation - 2022/24 (Longitudinal Study)
Kinship BAME (Black, Asian and minority ethnic) Audit
Devolved Decision-Making Pilot evaluation (Child Protection - related to young people being trafficked)

11. FINANCIAL PERFORMANCE

11.1 INTRODUCTION

National Health and Wellbeing Outcome 9 is set out below and within this chapter, we seek to demonstrate how we have achieved this. Firstly, we provide an overview of financial performance during 2022/23. We then describe the transformation programme we have been taking forward and the key capital investments progressed during the last year, before briefly considering the financial outlook for 2023/24.

Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services.

11.2 BEST VALUE

The IJB has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In making those arrangements and securing that balance, the IJB has a duty to have regard to economy, efficiency, effectiveness, equal opportunities requirements and to contribute to the achievement of sustainable development. The IJB has in place a clear strategy to support the delivery of best value over the medium term and is this reflected in our medium term financial outlook. This is demonstrated in the diagram below.

11.3 2022/23 FINANCIAL PLANNING

The total financial resources available to the partnership for 2022-23 were around £1.4billion. This can be seen in the table below along with trend information for previous financial years.

Client Group	2020/21 £000's	2021/22 £000's	2022/23 £000's
Children and Families	160,895	169,654	177,214
Adult Services	311,697	336,393	363,714
Older People Services	309,101	330,485	353,825
Resources	75,477	85,984	73,949
Criminal Justice	(740)	(658)	(792)
Primary Care	374,918	377,518	391,891
COVID-19	46,447	99,449	16,926
TOTAL	**1,277,795**	**1,398,825**	**1,376,726**

11.4 2022/23 SET ASIDE BUDGET

In addition to the above, there is a “Set Aside Budget” which is made available by the Health Board to the Integration Joint Board in respect of ‘’those functions delegated by the Health Board which are carried out in a hospital within the Health Board area and provided for two or more Local Authority areas’’. The total set-aside budget for 2022/23 was £240.703m, which excludes the budget value for Adult Mental Health and Elderly Mental Health inpatient services.

11.5 2022/23 FINANCIAL MANAGEMENT

The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for service and increasing costs linked to delivery. This requires the IJB to have robust financial management arrangements in place to deliver services within the funding available. Budget monitoring has reported an overspend during 2022-23 and this is reflected in the final operational overspend of £5.1m and is shown in the table below.

	£ millions
Operational Service Delivery - Pressures/Investments	
Shortfall in funding provided to meet the Council pay settlement for 2022-23	9.9
Increased demand for Homelessness Services	3.7
Personalisation and Direct Assistance in Children and Families	3.6
£400 Winter payments to families across the City	2.3
Increase in transport costs due to fuel prices and age of fleet	1.4
One-off Investment in Infrastructure Costs	1.5
Increase in demand and price of incontinence products	0.9
Non delivery of savings	0.5
Increase in prescribing costs and volumes	6.5
Total Pressures/Investments in Operational Service Delivery	**30.3**
Operational Service Delivery - Underspends	
Underspend as a result of vacancies and staff turnover	-16.0
Underspend as a result of additional income recoveries	-6.3
Underspend as a result of reduction to employer national insurance rates	-1.5
Underspend in implementation of the Carers Act investment	-1.2
Underspend in purchased care home places	-0.2
Total Underspends in Operational Service Delivery	**-25.2**
Net Overspend in Operational Service Delivery	**5.1**

Notes

Impact of Operational Service Delivery

1. The Local Government Pay Settlement agreed for Council employees was much higher than our planning assumptions and represents an additional cost to the IJB of £9.9m. The Scottish Government has provided £140m of additional funding to Local Government nationally to assist in the meeting these costs. This funded was intended to support all staff directly employed by local government, including those currently delegated to Integrated Joint Boards (IJBs). Glasgow City Council received a share of this funding and did not pass any of this funding on to the IJB, which has resulted in a cost pressure of £9.9m.

2. The Homelessness Service continues to experience an increase in presentations due to the impact on the economy of both the pandemic and the cost of living crisis. In addition, the service is responding to the resettlement of Ukrainian refugees. The HSCP will continue to work with RSL's to secure the provision of accommodation, however at this stage demand is outstripping local supply requiring us to seek more expensive alternatives in the short term. Actions are being taken to reduce spend in this service area however the scale of the challenge means that this will take time

to implement. This service has benefited from COVID funding in 2022-23. This is the last year that this funding will be available.

3. This overspend is reflective of an increase in the number of service users accessing self directed support. The increase in direct assistance is due to an increase in section 22 payments linked to the cost of living crisis and an increase in Section 29 payments linked to accommodation costs for care leavers including student accommodation.

4. The current cost of living crisis continues to have a detrimental impact on the City and especially the children and families who are supported by our services. In recognition of the current cost of living crisis the IJB agreed to replicate the winter payment of £400 to looked after children and people in continuing care/aftercare and children on the child protection register and other vulnerable children. This benefited 6,500 children.

5. Increases in transport costs have been experienced linked to fuel increases and increases in vehicle hire and taxi charges and repairs due to ageing fleets.

6. One-off investment in infrastructure to support both service delivery.

7. This overspend reflects both an increase in demand for these services as well as an increase in the price for these products. This service has been experiencing an increase in the cost of these products following the exit of the UK from the EU. The additional costs of supply as a result of BREXIT has been passed on from suppliers to ourselves as purchasers.

8. These are occurring mainly within the programmes for Transport Review and Linguistics. Plans are being progressed to implement.

9. Prescribing has experienced high levels of volatility in 2022-23. Volumes have increased by 2.3% on previous years. Pricing has also been significantly impacted by global prices in this sector which has seen a 10.2% increase in prices for the IJB in 2022-23. The IJB had an earmarked reserve which helped to manage these fluctuations however the level of volatility has exceeded this reserve.

10. Staffing pressures continue to be experienced across all services due to high turnover levels, high sickness levels and challenges in recruitment. This is not unique to Glasgow and is being experienced UK wide. These challenges are not new to the IJB however the scale of them is increasing with the underspend 1.9 times higher than the level experienced in 2021/22. We continue to focus on the recruitment of staff utilising a range of measures such as advertising campaigns both at a local and national level, align recruitment timescales with the availability of newly qualified professionals, undertake targeted recruitment and training strategies to develop existing and new staff to meet the skills requirements of our services.

11. Additional income has been recovered mainly from three sources, firstly through recovery of financially assessed client contributions which generated an additional £1.5m, secondly from £2m recoveries of Direct Payments and lastly £2.8m from additional income linked to Unaccompanied Asylum

Seeking Children based on cases accepted to date by the Home Office.

12. The UK Government has reversed the 1.25% increase to National Insurance effective from the 6 November.

13. The ability to fully implement the additional work planned for 22/23 in support of the Carers Act has been impacted by the ability of providers to commence service delivery mainly as a result of challenges in terms of staff recruitment. There has also been delays in start dates for programmes which has resulted in part-year underspends.

14. Older People Purchased Care Homes is showing a small underspend. This is reflective of demand in respite and residential which is still recovering from the impact of COVID. It should be noted however that demand for nursing homes is on the increase and is at a level higher than those seen pre-covid. The majority of this increase has been seen in the last six months of the year and therefore this has only had a partial impact on spend in 2022-23. The full year impact of this increase will be seen in 2023-24.

In addition to this there are local and national priorities which will not be completed until future financial years and require funding to be carried forward (£12.9m). The relates to ring-fenced funding which has been received to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding. The IJB elected to transfer this to earmarked reserves. In addition, they also approved the re-alignment of earmarked reserves to general reserves totalling £3.4m. Details of this can be found here.

11.6 CHANGE AND IMPROVEMENT

Within the Partnership, we have been taking forward a Transformational Change Programme which has been approved by the IJB across the entirety of the HSCP's business over the course of the last year, as described in Chapter 2 of this report. This Programme is being monitored via an Integration Transformation Board, chaired by the Chief Officer, the aims of which are to:

- deliver transformational change in health and social care services in Glasgow in line with the Integration Joint Board's Strategic Plan, and the National Health and Wellbeing Outcomes;
- monitor and evaluate the short, medium and long term impacts of the Transformational Change programme;
- monitor and realise financial savings arising from Transformational Change programme;
- engage with stakeholders and promote innovation within and beyond the Glasgow City Health and Social Care Partnership.

Delivery of the Transformation Programme is closely monitored by the Transformation Board and delivery of associated savings is reported regularly to the IJB and the IJB Finance, Audit and Scrutiny Committee through budget monitoring reporting. 100% of budget savings targets in respect of the IJB's Transformation Programme were achieved in 2022/23.

11.7 CAPITAL INVESTMENT AND PRIORITIES

Health and Care Centres

As described in Chapter 5, work is well underway on the North-East Health and Social Care Hub and improvements have been made to 6 Health Centres to increase clinical room capacity and adapt rooms to facilitate agile working as a result of increased hybrid working arrangements across the estate. Delays to the programme were experienced due to the amendments to the Scottish Health Technical Memorandum (SHTM) in relation to ventilation guidance and subsequently works have been descoped and to be undertaken as a separate package of works. Work also commenced in the Woodside Health and Care Centre to develop a vacant space originally identified for a pharmacy who did not move in to create additional meeting and clinical space.

Children's Residential Provision

Glasgow City HSCP has a statutory requirement to provide the highest standards of care to vulnerable young people and we are proceeding with a programme of new build developments and refurbishments within children's residential services. During 2022/23 work completed on homes in Butterbiggins Road and Mosspark Drive. This investment will help to support high standards of care for children and young people and help facilitate their successful integration into the wider community.

Homelessness Services

Work relating to the Rodney Street extension completed during 2022/23 providing a permanent location for accommodation that was previously provided within a temporary building on the site. Scoping work has begun on developing the property at Brighton Place to provide accommodation for young homelessness service users with work anticipated to commence during 2023/24, and a business case is being developed for the provision of a new Women's Assessment Centre in the South of the City.

Other Sites

Work was undertaken to co-locate a range of children's services and Police Scotland in the Ladywell Building with the majority of the work completed in 22/23 and the staff moved on site. Design works are underway in relation to the refurbishment of the Church Street site with preparatory works planned for 22/23. An asset review exercise was concluded in all community health facilities and social work buildings to inform the IJB Property Strategy and the Health Board prioritisation process and as this will be supported by the production of revised business cases.

11.8 FINANCIAL OUTLOOK FOR 2023/24 AND BEYOND

The financial position for public services is extremely challenging and the IJB must operate within significant budget restraints and pressures. In March 2023, the IJB conditionally approved its budget for 2023/24, subject to receipt of a final funding offer from NHS Greater Glasgow and Clyde in the new financial year. The IJB will be required to further consider its budget later in the financial year once a final funding offer is known.

This draft budget identified a potential funding gap of £42m which will be addressed through a wide range of service reforms and efficiencies, service reductions and use of reserves to address budget pressures in 2023/24. Progress on achievement of this programme will be reported during the year to the IJB and the IJB Finance, Audit and Scrutiny Committee and in the 2023/24 Annual Performance Report.

A Medium Term Financial Outlook was also reported to the IJB on the 22 March 2023. This considers a range of pressures and uncertainties to assess the likely impact on the IJB's financial position over the medium term. Examples include:

- National commitments such as uplifts for social care providers and policy commitments in relation to Primary Care, Mental Health, Carers, Alcohol and Drug Partnership
- Cost of living crisis resulting in more families in the City living in poverty resulting in increased demand for front line services
- Inflationary pressures linked to pay and contractual commitments and global markets for prescribing
- 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

This looks forward to 2024-25 and identifies the need for a further £45m of savings to deliver a balanced budget in 2024/25 and 2025/26.

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 next three years will be the greatest financial challenge that the IJB has been asked to manage since it's inception. Glasgow City IJB is clear about the challenges which are ahead and its aspirations for it's services, however we will also need to be realistic about what can be delivered within the funding envelope available. This will require the IJB to prioritise decisions for investment and disinvestment in order to support delivery of the Strategic Plan.

The IJB has a clear strategy to support delivery of the Strategic Plan and also to ensure the IJB remains financially sustainable over the medium term. The IJB also understands the key risks and uncertainties linked to delivery and has clear actions in place to mitigate these. We will continue to work closely with all our partners and stakeholders to secure a future which is sustainable and meets the needs of our communities and we remain committed to this as we move forward into 2023/24.

.

APPENDIX A - Glasgow City Profile – Additional Information

Department of Work and Pensions (DWP) Stat-Xplore	Provides data on DWP benefits – regularly updated.
Glasgow City Council Planning and Building - Factsheets and Statistics	Links to further sources of information on the city's population and needs including data by ward.
Glasgow City HSCP Health Improvement Annual Report 2020/21	This report highlights the work that Health Improvement has led on or been involved in supporting in the last year.
Glasgow City HSCP Strategies and Plans	This webpage provides links to the key strategies and plans of the Glasgow City Integration Joint Board and Glasgow City Health and Social Care Partnership.
Glasgow Community Planning Partnership Thriving Places	Further information on locality planning in Glasgow being delivered in 10 of 56 neighbourhoods in the city. These 10 neighbourhoods are particularly deprived in comparison to the rest of the city and are covered by the Thriving Places programme.
Glasgow Health and Care Experience Survey	This is used for measuring perceptions in relation to GP, care and carers services. It also measures progress against the national integration indicators. The latest survey results available are for 2019/20.
HSCP Demographics Profile for Glasgow City	Last updated May 2022, includes general population estimates and projections at HSCP locality, city and national level plus a profile of health in the city.
National Records of Scotland (NRS)	Official statistics on registrations of births, deaths (inc. COVID-19), marriages, adoptions in Scotland. Annual population estimates and bi-annual projected population estimates.
NHS Greater Glasgow and Clyde Health and Well-being Survey - Glasgow City Main Report NHSGG&C Health and Well-being Survey Glasgow City Summary Report 2017/18	Survey information on adult health and behaviours in the city. A suite of full and summary reports for the 2017/18 survey for Glasgow City and each of the 3 localities within the city are available in addition to reports for other local authority and HSCP areas.
NHSGGC Glasgow City Schools Health and Wellbeing Survey 2019-2020	Survey Information on S1-4 secondary school children's health and behaviours in the city. The latest published survey was for 2019/20.

NOMIS	NOMIS is a service provided by the Office for National Statistics, ONS, which provides access to detailed and up-to-date UK labour market statistics from official sources.
Public Health Scotland (formerly ISD Scotland)	Provides robust and extensive health information and health intelligence from data collated mostly from services provided through the NHS in Scotland.
Scotland's Census	Takes place every 10 years with results from the 2011 Census available online. The 2022 Census has taken place, postponed in Scotland from 2021 due to COVID-19. First results for the 2022 Census are likely to be available online from 2023.
Scotland's Labour Market People Places Regions Statistics - Annual Population Survey	Annual household survey providing headline estimates on employment, unemployment and economic inactivity. Latest data from 2020/21.
Scottish Burden of Disease Study	ScotPHO hosted study of health inequalities comparable internationally. Local reports and interactive visual data dashboards available from 2019.
Scottish Government Statistics	Scottish Government statistics website pre-dating the website above that still contains some national statistics publications or data not offered via other platforms e.g., homelessness data.
Scottish Health Survey 2019 (dashboard)	Information in relation to the health and health related behaviours of the population of Scotland. Annual national survey with latest results from the 2019 survey.
Scottish House Condition Survey	Annual national survey looking at the physical condition of homes as well as the experiences of householders. Latest results from 2019.
Scottish Household Survey	Annual national survey providing robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland's homes. Latest results from 2019.
Scottish Index Multiple Deprivation (SIMD) 2020	Uses multiple indicators to provide comparative information on population deprivation at a small area level (data zones) within Scotland.
Scottish Public Health Observatory profiles (ScotPHO)	Presents a range of information from routine health statistics to survey data. Some data is available at small area level (e.g., intermediate zone of HSCP locality). Updated on an ongoing basis.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)	A national survey of secondary school pupils in Scotland covering smoking, drinking, drug use and other lifestyle, health and social factors including mental wellbeing. Latest national results from 2018.
Scottish Surveys Core Questions (SSCQ)	An annual Official Statistics publication. SSCQ is a result of a harmonised design across the three major Scottish Government household surveys - the Scottish Household Survey, the Scottish Health Survey and the Scottish Crime and Justice Survey. Latest data form 2019.
Skills Development Scotland Annual Participation Measure	Provides data on the learning, training and work activity of 16-19 year olds in Scotland. Latest data from 2021.
statistics.gov.scot	Scottish Government statistics website offering a wide range of official statistics from multiple sources including population, government statistics and survey data.
UK Government	Provides access to many statistics at UK and local authority level inc. children in low income families statistics.
Understanding Glasgow Profiles	Health and wellbeing profiles for adults and children.

APPENDIX B - National Health and Wellbeing Outcomes

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

APPENDIX C – National Integration Indicators

The Core Suite of National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures. Numbers 1-9 below are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which is undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining indicators are derived from partnership operational performance data. There are also a number of indicators still under development as shown below.

Health and Care Experience Survey (HACE) Indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good.
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.

Operational Indicators

11. Premature mortality rate per 100,000 population.
12. Rate of emergency admissions per 100,000 population for adults.
13. Rate of emergency bed days for adults per 100,000 population.
14. Rate of readmissions to hospital within 28 days of discharge per 1000 admissions.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. % of care services graded ‘good’ (4) or better in Care Inspectorate Inspections.
18. % of adults with intensive needs receiving care at home.
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population.
20. % of health and care resource spent on hospital stays where the patient was admitted in an emergency. (Please note that NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20 so this Indicator has not been included in this report).

Under Development by Public Health Scotland (PHS)

10. % staff who say they would recommend their workplace as a good place to work.
21. % of people admitted from home to hospital, who are discharged to a care home.
22. % of people who are discharged from hospital within 72 hours of being ready.
23. Expenditure on end-of-life care.