Item No: 13

Meeting Date: **Wednesday 25th June 2025**

Glasgow City Integration Joint Board

Report By: **Pat Togher, Chief Officer**

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

Phone: **07917 040856**

Annual Performance Report 2024/25

Purpose of Report:	To present and seek approval of the Annual Performance Report for the Health and Social Care Partnership for the year 2024/25.
Background/Engagement:	The IJB have previously agreed that an Annual Performance Report would be produced and presented to them each year. There have been eight previous Annual Performance Reports, covering the financial years 2016/17 to 2023/24.
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 2024/25;

	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 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 2024/25.

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 reviewed in 2024. 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 2024/25;
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 summary version will also be produced and published, as has been done previously.

Glasgow City HSCP
Health and Social Care Partnership



ANNUAL PERFORMANCE REPORT 2024/25

NHS Greater Glasgow and Clyde

Glasgow City Council

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1. INTRODUCTION

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 respect to those functions for which they are responsible.

This is the ninth Annual Performance Report for the Glasgow City Integration Joint Board (IJB). Within it, we review our performance and demonstrate how we have taken forward our Strategic Priorities, as set out in our Strategic Plan, by:

- Providing examples of key service developments and achievements which we have progressed over the last 12 months in relation to each Strategic Priority.
- Reviewing performance against our local Key Performance Indicators and the National Integration Indicators (**Appendix C**) published by the Scottish Government to measure progress against the National Health and Wellbeing Outcomes (**Appendix B**).
- Demonstrating the impact of our service interventions at an individual level, by drawing upon examples of case studies, surveys and other user/carer/staff feedback mechanisms.

1.2 PARTNERSHIP OVERVIEW

Glasgow City Integration Joint Board (IJB) 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 of March 2025, the Health and Social Care Partnership has a workforce of 10,991 Whole Time Equivalent (WTE) staff, made up of 6,282 WTE employed by Glasgow City Council and 4,709 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 138 GP practices providing general medical services to their practice populations. There are also 157 community pharmacies, 119 optometry practices and 155 dental practices which includes 7 orthodontic practices.

1.3 AREA PROFILE

Key demographic characteristics of the city are summarised below. A more comprehensive Demographics Profile is available, which includes data on population, health, lifestyles, poverty and deprivation. The profile also covers other topics including social care, social health/capital, education, learning, employment and crime. Other information sources where further information can be found are listed in **Appendix A**.

Population

Glasgow has a population of 622,050. It is densely populated with 3,562 people per km^2, with 33% of residents living in houses and 67% living in flats. This is very different from the Scottish average of 70 people per km^2, where more than two thirds live in houses (67%) Sources: NRS Small Area Population Estimates (SAPE) Mid-2022; Scottish Household Survey 2022).

Glasgow is a diverse city. Of those who disclosed their country of origin, 80.9% were born in the UK and 19.1% outside the UK. This percentage from outwith the UK is almost double that of Scotland as a whole where 10.2% are from outside the UK (Sources: NRS Small Area Population Estimates (SAPE) Mid-2022; Scotland's Census 2022).

80.7% of Glasgow's total population has a White ethnic background, with 19.3% from a Black or Minority Ethnic (BME) background, compared to 92.9% (White) and 7.1% (BME) for Scotland as a whole. The proportion of Glasgow local authority school pupils with a non-white ethnic background is 27.6%. compared to 11.3% across Scotland. (Sources: NRS Small Area Population Estimates (SAPE) Mid-2022; Scotland's Census 2022; Scottish Government Pupil Census - Supplementary Statistics 2023).

Projected Population

National Records of Scotland (NRS) produced estimated population projections in 2018. These indicate that:

- The overall population of Glasgow is expected to grow by 1.2% between 2024 and 2029; 2.3% between 2024 and 2034; and 3.8% between 2024 and 2043.
- Scotland's population is also expected to grow overall, by 0.7% between 2024 and 2029; by 1.1% between 2024 and 2034; and by 1.3% between 2024 and 2043.
- Within the overall increase in Glasgow between 2024 and 2034, the child population (0-17 years) is forecast to decrease by 6.0%; the adult (16-64 years) population is expected to increase by 0.3%; and the older people (65+) population is expected to increase by 22.3%.
- This compares to expected decreases in both the child and adult populations (7.5% and 2.3% respectively) and an increase of 19.0% in the older people population across Scotland as a whole (Source: NRS Population Projections 2018).

Events such as Brexit and Covid-19 have had an impact on actual population figures in the period since the above projections were produced, however, the percentage changes described above are still deemed valid.

Life Expectancy

The Life Expectancy (LE) and Healthy Life Expectancy (HLE) indicators shown below illustrate that on average, Glasgow residents live fewer years in good health and die younger than Scotland's population. The figures for males for both measures are lower than those for females.

- A Glasgow male is expected to live to 54.8 years of age in good health (HLE) from birth, with a Scottish male expected to live a further 5.6 years in good health (to 60.4 years).
- A Glasgow female is expected to live to 56.0 years of age in good health (HLE) from birth, with a Scottish female expected to live a further 5.1 years in good health (to 61.1 years).
- A Glasgow male is expected to live to 73.0 years of age (LE), compared to 76.5 years for a Scottish male (3.5 years less).
- A Glasgow female is expected to live to 78.2 years of age (LE), compared to 80.7 years for a Scottish female (2.5 years less).

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

Key Health and Wellbeing Indicators

The following indicators illustrate some key features of the health of Glasgow's population, as well as factors that may impact upon their health. More detailed information on these and other related indicators can be found in our Demographics Profile:

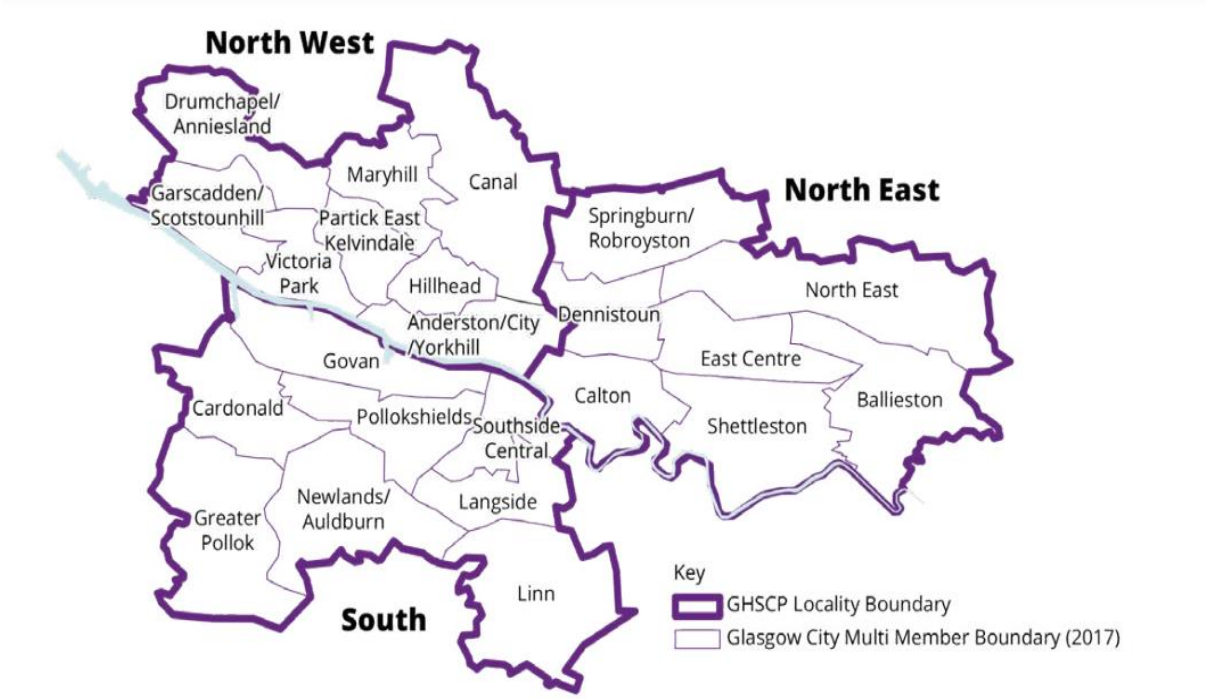
- 75.9% of people in Glasgow rated their health as good/very good compared to 78.9% for Scotland (Source: Scotland's Census 2022)
- 73.7% of Glasgow P5-S6 school pupils rated their health positively, similar to Scotland as a whole (73.9%) (Source: Scottish Government Schools Health and Wellbeing Census 2021/22)
- 9.3% of people in Glasgow rated their health as bad/very bad, compared to 6.9% in Scotland (Source: Scotland's Census 2022)
- 29.0% of Glasgow adults have a limiting condition or illness (Source: NHSGGC Adult Health and Wellbeing Survey – Glasgow City 2022/23)
- 16.0% of Glasgow P5-S6 school pupils have a long term physical or mental health condition or illness, compared to 14.2% of Scottish pupils (Source: Scottish Government Schools Health and Well-being Census 2021/22)
- 25.0% of Glasgow adults have common mental health problems, scoring 4+ on GHQ12a, compared to 21.0% of Scottish adults (Source: Scottish Health Survey (SHeS) 2018 to 2022 exc. 2020)
- 30.0% of Glasgow S2-S6 school pupils have a WEMWBS wellbeing score indicating probable depression (Source: Scottish Government (Schools) Health and Well-being Census 2021/22 - Glasgow City Council Education Services Infographics)
- 8,117 people or 2.2% of the Glasgow adult population aged 30+ are estimated to have dementia (Source: Alzheimer's Scotland 2017)
- 61.0% of Glasgow adults are overweight (BMI of 25 or higher) whilst 27.0% are obese (BMI of 30 or higher) compared to 65.0% overweight and 29.0% obese across Scotland (Source: Scottish Health Survey 2016 to 2019)
- 25.0% of Glasgow adult males and 18.0% of Glasgow adult females are current smokers (Source: NHSGGC Adult Health and Well-being Survey – Glasgow City 2022/23)
- 2.1% of Glasgow S2 and S4 school pupils are current smokers and 5.4% are current vapers, lower than the comparative rates for Scotland of 2.7% (smoking)

and 6.7% (vaping). (Source: Scottish Government Schools Health and Wellbeing Census 2021/22)

- 29.0% of adult males and 16.0% of adult females in Glasgow have hazardous /harmful levels of alcohol consumption, compared to 31.0% (males) and 16.0% (females) across Scotland (Source: Scottish Health Survey 2018 to 2022 exc. 2020)
- There are an estimated 11,869 to 18,060 problem drug users in Glasgow (Source: Public Health Scotland (PHS) – Prevalence of Problem Drug Use in Scotland 2015/16)
- 12.9% of Glasgow adults provide unpaid care to others (Source: Scotland's Census 2022)
- 87.1% of Glasgow households have home internet access – lower than the national average of 91.3% (Source: Scottish Household Survey (SHS) 2022)
- 97.9% of Glasgow P5-S6 school pupils have home internet access compared to 98.3% of Scottish pupils (Source: Scottish Government Schools Health and Well-being Census 2021/22)
- 19.3% of all Glasgow people are classed as income deprived compared to 12.1% of all Scots (Source: Scottish Index of Multiple Deprivation (SIMD) 2020)
- 33.5% of Glasgow children aged 0-15 are living in relative low income families compared to 21.3% of Scotland's children (Source: UK Gov Official Statistics: Children in Low Income Families Statistics 2022/23 (provisional))

1.4 LOCALITIES

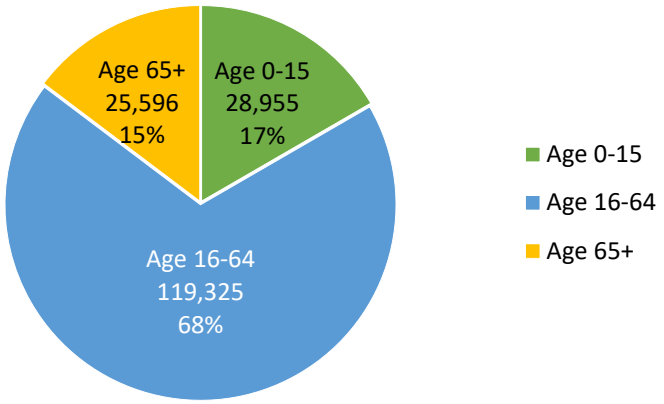
Glasgow is divided into three areas, known as localities, to support HSCP operational service delivery and respond to local needs. These mirror the strategic areas adopted by the Glasgow Community Planning Partnership. These localities – North West, North East and South – are shown on the city map and described in more detail below.



North East Locality

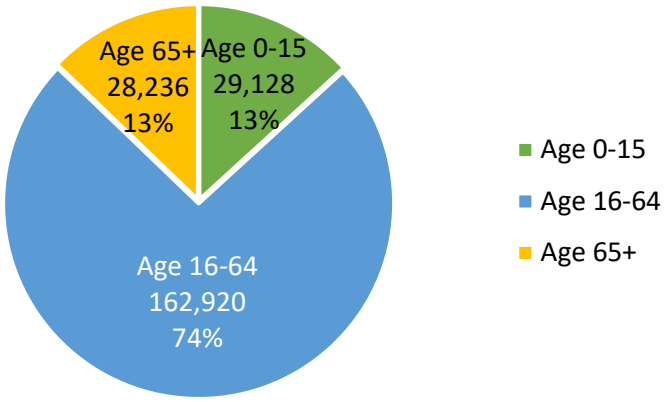
North East Locality covers the wards of Calton, Dennistoun, Springburn/Robroyston, East Centre, North East, Shettleston and Baillieston. The total population of North

East Glasgow is 173,876 people and a breakdown by age is shown on the chart below.



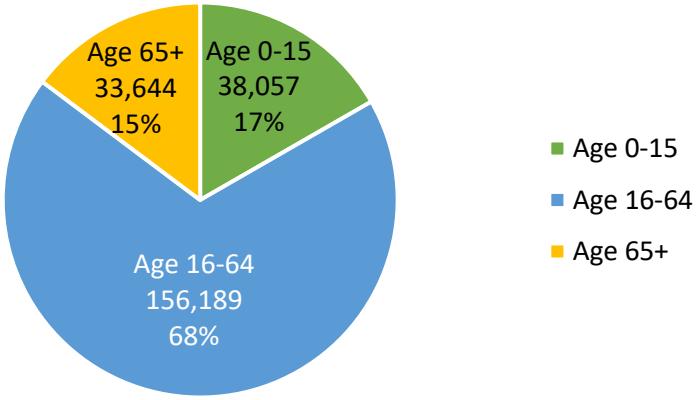
North West Locality

North West Locality covers the wards of Anderston/City/Yorkhill, Hillhead, Canal, Maryhill, Partick East/Kelvindale, Victoria Park, Garscadden/Scotstounhill and Drumchapel/Anniesland. The total population of North West Glasgow is 220,284 people and a breakdown by age is shown on the chart below.



South Locality

The South Locality covers the wards of Greater Pollok, Cardonald, Govan, Pollokshields, Newlands/Auldburn, Southside Central, Langside and Linn. The total population of South Glasgow is 227,890 people and a breakdown by age is shown on chart below.



Locality Management Arrangements and Plans

Each locality is managed by an Executive Team responsible for the delivery of health and social care services and for ensuring HSCP plans are put into practice locally. This team also works with partners, including the third sector, service users and carers, as well as GPs and other primary care professionals. 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 Engagement Forums

Across the City, we have established Locality Engagement Forums (LEFs) in each locality, which play a key role in our participation and engagement arrangements, in line with the HSCP's Participation and Engagement Strategy.. These are made up of a range of local stakeholders, mainly patients, service users and carers. 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 these groups are heard. Papers for LEF meetings over the last year can be obtained on the HSCP website.

Primary Care Partnerships

Glasgow HSCP engages with primary care contractors (general practice, dental, community pharmacy and optometry) through locality primary care groups and a city-wide strategy group. The 138 General Practices have been grouped into 21 'clusters' to take forward the Quality agenda in primary care, with Quality leads in place at practice and cluster levels. The clusters provide an opportunity for GPs and primary care services to share good practice, identify quality improvement priorities and look at how they can facilitate more integrated working with community services. To support improvement activity locally, the HSCP is developing a Quality Improvement Plan in collaboration with NHS Greater Glasgow and Clyde's Primary Care Support and Clinical Governance teams. The HSCP also run a flourishing education, training and awareness programme that brings together a wide range of practitioners across primary care, community health and social care. There is also on-going work at a national level to understand how the cluster approach in primary care can be further improved.

1.5 STRATEGIC VISION AND PRIORITIES

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 latest Strategic Plan (2023-26) was approved by the IJB in June 2023 and sets out the following Strategic Priorities for health and social care services in Glasgow. Within this Annual Performance Report, we capture some of our key achievements in relation to delivering these, as well as the nine National Health and Wellbeing outcomes (See **Appendix B**).

Our Priorities



1.6 PERFORMANCE MANAGEMENT ARRANGEMENTS

A comprehensive Performance Framework and a range of mechanisms are in place within the Partnership to monitor delivery of our Strategic Plan, and to consider the impact of HSCP and partner activity, on individual, service and wider health and wellbeing outcomes.

A Quarterly Performance Report is produced which provides information on how services are responding to areas of under-performance. All KPIs within it have been aligned to the HSCP's Strategic Priorities and to the Scottish Government's National Health and Wellbeing Outcomes. This report is shared with and scrutinised by individual services, the HSCP Senior Management Team and the Integration Joint Board's Finance, Audit and Scrutiny Committee (FASC). The FASC focus upon specific service areas at each of their meetings, where the relevant strategic leads are invited to discuss their performance and to demonstrate how they are taking forward the HSCP's Strategic Priorities.

Processes to systematically monitor and report to the FASC on the delivery of commitments within the wider Strategic Plan across all HSCP services are also in place. In addition, the FASC will review and respond to any Inspection Reports produced by local audit teams or by national agencies such as Audit Scotland, Healthcare Improvement Scotland, or the Care Inspectorate.

In addition to the above, the health improvement team, in partnership with the wider public health intelligence community in NHS Greater Glasgow and Clyde, also undertake a range of activities to identify and assess population health and well-being trends, using a variety of national and local resources including the Schools and Adults Health and Wellbeing Surveys. A range of such information is captured within the HSCP's Demographics and Needs Profile which is updated annually.

1.7 STRUCTURE OF THE REPORT

Chapters 2 to 9 of this report are structured around the HSCP's strategic priorities, including equalities. Within them, we highlight some of the key service 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 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 national and 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 practice audit and evaluation activity undertaken within the HSCP.

In Chapter 11, we provide a summary of our financial performance for 2024/25. 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 2025/26 considered.





2. DELIVERING OUR KEY PRIORITIES

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Chapters 3 to 8 are structured around the HSCP's Strategic Priorities:

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

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

Indicators where performance has shown the greatest improvement over the last 12 months are highlighted. Areas where we would like to see improvements over the next year are then identified, with key actions planned to achieve this summarised.

Under each priority, where relevant, we also include other information such as local surveys and case studies, as well as our performance in relation to the National Integration Indicators (**Appendix C**).

Key

Within Chapters 3 to 8, **Performance Status** has been classified as Red, Amber or Green (RAG), as explained below. The **Status** is provided for the end of 2024/25 and the previous 5 years where possible. The **Direction of Travel** details whether the current figure (2024/25) is better or worse in comparison with i) the previous year (2023/24) and ii) 5 years ago (2019/20).

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 WELLBEING

3 PREVENTION, EARLY INTERVENTION AND WELLBEING

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Prevention, Early Intervention and Wellbeing 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 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

3.1 KEY DEVELOPMENTS/ACHIEVEMENTS

3.1.1 Health Improvement Annual Report

The latest Health Improvement Annual Report (2023-24) highlights the wide range of activities the HSCP's Health Improvement Team are continuing to support. These include mental health, poverty and inequality, which remain key causes of ill health within the city. It also reflects the Team's refreshed strategic direction and their partnerships with other organisations to reduce health inequalities within our communities. Some of the areas in this report are discussed in the sections below.



3.1.2 Mental Health

Suicide Prevention

The NHSGGC Mental Health Improvement Team, hosted by Glasgow City HSCP, have worked as part of the **Glasgow City Suicide Prevention Partnership** (GCSPP) to plan and deliver suicide prevention work in the city, with membership expanding in the last year to include roads and transport representation. Activities undertaken during 2024 have included awareness raising; suicide prevention training; and 'intelligence gathering' to identify 'locations' of concern. These include:

- Working with **staff in a number of further and higher education institutions** to increase awareness and understanding of self-harm, in response to **Scotland's Self-harm Strategy** which identified high rates of self-harm amongst young people aged 16 to 24, including students.
- Supporting **World Suicide Prevention Day** by working with Partick Thistle player/manager, Brian Graham, to create a video in which he speaks about the importance of starting conversations around suicide and changing the way people talk about mental health.
- Producing a **Perinatal Mental Health Guide** which provides information including details of mental health resources available to support new and expectant parents and their families, with suicide a leading cause of maternal death in the UK.
- Working with Community Justice Glasgow unpaid work clients to erect a 'Tree of Hope' at the Parkhead Forge Shopping Centre, on which over 1,000 individuals hung a 'leaf' with a positive message of hope. Training in suicide prevention was also provided to unpaid work clients involved in the tree's creation.
- Delivering suicide prevention training across the city through the GCSPP Training sub-group. In 2024, 81 training courses were delivered to 1,333 staff, rising from 51 courses and 815 attendees the previous year, highlighting the growing commitment to suicide prevention by partners.

Suicide Prevention Training - Trainee Feedback

'I feel better prepared to support someone who is considering suicide and I feel I have gained a life skill that will be invaluable should I ever need to use it.'

'I use the training very regularly in work with young people and feel it has made a real difference. I believe all head teachers, deputes and pastoral care teachers should complete this training.'

Promoting Positive Mental Health

The NHSGGC Mental Health Improvement Team have been responsible for creating and promoting the use of **'Healthy Minds'**, a capacity building resource aimed at anyone with an interest in mental health. Work also has continued to raise awareness amongst anyone working with children and young people, of the digital mental health tools available to support them to promote positive mental health and wellbeing. Following an update of the **Aye Mind** website, it has been viewed over 60,000 times in the last year. Over 50 local and national partners have also joined the related Digital Collaborative network, which meets quarterly to discuss digital youth mental health themes, learn from each other and work together on areas of common interest.

Sextortion

Sextortion is a form of abuse where someone is pressured into sending an intimate image, which is used to blackmail them into sending more sexual content or money. Increasing reports have been made of sextortion targeting young people, which led to the National Crime Agency issuing a warning alert to UK schools. During the last year, materials on Sextortion were produced locally by the Mental Health Improvement Team and made available on the **Aye Mind** website, which describe its impact and signpost young people to support if they become victims.



3.1.3 Alcohol and Drugs

Alcohol and Drug Health Improvement Website

To strengthen communication and support partners to deliver on the alcohol and drug harms agenda, the Alcohol and Drug Health Improvement Team website has recently been developed. This provides a range of quality assured information including educational resources, research articles, reports, and information on events, learning opportunities and potential funding streams.

Stigma Action Group

Tackling Stigma is vital to reduce drug related deaths and to enable people to access the support and treatment they need. A Greater Glasgow and Clyde multi-agency Stigma Action Group has been established to co-ordinate approaches to tackling the stigma associated with drugs. Work has been undertaken to develop resources and workshops, which will be used to raise awareness of the effects of stigma and provide practical tools for tackling it.

Alcohol Brief Interventions

Alcohol Brief Interventions (ABIs) are short, evidence-based, structured conversations with patients, clients or individuals, focused on reducing alcohol consumption at hazardous levels. Delivery of ABIs have been a Scottish Government priority for a number of years, with all Alcohol and Drugs Partnerships (ADPs) set delivery targets. The HSCP works in partnership with the Health Board's Alcohol and Drugs Team to lead Glasgow's ABI programme and the city targets continue to be significantly exceeded, as shown in the KPI summary at 3.2.



3.1.4 Smoking Cessation

The HSCP's Quit Your Way (QYW) community services offer a variety of support options to help people stop smoking including telephone, face-to-face and digital assistance. During 2024-25, they piloted the 'Smoke Free App', which provides clients with 3 months of free access to 24/7 smoking cessation advice and support. This has been evaluated positively, with a quit rate of 42% being achieved. QYW have also continued to develop new accessible face-to-face services in health centres and pharmacies, with one opening last year in the Harmony Row Pharmacy, Govan.



Case Study

I wanted to stop smoking to help with my breathing. I have COPD and it was getting worse and I did not want to end up on oxygen. unable to breathe. I also quit for the money, as it is so expensive to smoke now. I decided to use the Quit Your Way (QYW) service as I felt like I needed the support. Stopping smoking at the start was difficult but as the weeks went on it became easier. I'm 10 months smokefree and feeling great. My advisor was very supportive and helpful and was there for me when I needed her. I enjoyed the weekly telephone conversations and I still like to check in with her from time to time. I'd definitely recommend the Quit Your Way Service to other smokers wishing to stop. (QYW Client)

Vaping

In response to concerns about the increase in vaping and the impact upon the health of children and young people, the HSCP's Health Improvement team has developed **a range of vaping resources**. These are aimed at parents, carers and staff who work with young people and are designed to enable them to confidently discuss the impacts of vaping and be able to signpost for further information and advice. These include lesson plans, videos, information leaflets and briefing papers and the topics covered include health and environmental harms and the impact of nicotine addiction.

3.1.5 Supporting Children and Young People

Supporting Breastfeeding

Health Improvement staff have been continuing to work with local organisations to promote and support the national Breastfeeding Friendly Scotland Scheme (BFS) that organisations are encouraged to sign up to, which involves them taking steps to support mums to feel relaxed and confident about breastfeeding on their premises. The BFS Early Learning Scheme is targeted specifically at early learning or childcare facilities and in the last year, 41 nurseries received training with 14 now fully signed up, including the **TASK Family Support and Learning Centre** in Gorbals which was the first in the city to do so.

Glasgow City Youth Health Service (YHS)

The YHS offers confidential advice and support for both health and non-clinical issues such as housing or employment/training. In the first three quarters of 2024/25, there were over 1000 referrals (656 new young people) and approximately 3700 attendances, with the primary referrers being GPs (41%) followed by family/self-referrals (28%). The main presenting issues were mental health and wellbeing related, including anxiety, low mood, anger, with significant wider issues around self-esteem, relationships and bullying. During the last year, the service has also provided volunteering opportunities for young people which will lead to them receiving a recognised Youth Achievement Award, as well as enable a modern apprentice to achieve a SVQ in Business Administration. 15 Year 2 medical students have also been provided with shadowing opportunities within the service.





Case Study

L aged 14, was referred to the YHS by her mum. She was struggling with her mental health and had experienced suicide ideation. At her first appointment she was very guarded and had poor eye contact with the practitioner. It was identified that she had multiple Adverse Childhood Experiences (ACEs) and was struggling with very low self-esteem, anxiety, low mood and was self-harming. The YHS nurse made an urgent onward referral to CAMHS which ensured she was supported more quickly. She also referred L to the Sandyford for contraception advice and made contact with social work and with L's school to arrange support to attend and to organise a uniform. Her mum is now attending Teen Triple P parenting support and L is attending school on a reduced timetable.

Family Wellbeing Hub

Health Improvement staff support the Family Wellbeing Hub which is based in Maryhill Health and Care Centre and is available to any parent or carer across the city. It works closely with the Youth Health Service and offers parents/carers a peer support group, 1:1 support and a range of information and advice workshops. These include self-harm, neurodiversity and trauma. To address an emerging theme of conflict within the family, family counselling sessions have also been trialled and are currently being evaluated.



Case Study

'Before being referred to the Family Wellbeing Hub by the YHS, I was always anxious, struggling with supporting my children. When I came along on the first night, I was very nervous. I was sitting next to a parent who was telling the group about her child and the difficulties she had. I thought I was the only one struggling but by attending, I realised a lot of parents are going through similar issues and I have been able to understand the challenges my child faces and how to best support her. I feel like a big weight has been lifted off my shoulders. The Hub provides support on so many issues and has helped me to manage my situation, making me much more relaxed' (Parent).

While participating in risk taking behaviours is a normal part of child development, multiple risk taking behaviours can cause significant harm to young people and those around them. The YHS and Child and Youth Health Improvement Team have been taking forward a range of work to address risk taking behaviours amongst young people. These include:

- Launching the **Which Way Resource** for education staff, which aims to encourage young people to think carefully about their behaviours and the factors influencing their decision-making; the impact of their choices; and where they can go for support. This sits within the wider **HWB Website** which provides quality assured information and resources for education staff in the city.
- Updating of the CRAFFT Alcohol and Drug Brief Intervention tool for children and young people to include 'nicotine' questions, along with training on its use. This is intended to identify a young person's use of cigarettes, vapes and other nicotine products and provide support and referral pathways.
- Organised delivery of new a new Ketamine Awareness course for practitioners, delivered by the Scottish Drugs Forum (SDF) in response to the growing prevalence of Ketamine use being reported at youth networks across the city.

3.1.6 Sexual Health

Parental Engagement on Relationships and Sexual Health

During the last year, the Health Improvement Team, on behalf of a partnership with other NHS Boards and Councils, commissioned and led an engagement exercise with parents and carers to explore how they engage with young people in relation to relationships and sexual health; to determine what they know about schools based learning; and identify any support they would like to assist them. Over 200 participated in facilitated chats, with over 3600 completing an online survey and the results will inform ongoing communication and support for parents and carers in this area.

Reducing Inequalities of Outcomes in Sexual health

The Health Improvement Team for sexual health has worked with colleagues in children's services to support a 'throughout childhood' approach to improving sexual health outcomes for young people in line with locally produced Good Practice Guidance. Training and support has been made available to a range of audiences including children's residential and community staff, family support workers, and supported carers.

Trainee Feedback

'Everything I learned today will be so useful for supporting young people and their families. I feel more confident in having conversations around sexual health and more confident assessing what sexual behaviours are appropriate for their age and stage.'

Sexual Health and Blood Borne Virus Training

Following on from a Training Needs Analysis (TNA) carried out with staff across a range of roles and disciplines, the Health Improvement Team has worked with partners to deliver Sexual Health and Blood Borne Virus (BBV) training, supporting staff to develop their confidence and competence to discuss sexual health and encourage BBV testing. To date 159 staff have been trained across 17 sessions.

Period Dignity

The Period Products (Free Provision) (Scotland) Act 2021 places a duty on local authorities to make period products obtainable free of charge. A Glasgow City Council Period Dignity Steering Group, which includes HSCP representation, leads on implementing this duty. Health and HSCP venues are not covered within the statutory responsibilities of the Act, however Health Improvement staff have worked with the Steering group and agreed provision for main public facing HSCP sites, resulting in period products being made available across 50 HSCP venues during 2024.

3.1.7 Tackling Inequalities

Community Link Worker (CLW) Programme

Community Link Workers are embedded in 80 GP practice teams and help patients to address any social or economic issues that may be affecting their health and wellbeing. A recommissioned service began in April 2024, delivered by Health and Social Care Alliance Scotland. (A separate contract is in place for the Child and Adolescent Mental Health Service (CAMHS) CLW, delivered by Scottish Action for Mental Health (SAMH). Practice teams have reported that the transition has gone very smoothly, with outcomes for patients continuing to be extremely positive. Between March and December 2024, there were close to 10,000 referrals and over 31,000 appointments offered, with the main reasons cited being mental health and wellbeing, poverty, health behaviours, housing and social isolation.

Patient Feedback

‘The CLW has put light at the end of the tunnel. I didn’t know where to turn, but they have supported me with a number of issues including welfare rights, bereavement, social isolation and poor mental health. Just coming down to speak to someone, knowing they are going to help me, has got me out of the house and dealing with my issues. I really appreciate all the help and support from my CLW and others who have made a huge impact on my life’.

‘This has been a really positive experience for me. It allowed my GP to focus on the medical side of my care whilst ensuring I could access support for the parts of my life that were adversely affecting my health - such as homelessness, benefit issues etc. I was treated with kindness and compassion and was seen as an individual by the CLW who was fab. This made a huge difference and really has had a positive impact on my health’.



Placed Based Approaches

Work has progressed over the last year to take forward the 'Placed Based' approach, building upon the learning from the previous Thriving Places programmes. Both have sought to ensure that communities are involved in local decision making and that outcomes in neighbourhoods disadvantaged by inequalities are improved. Activities undertaken in the last year include the following:

South - Trauma Informed Neighbourhood

In collaboration with Sanctuary Housing, Health Improvement staff were successful in securing £240,000 from the UK Government Shared Prosperity Fund to support the creation of the first 'trauma-informed' neighbourhood in Glasgow, within Priesthill, Househillwood and Nitshill. This aims to help individuals understand and address the impacts of trauma, ensure they feel informed and supported and foster neighbourhood resilience. Components include community awareness raising; training leaders and staff in local organisations and communities; encouraging supportive organisational policies; and seeking to connect communities through community events and groups.

North East – Talking About Mental Health

To help encourage conversation about mental health, Health Improvement staff in the North East took a place based approach, with small amounts of funding being provided to support activities that opened up conversations about mental health. Around 20 organisations delivered health and wellbeing activities around the national 'Time to Talk Day', which sought to encourage individuals, groups and communities to open up and talk about mental health.

North West - Greenspace Network Cadder Woods Improvements

People living in the most deprived communities are less likely to live within a 5 minute walk of their nearest greenspace. Health Improvement staff have been chairing a North West Greenspace Network facilitating a collaborative effort between a number of partners to revitalise Cadder Woods. The aim is to turn what has historically been a large derelict area into a local asset for people living locally and beyond. The first phase of the project is now underway, which includes new path networks, entrance improvements and cycle access to the Forth and Clyde Canal

3.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 YEAR END	2024/25 TARGET	2024/25 ACTUAL (Year End unless stated)	Direction of Travel since 2019/20	Direction of Travel since 2023/24
% of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks. (Outcome 4)	NE 98% NW 95% South 96%	NE 96% NW 96% South 99%	NE 97% NW 97% South 97%	NE 94% NW 93% South 95%	NE 95% NW 98% South 97%	95%	NE 92% NW 93% South 95% (All Jan 25)	NE ▼ NW ▼ S ▼	NE ▼ NW ▼ S ▼
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) (Outcome 1)	93.2%	94.2%	93%	92.3%	90.2%	95%	90.3% (Q3)	▼	▲
Mumps, Measles & Rubella (MMR) Vaccinations: (% Uptake at 5 years) (Outcome 1)	96.5%	96.3%	94.8%	94.9%	95	95%	94.8% (Q3)	▼	▼
Psychological Therapies: % of people who started treatment within 18 weeks of referral. (Outcome 9)	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%	NE 58% NW 91.7% S 82.9%	NE 78.7% NW 93.7% S 81.6%	90%	NE 85.7% NW 91.4% S 80.9%	NE ▲ NW ▲ S ▲	NE ▲ NW ▼ S ▼
% service users commencing alcohol or drug treatment within 3 weeks of referral (Outcome 7)	98%	99%	95%	96%	93%	90%	97% (Q3)	▼	▲
Alcohol Brief Intervention Delivery (Outcome 4)	4,394	4,269	7,749	8,966	10, 479	5,066 per annum	10,376	▲	▼
Smoking Quit Rates at 3 months from 40% most deprived areas. (Outcome 5)	1,389	1,280	1,260	1,050	1,097 (753 at Q3)	1,178 per annum/ 845 to Q3	792 (Q3)	▼	▲

INDICATOR (Health & Wellbeing Outcome)	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 YEAR END	2024/25 TARGET	2024/25 ACTUAL (Year End unless stated)	Direction of Travel since 2019/20	Direction of Travel since 2023/24
Women smoking in pregnancy (general population) (Outcome 1)	9.8%	8.2%	9.5%	8.4%	7.3%	<10%	5.5%	▲	▲
Women smoking in pregnancy (most deprived) (Outcome 5)	14.6%	12.4%	16.7%	13.9%	10.8	<14%	8.1%	▲	▲
Exclusive Breastfeeding at 6-8 wks (general population) (Outcome 1)	31.8%	29.6%	28%	31.1%	30.7%	33%	32.7% (Q3)	▲	▲
Exclusive Breastfeeding at 6-8 wks (15% most deprived data zones). (Outcome 5)	24.9%	21.9%	20.6%	25.0%	24.2%	24.4%	26.5% (Q3)	▲	▲

Notes: i) 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 last 12 months:

INDICATOR		YEAR END 2023/24	YEAR END 2024/25
Psychological Therapies: % of people who started treatment within 18 weeks of referral	North East	78.7%	85.7%
% service users commencing alcohol or drug treatment within 3 weeks of referral	City	93%	97% (Q3)
Women smoking in pregnancy	General Population	7.3%	5.5%
	Most Deprived	10.8	8.1%
Exclusive Breastfeeding at 6-8 weeks	General Population	30.7%	32.7% (Q3)
	Most Deprived	24.2%	26.5% (Q3)

AREAS FOR IMPROVEMENT

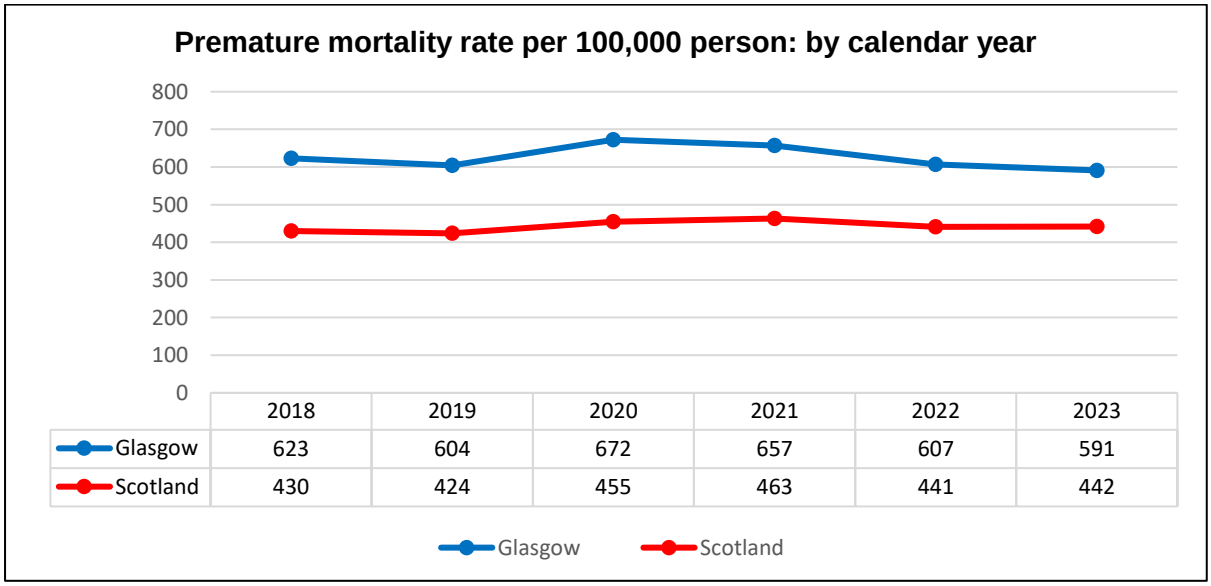
Ongoing improvement is sought across all services. KPIs relating to this Strategic Priority which we would specifically like to improve within the next 12 months are:

INDICATOR	Performance Issues and Actions to Improve Performance
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months) **Target:** 95% **Actual:** 90.3% (Q3)	**Performance Issues** • 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. In this context, the rates being achieved in Glasgow City are regarded as good in comparison to national trends, but actions to improve performance will be progressed including those noted below. **Actions to Improve Performance include:** • Work to improve uptake continues to focus on areas of the city and sectors of the population where current rates of vaccination are lowest. • Specific videos have been produced for use with marginalised communities. • Several “tests of change” to improve uptake have been undertaken with public health colleagues, including efforts to take the service to families locally, such as the use of a ‘vaccine bus’. • Staff continue to recall and chase up families who have not attended for vaccines with health visitors supporting these discussions. • In response to the Measles outbreak in England, Public Health Scotland has developed an awareness campaign which has strengthened messaging in relation to vaccination.
Psychological Therapies: % of people who started treatment within 18 weeks of referral. (North East & South) **Target:** 90% **Actual:** 85.7% *North East Locality* 80.9% *South Locality (N.B. This indicator is reported at locality level, not city-wide.)*	**Performance Issues** • The capacity to deliver Psychological Therapies has been impacted by operational matters including staff turnover and movement, vacancies, and arranged and unexpected leave. • Recruitment, when possible, has been challenging due to the national shortage of clinically trained professionals. • Some people wait longer due to clinical, social, or personal reasons that prevent remote engagement and require an in-person face-to-face approach. **Actions to Improve Performance include:** • Waiting list initiatives continue to target patients with the longest waits. • Digital alternatives to face-to-face approaches (i.e. Anytime Anywhere or Near Me) continue to be used to reduce waiting times. • Use of initiatives, such as group-based interventions. • Services have continued to pool any available capacity between teams, across HSCP locality & care group boundaries. • Ongoing focus on staff recruitment with efforts made to speed up the recruitment process.

Smoking Quit Rates at 3 months from the 40% most deprived areas **Target:** 845 (Q3) **Actual:** 792 (Q3)	**Performance Issues** • Continues to be issues with pharmacy capacity to deliver smoking cessation activities. • Ongoing unavailability of several products including varenicline, which was the most popular and effective smoking cessation intervention. • Clients continue to present at the QYW (Quit Your Way) community service with complex needs such as poor mental health, isolation, addictions, and financial issues. These clients require an increased intensity of intervention to provide them with holistic support and signpost them to other local support services. • The service has also been significantly impacted by staff absences and vacancies. **Actions to Improve Performance include:** • Community QYW staff have engaged with Public Health and local pharmacy colleagues to provide support and identify solutions to resolve current challenges in relation to pharmacy performance. • Delivery of face-to-face clinics in a range of accessible community settings. • Performance is being monitored by the NHS GG&C Tobacco Planning and Implementation Group and City Tobacco Group on an ongoing basis.

3.3 NATIONAL INTEGRATION INDICATORS

National Integration Indicator 11



- Decrease in Glasgow over the last three years after an increase in 2020.
- Glasgow consistently higher than Scottish average but gap narrowed over last three years
- No data currently available beyond 2023.



4. SUPPORTING GREATER SELF-DETERMINATION AND INFORMED CHOICE

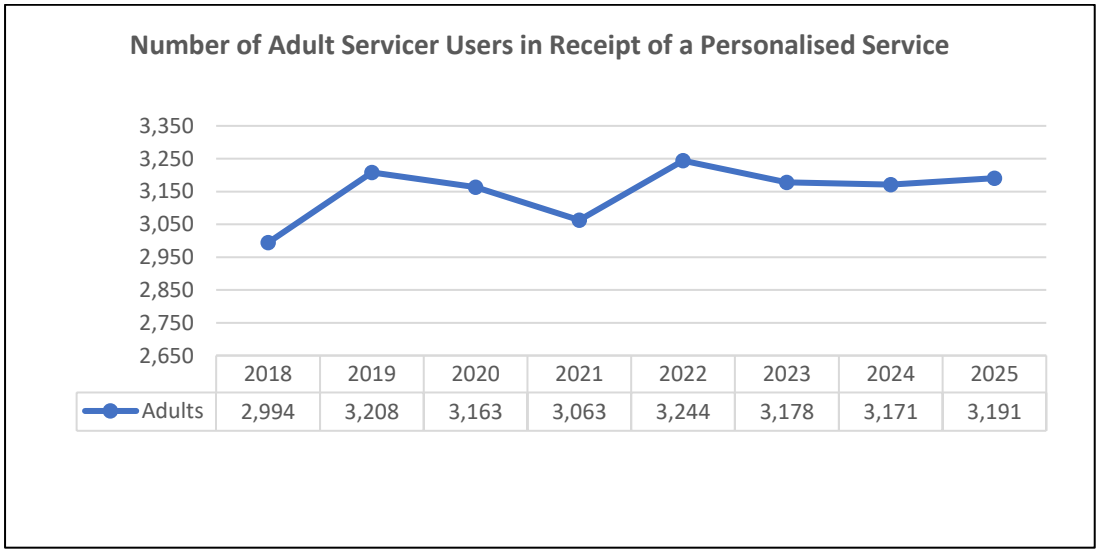
4. SUPPORTING GREATER SELF-DETERMINATION AND INFORMED CHOICE

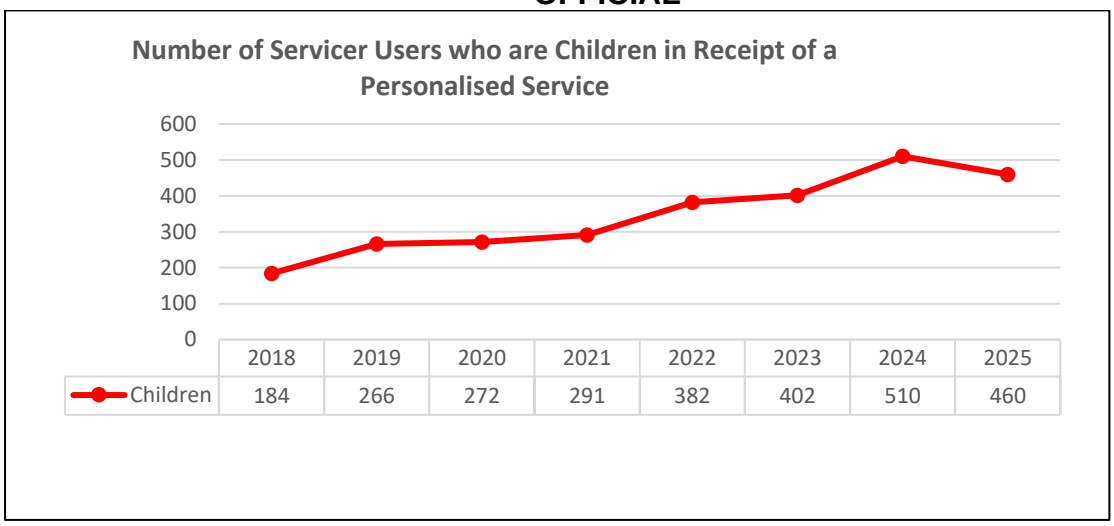
Within this section, we profile some of the key developments progressed in relation to our strategic priority of Providing Greater Self-Determination and Informed Choice and consider performance in relation to KPIs associated with this theme. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer
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 9
Resources are used effectively and efficiently in the provision of health and social care services.

4.1 KEY DEVELOPMENTS/ACHIEVEMENTS

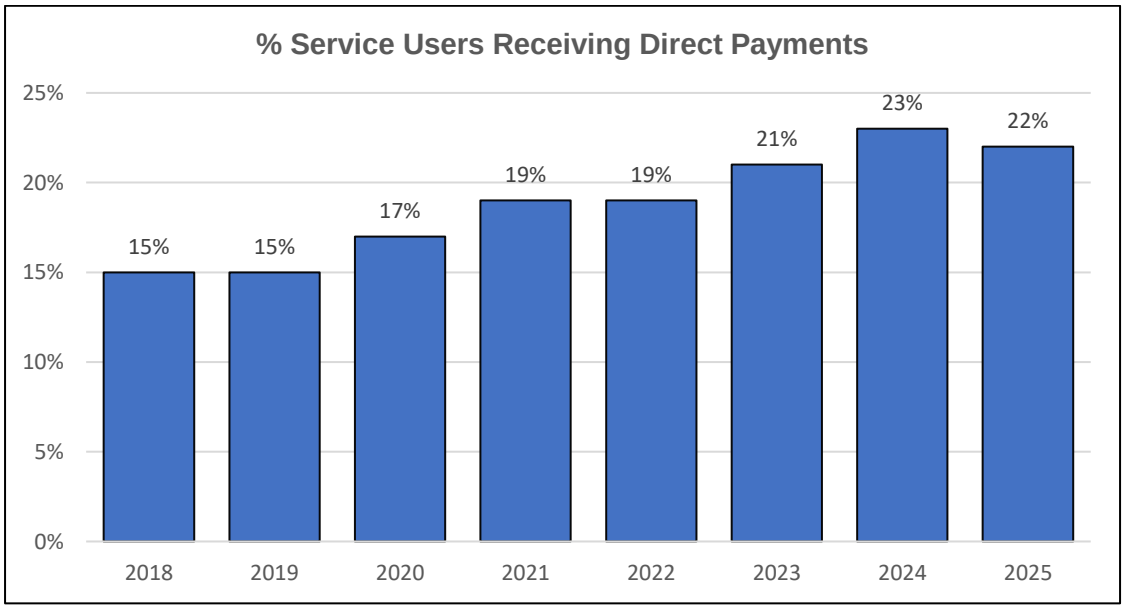
4.1.1 Self Directed Support (SDS)





Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013, aims to provide service users with greater choice and control over the support they receive. At the end of March 2025, a total of 3,191 adults were in receipt of a personalised social care service, a slight increase since March 2024 (3,171). The number of children with disabilities with SDS fell over this period (from 510 to 460).

The overall proportion of service users who chose the Direct Payment option to receive their personalised budget decreased slightly from 23% in 2024 to 22% in 2025, as shown below. There is considerable variation between age groups in the proportion of service users who opt to have a Direct Payment, with 80% of children with disabilities receiving a direct payment compared to 14% of adults.



4.1.2 Listening To Our Service Users

As explained in Chapter 1, we seek the views of people who access our health and care services through the Locality Engagement Forums (LEFs). They provide a mechanism for listening to and involving patients, service users and carers to ensure that our services reflect the priorities of local communities. In addition to the LEFs, services have also engaged with service users in a variety of ways in the last year, including the following:

Children

Young Champs

The **Promise** is a national commitment to care experienced children and young people, that they will 'grow up loved, safe and respected'. It is intended to achieve significant changes to the care system and **Glasgow's Promise Plan** sets out how this will be achieved locally. This led to the appointment of 4 **Promise Participation Workers** who have re-established the Glasgow's Young Champs group, to provide a representative group that will articulate care experienced children and young people's views to their 'corporate parents'. Young people on the group have decided when and where it meets and what its agenda should be. They have identified education, health/wellbeing and housing/moving on from care, as key initial priorities and the Promise Participation Workers are helping them plan activities relating to each. A Young Champs logo has also been designed by the group and is being used on group merchandise such as hoodies and stationery.

Review of 16+ Accommodation and Support Services

In response to national evidence that care experienced young people aged 16+ have a substantially higher risk of becoming homeless and experiencing poorer outcomes in adulthood, a strategic review of their Accommodation and Support Services was launched. A Practice Redesign Forum was established to lead this work, which includes young people, and they have identified a range of improvements that would ensure provider practices are aligned with 'The Promise' and respond to feedback from young people. These incorporated the first review of the 2-year test of change pilot 'Housing First for Youth Service', which has evaluated positively so far.

Children's Rights Service

The **Children's Rights Service (CRS)** provide information on rights and advocacy and support children and young people living with residential or foster carers, as well as those in continuing care and aftercare. The team supports children and young people to share their views about issues important to them and their work is underpinned by the United Nations Convention on the Rights of the Child (UNCRC), which has become incorporated into Scottish legislation. During 2024, the CRS supported 191 young people and activities undertaken by them included:

- Involving young people in the recruitment process for a new Children's Rights Officer. This has helped prioritise the things that matter to young people and assess candidates' ability to interact with them. The experience has also enabled the young people to feel listened to, valued and empowered, while developing their leadership and decision-making skills.
- Supporting the Care Leavers Open Day Celebration that kicked off Care Experience Week. This was an opportunity for young people to come together with peers to share stories, celebrate achievements and access support from one another. A group of young people were also involved in all aspects of designing and delivering the event.
- Involving young people in the design and delivery of briefing sessions for staff on the work of the CRS.

Young Persons Feedback on CRS

- I feel you are the only person I can really believe will do what they say
- That's new to me, a worker who works for me.
- You were the only person that listened to me and it's lead me to here.



Adults and Older People

Care at Home

Care Services deliver a number of services including care at home and telecare. During 2024, they have undertaken a number of new initiatives designed to improve accessibility, transparency, and inclusivity of their engagement which included:

- Introduction of QR codes to streamline survey participation.
- Expansion of digital engagement methods, including targeted email surveys and an increased use of GOV.UK Notify messaging.
- Launching of the Highlights Newsletter, which incorporates accessibility features such as descriptive text and infographics.
- Scoping digital focus groups for service users and their families to encourage participation from those unable to attend in-person meetings.

Future Care Planning (FCP)

Across NHS Greater Glasgow and Clyde (NHSGGC), the **Future Care Planning** service, hosted by Glasgow City HSCP, continues to support and empower people to shape and agree a person-centred plan which responds to changes in their health and care needs. The Plans record their future preferences, alongside clinical recommendations for treatment and are intended to support improved decision making and continuity of care. A range of online and face-to-face **FCP Training** opportunities have been developed and an audit is underway to assess and encourage improvements in the quality of information being recorded in FCPs.

Day Services for Older People Consultation

The HSCP operates **10 Day Care Centres** for older people across Glasgow which tailor their support for individuals attending. During the last year a consultation was launched to review the range of services provided within these centres, in order to ensure they continue to meet the evolving needs of service users. This feedback will play a key role in planning and enhancing the services offered going forward.

Meaningful Connections – Care Homes

An important part of the '**Meaningful Connections'** policy within care homes (see also chapter 5) is its emphasis on the importance of tailoring support to individual preferences, which is reflected in personalised support plans for each resident. By understanding and incorporating the activities that residents enjoy, the aim is to ensure that the daily lives of those in their care are comfortable and fulfilling.

Patient Engagement In Mental Health

Over the last year Mental Health services have successfully held a number of public engagement events to present and consult on Phase 2 of the Mental Health Strategy, supported by the Mental Health Network (MHN). MHN members have also participated as interview panel members for staff, bringing invaluable lived experience to the process. Community Mental Health Teams (CMHTs) have also been using a Patient Experience Survey which can be accessed in different formats including the use of a QR code.

Adult Learning Disability Day Services

The HSCP is undertaking a comprehensive review and modernisation of day services for adults with learning disabilities and are committed to working collaboratively with service users and their families to ensure services remain person-centred and align with their evolving needs. Engagement sessions with parents, carers, and key stakeholders have been conducted to gather feedback and have provided valuable insights into the priorities and concerns of those who rely on these services. Key themes emerging from the engagement include the importance of consistency and familiarity for service users, as well as the challenges associated with transitions to new models of care.

Diabetes Service

Throughout 24/25, the HSCP has continued to advance the Diabetes Care Improvement Programme, which includes a focus on delivering person-centred support plans. Throughout 2024/25, efforts have been concentrated on increasing the uptake and utilisation of these plans, with targeted engagement within areas of higher deprivation, where diabetes prevalence and associated complications remain disproportionately high. Work has also been undertaken to expand face-to-face and online education programmes and support, aimed at enhancing self-management skills amongst patients living with Type 2 Diabetes.

4.1.3 Employability

Care Leavers Employment Service

Care Leavers Employment Services (CLES) work with 16 to 26 year olds who are care experienced and along with partners, seek to identify employment opportunities and support young people to access them. A **Building Happier Futures** initiative has been established in the last year with John Lewis group which offers young people the chance to gain valuable work experience and guaranteed job interviews at John Lewis and Waitrose stores in Glasgow. At the end of the initial programme, three out of the four participants were offered positions, while one chose to pursue a college opportunity instead. Follow up cohorts have since enrolled on the programme building on the success of this initial trial.

Supporting Young People into Employment

The HSCP now has a young person's employability service, with employability coaches embedded within four HSCP services – ESTEEM, Family Nurse Partnership, Social Work Intensive Support Monitoring Service and the Youth Health Service. The coaches provide all participants with a highly personalised 12 month programme of learning and skills development. This has led to a number of positive outcomes including young people achieving qualifications, obtaining work placements, starting apprenticeships or finding new employment.

Staff and User Feedback

'My confidence has increased thanks to the employability coach. Without them I would not be where I am, with the aspirations I have, let alone working towards these qualifications.' (Young Person)

'I feel lucky we have the employability coach embedded in our service. They have successfully supported young people to positive training and educational destinations and are a critical part of the support the team offer.' (Staff Member)

4.1.4 Financial Inclusion

Financial Advice

The HSCP is a key funding partner with Glasgow City Council for Financial Inclusion Partnership services, which enables community based NHS staff to make direct patient referrals to a range of dedicated money advice providers in the city. In 2024/25, a total of 2,779 referrals were made, of which 1,756 related to supporting families with young children. Over £4.5m of financial gains were made during Q1-Q3 2024/25. This includes successful benefit claims, access to grants, and other one-off emergency payments that individuals and families were previously unaware of or were unable to access. Debt management has also played a crucial role in alleviating financial stress and in 2024/25, over £1 million in debt was successfully managed (including £301,215 housing debt, and £714,466 non-housing debt).

Social Work also operate a welfare rights service for service users and during 2024/25, they represented 238 clients at social security appeals. They also generated a total of £4.01m (£3.04m in ongoing benefits and £974k in backdated benefits) in successful claims for service users who receive a chargeable non-residential care service.





Case study

Client A is of a working age and is employed full time. As a full-time worker, he assumed he wouldn't be entitled to any financial support. However, his life had significantly changed recently as he had separated from his partner and was moving into a new home with his two children. On top of that, he was learning how to support his son, who had recently been diagnosed with Autism and ADHD. Managing essential costs was becoming increasingly difficult, but asking for help didn't come easily to him. At his first appointment, the advisor determined he was entitled to several forms of support including Child Disability Payment and Universal Credit. This, in turn, unlocked further support, including the Scottish Child Payment and a Single Person Council Tax Discount. With a total financial gain of £23,432 across these benefits, the client's situation transformed and reduced his stress, enabling him to focus on settling into his new home and adjusting to life as a single parent. He shared that without our support, he would have continued struggling, unaware of the help available, but now feels more in control and positive about the future.

Welfare Advice & Health Partnerships (WAHPs) programme

Scottish Government investment enabled Welfare Rights services to be embedded in GP practices across the city, primarily serving deprived communities. The initial two-year funding ended in January 2024, followed by a partial extension until March 2025 with reduced funding. Despite these constraints, the service has continued in 79 general practices across 82 sites within the available budget. Between March and December 2024 there has been a 15% increase in referrals compared to 2023-24 (3,207 to 3,687). The number of individual cases handled also saw a 5% increase (from 7,970 to 8,365); with financial gains rising by 45% (£6.4m to £9.27m). Client debt managed also increased by 14% (from £1.3m to £1.48m). Of this housing-related debt accounted for £291,937, while non-housing debt totalled £1.19 million. There has been a reduction in housing debt recently suggesting that support for rent and mortgages is having an impact, with non-housing debt increasing as people rely more on credit cards, loans, and other borrowing to cope with cost of living pressures.

Whole Family Wellbeing Fund

The Scottish Government Whole Family Wellbeing Fund was created with the aim of reducing inequalities, improving family wellbeing and reducing the numbers of children living away from home. Glasgow was awarded monies to take forward a **Primary Care Pilot** which commenced in autumn 2024 in 12 'Deep End' GP practices within the most deprived parts of the city. The pilot aims to create capacity in the form of part-time family wellbeing workers (FWWs) who work to pro-actively engage with families, linking them to a range of interventions and preventative services (e.g. trauma, poverty, language or well-being programmes). The funding has also enabled capacity within these services to be enhanced and facilitated the establishment of a Community Grants Fund, allowing local organisations to apply for funding to improve the range of family activities available locally.





Case Study

A referral was made by a GP for a family with three children following a recent hospital admission due to respiratory illness. The GP outlined their difficult housing conditions and was keen for this to be assessed further. The FWW visited and identified significant dampness within the family home which was the likely cause of the recurrent respiratory illnesses. Dehumidifiers were purchased via the Includem Young Person Fund to provide an immediate reduction in the level of dampness. Contact was also made with their housing officer to explore longer term solutions and they agreed to provide thermal wallpaper and extractor fans. Referrals were also made for further independent housing and money advice and the GP feels the service led to positive outcomes being achieved for the family.

4.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 YEAR END	2024/25 TARGET	2024/25 YEAR END	Direction of Travel since 2019/20	Direction of Travel since 2023/24
No. Future Care Plan summaries completed and shared with the patient's GP (Outcome 2)	N/A	69	50	276	399	360	605	▲ (since 2020/21)	▲
% young people currently receiving aftercare service known to be in employment, education or training. (Outcome 4)	68%	80%	80%	80%	77%	75%	72%	▲	▼

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

4.3 LOCAL EVIDENCE

User Feedback - Home Care and Reablement

Home Care and Reablement Services provide support to enable people to live as independently as possible in their own home. Their annual Service User Questionnaire remains the principal method of structured engagement with their service users. This questionnaire is aligned with the Health and Social Care Standards legislation: My Support, My Life (2023), ensuring services uphold all regulatory requirements, whilst prioritising respect, dignity, and the human rights of all individuals. The most recent questionnaire was carried out in 2024 and some of the key findings from this survey, in relation to our Strategic Priority of Supporting Greater Self-Determination and Informed 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	94%	Outcome 3
My regular carers know me well and they know what is important to me.	87%	Outcome 3
My home carers have enough time during their visit to support and care for me and to speak to me.	67%	Outcome 3

I am fully involved in developing and reviewing my PSP (Personal Support Plan) and, if I consent, my family and friends can be included.	71%	Outcome 3
Home carers recognise when I may need additional support or medical assistance and seek out appropriate support.	83%	Outcome 8
My home care service empowers and enables me to be as independent and as in control of my life as I want to be.	86%	Outcome 2
If my care needs change, I know I can request that my care plan be re-assessed.	79%	Outcome 4

Carer Feedback

The commissioned Carers services provide an Evaluation form to Carers in recent contact with the service which asks a number of questions, one of which relates to the Strategic Priority of Supporting Greater Self-Determination and Informed Choice. Feedback in the latest survey is included below:

Question	% Carers Responding Positively in 24/25
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	YEAR END 23/24	YEAR END 24/25
Number of Future Care Plan summaries completed and shared with the patient's GP	399	605

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 to Improve Performance
% young people currently receiving aftercare service known to be in employment, education or training.	**Performance Issues** Significant Team Leader absence, with Team Leaders responsible for quality assurance of recording, has impacted upon recent performance. **Actions to Improve Performance include:** Team Leader Capacity is expected to increase as a result of anticipated reducing absence levels, which will improve recording processes and performance.

4.4 NATIONAL INTEGRATION INDICATORS (see Appendix C)

National Integration Indicator	2023/24 Survey Results			
	Outcome	Glasgow	Scotland	Compared to Scottish average Above Below
3. % adults supported at home who agree that they had a say in how their help, care or support was provided	3	**61.5%**	**59.6%**	

Note

This indicator is derived from the national Health and Care Experience Survey (HACE). Due to changes in the survey wording, no comparisons can be made with the last report in 2021/22.



5. SUPPORTING PEOPLE IN THEIR COMMUNITIES

5. SUPPORTING PEOPLE IN THEIR COMMUNITIES

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Supporting People In Their Communities and consider performance in relation to KPIs associated with this theme. Some of these developments cut across all services while others are more service specific and, in this chapter, both are considered in turn. Activities undertaken across both areas 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 wellbeing.
Outcome 7
People using health and social care services are safe from harm.
Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services.



5.1.1 HSCP-WIDE DEVELOPMENTS

Maximising Independence

Over the last four years, Glasgow City HSCP has progressed the **Maximising Independence** (MI) programme. This has now become embedded within our **Strategic Plan** and is a core way of working across all HSCP services. As a result, the programme reached its final phase in March 2025, when it became 'business as usual.' Its impact can be seen in a number of activities which are described in the remainder of this chapter.

Health and Social Care Connect

Health and Social Care Connect (HSCC) was established to address the issue of increased demand for social work services by offering a consistent multi-disciplinary response to all referrals received by the HSCP. HSCC aims to ensure people receive the most appropriate support, with them being linked into local community services where appropriate, to prevent recurring referrals and reduce unnecessary contact with statutory services. An overall target was to reduce referrals to localities, with a target set of only 30% of work being passed over to localities for longer-term social work intervention. This has been achieved within the first 6 months of operation despite a significant increase in referrals coming into the HSCP.

Make it Local Community Hubs

As part of the 'Make it Local Communities' initiative, work has progressed with partners on plans to develop and expand accessible community activities that support the maximising independence approach. This will look to build on good practice around five key themes and encourage their growth across the city. These themes are; community resource information; helpful hints with home technology; food and nutrition; living with long term health conditions; and improving strengths and balance.

Glasgow Funders Forum

Following on from the **Socially Connected Glasgow Strategy** which highlighted the positive impact social connections can have on supporting people to live safely in their community for as long as possible, a number of recommendations have been progressed. These include the establishment of a new 'Funders in Glasgow Forum' whose membership includes a number of national and local funders. This aims to support more effective partnership working; reduce duplication; identify service gaps; and look at ways of attracting greater investment into the city to address them.

5.1.2 OLDER PEOPLE'S AND CARE SERVICES

The HSCP is continuing to shift the balance of care away from institutional care. Some of the key developments progressed in the last 12 months are described below, which aim to support people safely in the community, prevent unnecessary hospital admissions and facilitate more timely discharges from acute care. Work has also been undertaken with the Health Board, Acute Services and other HSCPs across NHS Greater Glasgow and Clyde (NHSGGC), to develop and implement system-wide strategic Unscheduled Care Commissioning Plans.

Care at Home and Reablement Services

Care at Home services deliver 98% of care and support services across Glasgow, with over 4,300 clients. On average, 87.35% of new service users are seen initially by the Reablement and Assessment teams, who provide short-term intensive support that aims to help service users regain the skills and confidence to live independently. During 2024/25 over 2,600 people received a Reablement service, with 39% not requiring any further home care support. If they had remained in receipt of mainstream home care services, the annual cost would have been approximately £8.5m.

In response to budgetary pressures, Care at Home have been reviewing access to services in line with the HSCP's review of Social Care Support and the Maximising Independence approach, with the aim of achieving a more consistent and equitable allocation of resources. Social work assessments are being focused more on an individual's strengths, rather than their deficits and a programme of strengths-based and trauma-informed training is being rolled out to facilitate this. Work has also been undertaken to improve signposting to other community based supports as required.



Circles of Support

Around 100 people are taking part in **Circles of Support** a new approach which aims to enable people who need support, and those closest to them, to make decisions about how best they can be supported at home. The Circle of Support can include extended family, such as grandparents, aunts and uncles, as well as others who are important to them such as friends or neighbours. This approach puts the person and their 'circle' at the centre of decision making, building upon their strengths, skills and abilities, as well as looking at areas where they may need additional assistance.

Technology Enabled Care and Support (TECS)

Technology Enabled Care and Support **(TECS)** provide tailored technological support to enable individuals to live safely and independently within their own homes. The Community Alarms & Telecare service supports approximately 8700 service users. During 2024/25, the service received 405,000 incoming calls and made 96,000 outbound calls to service users for welfare checks and proactive support. There were also 29,000 on-site responses to direct requests for assistance, equating to approximately 79 per day. Other developments progressed over the last year included

- Delivery of Information Sessions in libraries, enabling people to learn about and test a range of TECS equipment.
- Ongoing **transition** from analogue to digital technology, with 3,250 service users now using digital telecare units, with the remainder to be completed by the deadline of 2027.
- Successfully piloted the use of Alexa devices within **the Connected Care and Wellbeing Community Trial** delivered as part of an Innovation Programme funded by the Department for Science, Innovation and Technology (DSIT). This involved the deployment of 75 devices to service users in the community, with the aim of tackling digital exclusion, increasing digital skills and reducing social isolation. Due to its success, additional funding has been secured to expand the trial and explore more ways Alexa can support service users.

Intermediate Care

Intermediate Care provides a transitional support between hospital and community locations, allowing individuals to recover, regain independence, or transition into long-term care settings. This year, a major focus has been on working with partners to improve the planning of hospital discharges, ensuring that individuals are transferred to Intermediate Care units with a structured rehabilitation pathway, improved pre-admission assessments, and with key elements such as medications and transport addressed in advance. This year has also seen an expansion of the Discharge to Assess (D2A) model, where individuals who no longer require medical input but need additional assessment time, can have this undertaken in intermediate care settings.

A number of trends have been apparent in the last year and are requiring intermediate care services and partners to adapt and respond. These included the growing number of Adults with Incapacity (AWI) cases; increases in the number of under 65s presenting with complex needs; and a rise in the number of patients requiring both intermediate care and housing solutions, reflecting wider housing pressures across the city.

Home First Response Service

The HSCP manages the Home First Response Service on behalf of all 6 HSCPs in NHSGGC. The service aims to support safe, early turnaround from the Queen Elizabeth University Hospital 'front door', for those patients who do not require admission. The service works closely with community teams to enable patients to return safely home, where they receive ongoing assessment and support, if required. During the first 9 months of 2024/25, the numbers of assessments and discharges rose consistently and of the 964 patients assessed by Home First, 568 (59%) were discharged. An evaluation of the service is now underway.

Hospital at Home

The Hospital at Home Service commenced in January 2025, with a focus on step-down respiratory patients. This is managing patients who would have otherwise been managed within an acute setting and as the service becomes established, it is anticipated that the numbers will increase along with additional pathways for referral, with the aim of preventing the need for hospital admissions.

Call Before You Convey

The aim of the Call Before You Convey (CBYC) service is to avoid unnecessary conveyance of care home residents to emergency departments, recognising the poor experience for residents who have to attend them. 7 care homes in the North East have engaged with this service since the test of change in December 2023. In the last year, the service was paused as a new pathway was developed but has now resumed and is being delivered jointly with the Hospital at Home service.



Call Before You Convey - Staff Feedback

‘This has been an invaluable service supporting residents, predominantly at or approaching end of life, ensuring their wishes are granted and they get the support they need without being transferred to a busy A&E department which is extremely distressing for residents and their families’.

‘The CBYC service is invaluable to all care homes, knowing there is support in place over the weekend when there are less services available to help avoid hospital admissions or the need to contact NHS24’.

Falls Prevention

During **Falls Prevention Week** in September, HSCP staff organised a range of activities to raise awareness amongst staff and the public of falls prevention. These include the promotion of falls pathways, which seek to offer clinically safe alternatives to conveyance to emergency departments (EDs). Pathways are in place for both care home and community based staff, with the community pathway refreshed in April 2024 to include frailty. During the first 9 months of 2024/25, 73% of care home residents in Glasgow who had fallen were not conveyed to EDs following a virtual consultation, with a corresponding figure of 25% for falls in the community across NHSGGC.

Residential Services

Older People's Residential Services provide 24-hour care and support to 550 residents of our five directly provided care homes. In 2024/25, the service launched an internal quality assurance system, designed to standardise best practice and enhance consultation and engagement across all care homes. Other developments implemented during the year include:

Development of new pressure ulcer prevention resources and staff training with the Care Home Quality Assurance Nursing Team.
Funding was secured to introduce Alexa Show devices in all care homes and da centres, enhancing digital entertainment and engagement opportunities fo residents. A **trial** to extend how Alexa devices are used is also underway in Orchard Grove and Meadowburn Care Homes.
Co-produced the **Meaningful Connections** policy with residents, relatives, and staff. This sets out how residents will be supported to maintain their persona relationships with friends, families, as well as the wider community including loca community groups, schools and religious organisations. The impact of this approach was captured recently in a **short film** and examples include Meadowburn Care Home inviting colleges to deliver exercise and music classes; and school children to visit residents to listen to stories of Glasgow's past.



5.1.3 SUPPORTING CARERS

A procurement exercise for an updated service specification for Carer Support Services has been completed in the last year, with awards made to Quarriers (North East), Glasgow Association for Mental Health (North West) and the Dixon Community (South). These have been awarded for three years with an option to extend the contract for a further two years. Other areas of development in respect to carers support have included:

- Improved referral pathways and online self-referrals to increase the identification of carers at an early stage. Specific efforts have been made to increase the visibility of young carers with work including school engagement programmes, peer support networks, and increased collaboration with Children's Services.
- Carer Support Plans have been enhanced to incorporate financial wellbeing assessments and better connect carers to financial support services, in recognition of the increasing financial pressures faced by carers.
- More flexible respite options have been made available to cater for carers' needs, including short breaks specifically tailored to young carers.
- Work has also been undertaken to review and modernise carer engagement structures, with the Carer Reference Group transitioning into Locality Engagement Forums (LEFs), allowing for more direct participation and representation in HSCP decision-making processes. The HSCP also hosted an event to mark a new partnership with Glasgow Carers, which will seek to ensure the voices of carers are at the heart of service delivery and improvement in Glasgow.

The Carers (Scotland) Act 2016 gave all carers the right to an adult carer support plan or young carer statement. During 24/25 2,748 adults and young carers requested or accepted the offer of a Carers Support Plan or Young Carer Statement, compared to 3,229 in 2023/24, and 2,533 in 2022/23, as shown in the KPI section at the end of this chapter.



5.1.4 PRIMARY CARE

Primary Care Action Plan

Glasgow's Primary Care Action Plan (2023-26) covers the HSCPs wider responsibilities in relation to primary care, including our role in managing the primary care prescribing budget and working with primary care contractors. Updates on progress in implementing the Plan continue to be reported to the IJB and made widely available within Regular Bulletins on the HSCP website.

Parkhead Hub

After seven years of planning and development, the new Parkhead Hub began its phased opening in January 2025, which will bring together community health, primary care and social work services currently located at nine different sites. The Hub is also host to the relocated Parkhead library and provides community spaces for local people and groups to interact with each other. Following their successful tender, the Social Blend café at the Hub is being run by Include Me Too, a social enterprise that offers employment and training opportunities for young people and adults with additional support needs. In the run up to the opening of the Hub, public engagement activities continued, including the implementation of the Arts Strategy which supported 583 participants across 65 creative engagement events.

5.1.5 MENTAL HEALTH

Mental Health Strategy (MHS)

The NHSGGC Mental Health Strategy 2023-28 sets out a system of stepped care, with people entering at the right level of intensity of treatment and moving through different levels of care as required. The Strategy was recently refreshed and a number of workstreams continue to meet to plan and oversee its implementation. The HSCP's Head of Adult Services chairs the Modernising Community Mental Health Services Steering Group, which have taken forward a number of initiatives including Patient Initiated Follow Up (PIFU) and the use of a Stratification Procedure to manage demand more effectively at times of operational pressure. Work over the next year will focus on the workforce and service model within Community Mental Health teams.

Mental Health Officers (MHO)

Mental Health Officers perform an important statutory duty and in the last year the HSCP made a significant financial investment in order to enhance MHO salaries, which has greatly assisted in improving their recruitment and retention. An audit of MHO activity has also been completed, which recognised examples of 'excellent practice', as well as identifying a need to refresh the infrastructure and processes supporting MHO activity in the city. A Project Plan has now been developed to address a number of areas including organisational structures, governance, accountability, data quality and quality assurance, which will be implemented over the next 18 months.

5.1.6 LEARNING DISABILITY

Local Area Co-ordinator Teams (LAC)

During the last year, the North East LAC team was contacted by a local group who were concerned about a lack of sports-focused physical activity opportunities for people with learning disabilities. Glasgow Life were approached and agreed to facilitate multi-sport sessions which started in September 2024. They also agreed to offer and support gym inductions and make adaptations to equipment to support participation. This approach has proved to be successful and is now being rolled out across other locations in the city.

Supported Living

We have continued to enhance the governance arrangements for the supported living model to improve the way these services are reviewed. Efforts to reduce the amount spent on void properties commenced in 2024 and a number of shared service wide reviews have been completed to support this. This approach is helping to better coordinate care plans for admissions and achieve service efficiencies and savings.

Local Review Teams (LRT)

The LRT teams have progressed a number of pieces of work to help ensure that resources are being directed to those that need them most. These include carrying out a 2-year Self Directed Support review programme to ensure the HSCP meets its statutory requirements and that care plans are effective and efficient while mitigating risk. A regular review and assessment programme is also in place to facilitate timely interventions which prevent more severe problems occurring and to encourage the use of the strengths, skills and resources available to individuals and families.

5.1.7 HOMELESSNESS AND ASYLUM

In the last year, Homelessness Services have continued to face significant pressures, with approximately a 10% increase in the number of homelessness applications received (to around 8500). Against this context, work to progress the Housing Emergency Action Plan has continued, with actions progressed during 2024/25 including the following:

Temporary Accommodation

Given the increased demand on Homelessness Services, the HSCP has increased its use of both temporary (+15%) and bed and breakfast/hotel accommodation (+16%). Regular safeguarding visits to ensure the health and well-being of those residing within these types of accommodation have been prioritised. The HSCP is also in the final stages of reviewing its Temporary Accommodation Strategy, a 10-year plan aimed at eradicating the use of bed and breakfast accommodation and reducing the backlog of homeless households awaiting settled accommodation.

Settled Accommodation

HSCP Homelessness Services have worked closely with Registered Social Landlords (RSLs) to increase the number of settled lets in 2024/25 to around 3,500, the highest number ever secured. Tenancy sustainment rates also remain **high**, evidencing the effectiveness of the assessment and resettlement planning being undertaken by frontline staff. In 2024/25, Glasgow was awarded £11.4m for the city's acquisition programme which provides financial support to RSLs to purchase properties on the open market, which are then allocated to homeless households. It is anticipated that this funding will have supported the purchase of 68 properties during the year, including large family housing (3-bedroom plus), which has traditionally been a shortage area with significant waiting times for families looking for this type of accommodation.

Asylum and Refugee Services

Demand for homelessness assistance remains high from households granted leave to remain. In 2024/25, approximately 2,750 applications were received, including around 800 applications from households granted leave to remain elsewhere in the UK. This is approximately double the amount received in 2022/23 and has arisen largely as a result of the UK Government's changes to asylum decision making processes. During the last year, work has been undertaken within the Asylum and Refugee Service to better integrate health and social care services, and the remit of the health service has been broadened to support new refugees and to provide safeguarding and health assessments for households living in temporary accommodation. The Service also continues to support a number of refugee resettlement schemes, including the Afghan Relocation and Assistance Policy (ARAP), the Vulnerable Persons Resettlement Scheme (VPRS) and Ukrainian resettlement scheme.

Homelessness Service Review

In 2024, it was agreed that a review of homelessness services would be undertaken. This is focusing on the use of technology within the Temporary Accommodation and Allocations Team, and roles and responsibilities within Community Homelessness Services. The findings of the review will be published in Summer 2025.

Housing Options Explorer

Work is also underway to develop a 'Housing Options Explorer.' This will provide an online tool to allow households to access a directory of homelessness prevention services and advice, as well as potential housing options within the city. This will reduce demand on frontline homelessness services by allowing households to access support without the need to contact them.

5.1.8 CHILDREN'S SERVICES

Family Support Strategy Refresh (2024-2030)

Glasgow's Family Support Strategy has been refreshed, and a draft is currently being consulted upon. This builds upon the previous strategy, which emphasised early intervention and prevention, with the aim of reducing the number of families requiring statutory support and increasing the numbers of children living within their own homes and communities. The development of the updated strategy has been undertaken collaboratively with partners who support families, as well as families themselves. The draft strategy sets out 5 key priorities for the coming years namely Voice & Influence; Practice & Collaboration Principles; Collaborative Neighbourhood Networks; People & Resources; and Evidence & Learning.

Work is also ongoing to implement a dashboard and reporting system for Family Support Services, in order to improve data quality and ensure services have access to timely management information. This includes the creation of real-time reports, as well as information that supports quarterly reports and annual evaluations.

Commissioned Services Investment

Over a 6 year period (2024-2030), we are investing £50m in Family Support services, within the context of a joint commissioning monitoring framework. Services are being delivered by the Locality Family Support Service, along with HSCP Health Visiting and Family Nurse Partnership Teams (children pre-birth to 12); and by the Glasgow Intensive Family Support Service (GIFSS) (12-18 year olds). Positive outcomes have been reported by staff and servicer users, including reduced levels of harm, improved family relationships, increased confidence in parenting abilities, improved mental wellbeing and raised expectations about the future. An average of 500 families are being supported across these services at any one time.

Feedback on Family Support Services

'You guys have been absolutely brilliant and always there not only for our child, but for us as a family. I can't thank you enough for always trying and never giving up on them, as well as checking in on us all.' (Parent)

'The support worker is like my second mum, you can tell her anything and she won't judge, she is a good listener, and she tries to help. She has helped me to get a driving licence and a bank account. She is also making a referral to the Youth Employability Service for me.' (Young Person)

Residential Houses

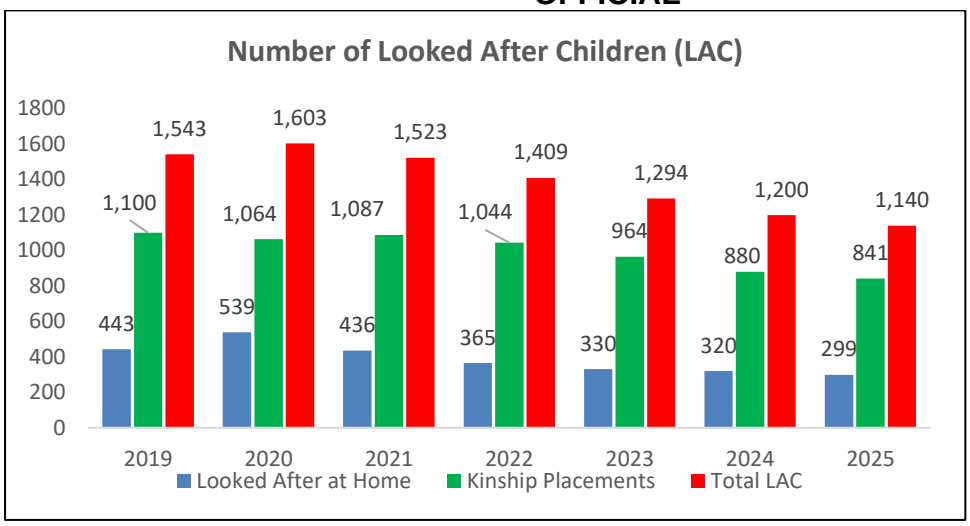
Children's Residential Services continue to drive forward the implementation of the Nurture Framework, to support the ongoing delivery of trauma-informed practice in residential houses. Activities progressed during the last year include the ongoing integration of nurture principals into induction programmes, residential care staff training and leadership development; the use of the 'Nurture Charter' to facilitate self-assessment and reflection; and the introduction of the 'low-demand parenting model' which seeks to enhance care for neurodivergent children and young people.

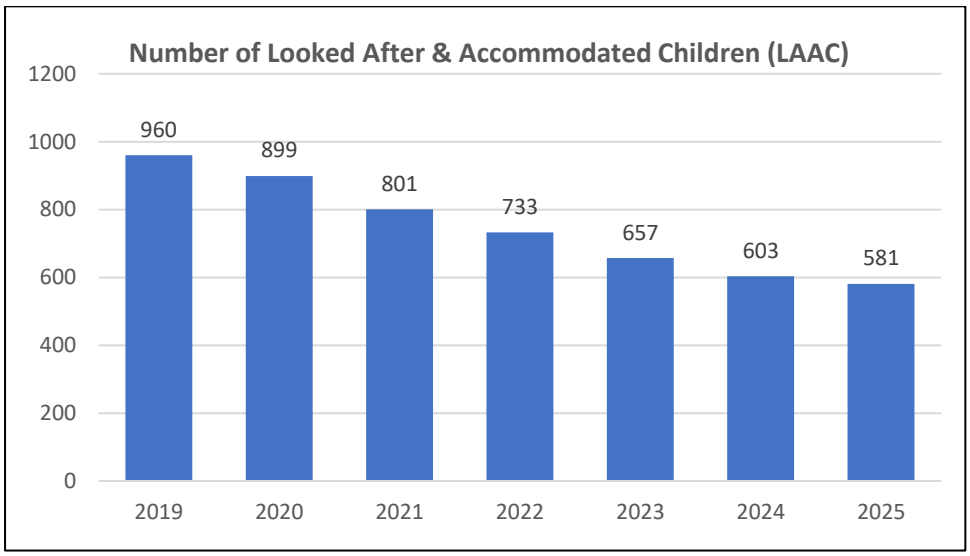
A Report by Strathclyde University on the implementation of the Nurture framework highlights the positive impact to date. Findings include a notable reduction in placement breakdowns, violent incidents and the use of physical restraints; and an increase in the number of young people choosing to remain in their care placements beyond their 18th birthday. Staff feedback has also been positive with respect to the impact of the framework upon their well-being and staff absences. It is also felt to be contributing to improved Care Inspectorate Gradings (see Chapter 10).

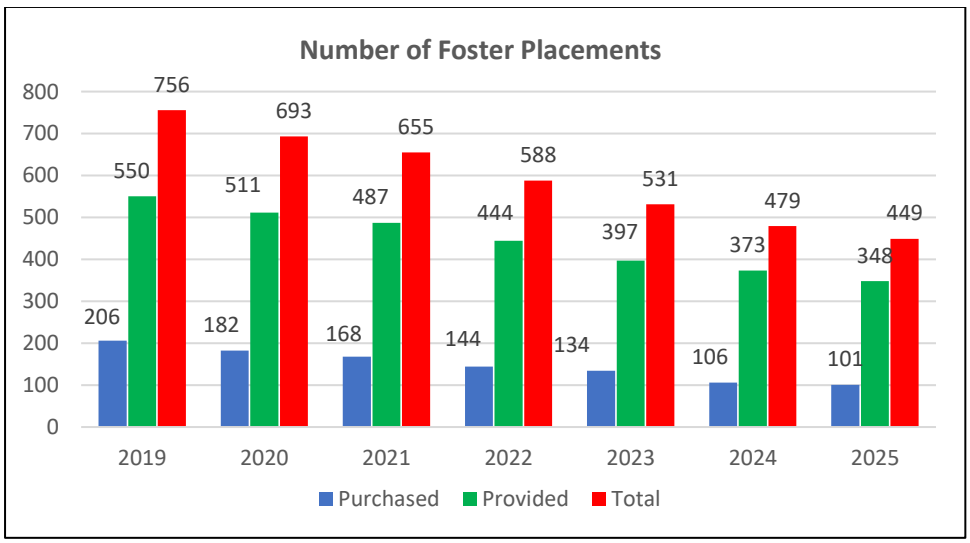
Children's Balance of Care Indicators

The success of the Family Support Approaches can also be seen in the children's balance of care figures below, which show a consistent reduction in the number of Looked After Children (at home or in kinship care) and Looked After And Accommodated Children (includes residential placements and foster care). There were 1,721 children in care, either at home or away from home, at the end of March 2025.









N.B. Foster Care numbers are a sub-set of LAAC (Looked After and Accommodated Children) shown in the preceding chart.

5.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 YEAR END	2024/25 TARGET	2024/25 ACTUAL (Year End unless stated)	Direction of Travel since 2019/20	Direction of Travel since 2023/24
Children									
Number of out of authority placements (Outcome 4)	N/A	N/A	N/A	30 ✅	26 ⚠	25	24 ✅	▲ (since 22/23)	▲
Older People									
No. Clustered Supported Living tenancies offered to Older People (Outcome 2)	N/A	N/A	84 ✅	83 ✅	88 ✅	75 per annum	85 ✅	▲ (since 21/22)	▼
% service users who receive a reablement service following referral for home care: **i) from hospital** (Outcome 2)	68.9% ✅	70.9% ✅	71.7% ✅	70.1% ✅	73.9% ✅	75%	84% ✅	▲	▲
ii) from the community (Outcome 2)	75.5% ✅	81.5% ✅	72.5% ✅	79.6% ✅	88.4% ✅	75%	90.7% ✅	▲	▲
Number of Carers identified during the year that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement (Outcome 6)	1,932 ✅	1,928 ✅	2,391 ✅	2533 ✅	3,229 ✅	1,900 per annum	2,748 ✅	▲	▼
Telecare referrals	n/a	n/a	n/a	n/a	3,475 ✅	1,310	3,313 ✅	n/a	▼

INDICATOR (Health & Wellbeing Outcome)	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 YEAR END	2024/25 TARGET	2024/25 ACTUAL (Year End unless stated)	Direction of Travel since 2019/20	Direction of Travel since 2023/24
A&E Attendances									
New Accident & Emergency attendances (18+). MSG 3 (Outcome 9)	161,155  13,430/ month	113,633  9,469/ month	139,967  11,664/ month	141,753  11,813/ month	147,080  12,257 month	161,155 (13,430/ month)	111,718  12,413/ month (to Q3)	▲	▼
Emergency Admissions and Bed Days									
Emergency Admissions (18+) MSG 1 (Outcome 9)	63,855  5,321/ month	54,947  4,579/ month	59,197  4,933/ month	56,574  4,715/ month	58,579  4,907/ month	63,855 5,321/ month	44,186*  4,910*/ month (to Q3)	▲	▼
Unscheduled Hospital Bed Days - Acute (18+) MSG 2 (Outcome 9)	507,633  42,303/ month	450,954  37,580/ month	522,420  43,535/ month	546,937  45,578/ month	549,542  45,795/ month	507,633 42,303/ month	384,887*  42,765*/ month (to Q3)	▼	▲
Delayed Discharges									
Total Acute Delays (Outcome 9)	77 	103 	136 	142 	140 	120	172 	▼	▼
Bed Days Lost to Delays (All delays, all reasons 18+). MSG 4 (Outcome 9)	45,318  3776/ month	49,902  4159/ month	64,853  5404/ month	74,875  6,240/ month	76,777  6,398/ Month	45,318 3,776/ month	62,352  6,928/ Month (to Q3)	▼	▼
Total Adult & Older People Mental Health delays (Outcome 9)	N/A	N/A	47 	42 	45 	20	39 	▲ (2021/ 22)	▲
Intermediate Care									
Intermediate Care: % users transferred home. (Outcome 2)	19% 	25% 	15% 	29% 	14% 	30%	23% 	▲	▲

***Provisional figures**
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	2023/24	2024/25
Number of out of authority placements	26	24
% service users who receive a reablement service following referral for home care from *hospital*	73.9%	84%
% service users who receive a reablement service following referral for home care from the *community*	88.4%	90.7%
Intermediate Care: % users transferred home.	14%	23%

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 to Improve Performance
Total number of Acute Delays Bed Days Lost to Delays (All delays, all reasons 18+) ***Delays*** **Target:** 120 **Actual:** 172 ***Bed Days Lost*** **Target:** 45,318 (Total) 3,776 per month **Actual:** 62,352 (Total) 6,928 per month	**Performance Issues** • Awaiting care home places – Lack of availability, impact of patient and family choice and the levels of engagement required to liaise and progress discharge. • Increase in Adults with Incapacity (AWI) issues requiring court involvement which lengthens the time required to process cases. • Delays linked to issues outwith the HSCP's control such as house cleans, equipment, or housing factors. • Increase in homelessness linked cases, reflecting the wider housing crisis in the city. • Increased complexity of referrals with a significant increase in under 65s and people with co-morbidities. • Ongoing staffing issues – general sickness/absence and retirements. **Actions to Improve Performance include:** • Chief Officer leading an action focused improvement plan tackling a range of issues that impact upon delays. • Implementing a planned discharge date and liaising with the discharge team at ward level on issues impacting discharge such as medications and transport. • Maximising the use of Intermediate Care and improving access to care home places through ad hoc commissioning inputs and by linking with care homes to progress pre-admission assessments and improved care pathways. • Linking with the legal department to support and progress AWI cases more quickly. • Supporting the Homelessness Liaison team via a weekly

	multi-disciplinary meeting. • Management of complex cases through a focused joint approach with a range of multi-disciplinary teams and sectors. • Management of staffing issues through targeted action around absences and recruitment.
Total number of Adult and Older People Mental Health delays **Target:** 20 **Actual:** 39h	**Performance Issues** • Continuing issues with placements for patients with complex needs and legal/AWI (Adults With Incapacity) issues. **Actions to Improve Performance include:** • Regular meetings with commissioning staff and service managers to develop and progress further placements that allow for a faster throughput of patients ready for discharge from hospital. • A review of discharge teams has been undertaken and areas for improvement identified which will be progressed during 2025/26.
Intermediate Care (IC): % users transferred home **Target:** 30% **Actual:** 23%	**Performance Issues** • The overall frailty/complexity of service users being admitted to intermediate care has increased making a return to home more challenging. • Performance is dependent on the profile of the service users seen within each quarter which can vary and is outwith the control of the HSCP. **Actions to Improve Performance include:** • An improvement event was organised recently which involved partners and intermediate care staff, with the aim of identifying opportunities to increase the numbers of discharges home. • An action plan has been developed to maximise the opportunities for people to be discharged and supported at home, including a revised focus on rehabilitation.

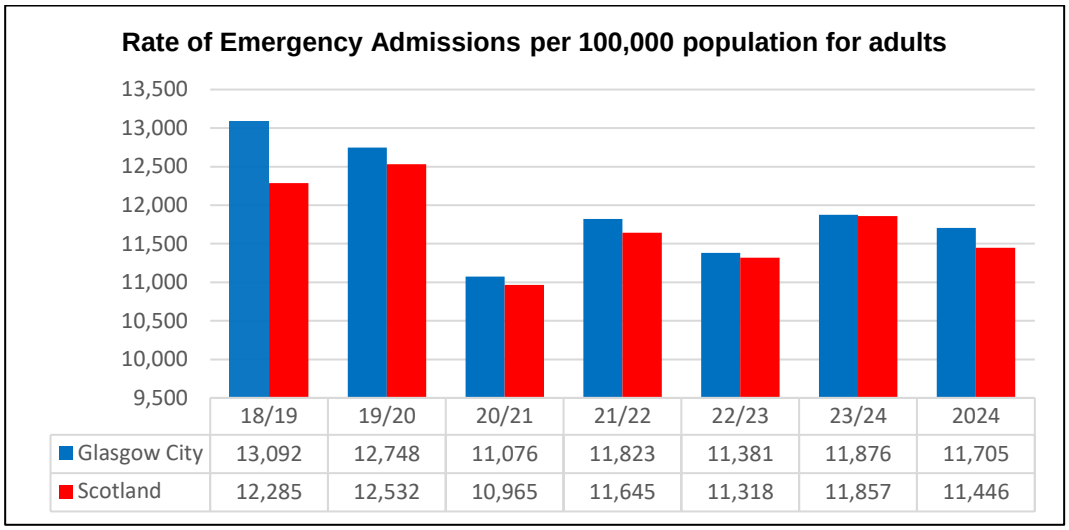
5.3 NATIONAL INTEGRATION INDICATORS

The majority of the National Integration Indicators relate to the Strategic Priority of Supporting People in their Communities. Data in relation to these indicators is shown below, with a number of them covering the same aspects of performance as the Local KPIs set out in Section 5.2 above.

National Integration Indicators 1 to 9 are derived from the national Health and Care Experience Survey (HACE), which is a sample survey of people aged 17 and over registered with a GP in Scotland. Due to changes in the survey wording, only indicators 1, 6 and 8 can be compared to the last report in 2021/22.

National Integration Indicator	2023/24 Survey Results (21/22 results shown in brackets if comparable)				Direction of Travel Since Last Survey (21/22)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above / Below	
1. % adults able to look after their health very well or quite well	1	**87.6%** (88.1%)	**90.7%** (90.9%)	🛑	▼
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	**72.3%**	**72.4%**	🛑	n/a
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	**65.2%**	**61.4%**	✅	n/a
5. % adults receiving any care or support who rate it as excellent/good	3	**71.2%**	**70%**	✅	n/a
6. % people with positive experience of the care provided by their GP practice	3	**73.7%** (71.4%)	**68.5%** (66.5%)	✅	▲
7. % adults supported at home who agree that their services/support had impact on improving /maintaining their quality of life.	4	**69.7%**	**69.8%**	🛑	n/a
8. % carers who feel supported to continue in their caring role	6	**34.5%** (33.7%)	**31.2%** (29.7%)	✅	▲
9. % adults supported at home who agreed they felt safe	7	**72.6%**	**72.7%**	🛑	n/a

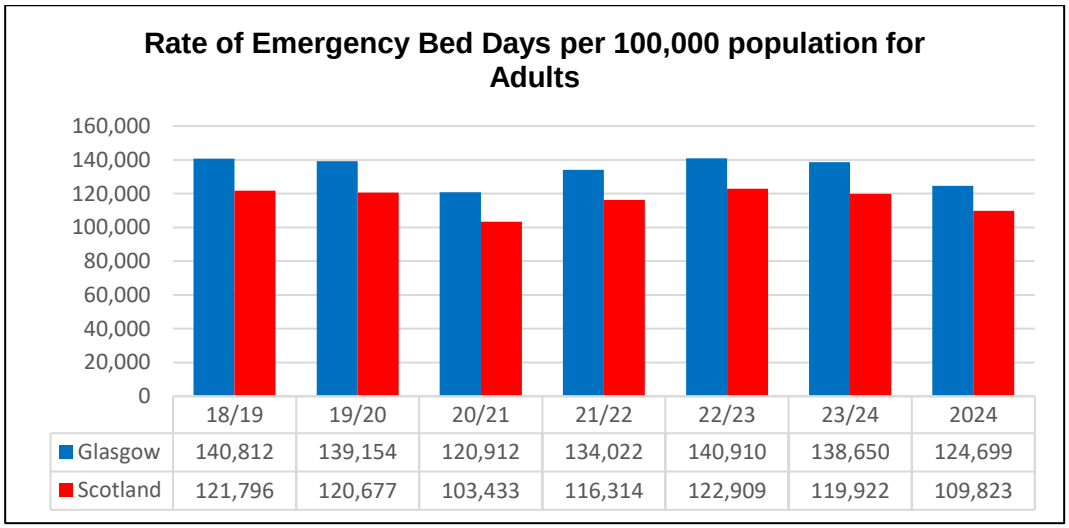
National Integration Indicator 12



	18/19	19/20	20/21	21/22	22/23	23/24	2024
Glasgow City	13,092	12,748	11,076	11,823	11,381	11,876	11,705
Scotland	12,285	12,532	10,965	11,645	11,318	11,857	11,446

- Reduction in Glasgow over the period since 2018/19, particularly in 2020/21. Rates also reduced slightly in the last year.
- Glasgow remains above the Scottish average.

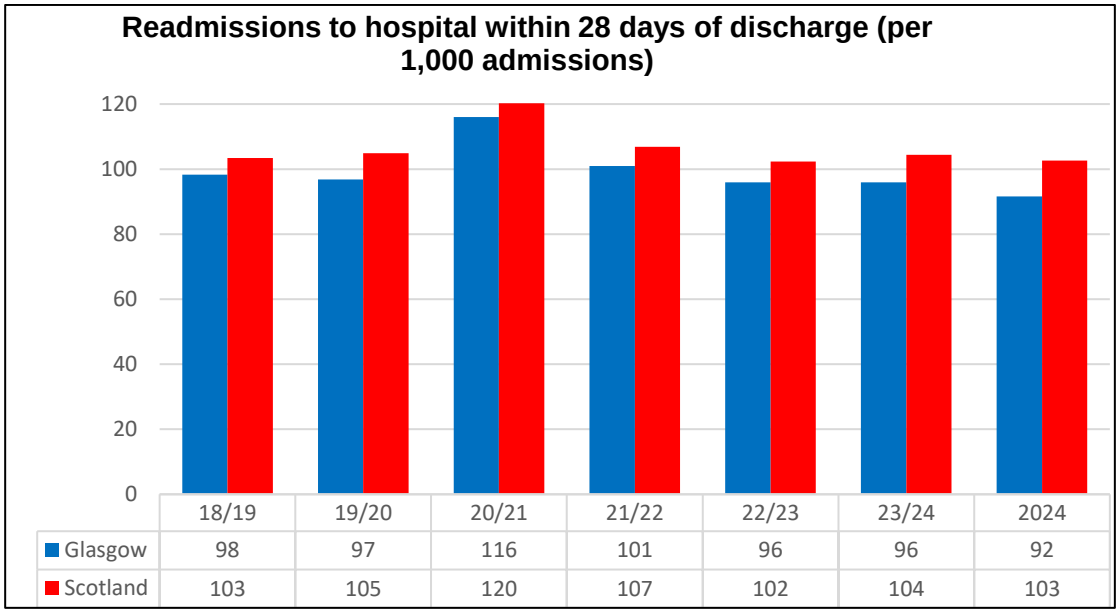
National Integration Indicator 13



	18/19	19/20	20/21	21/22	22/23	23/24	2024
Glasgow	140,812	139,154	120,912	134,022	140,910	138,650	124,699
Scotland	121,796	120,677	103,433	116,314	122,909	119,922	109,823

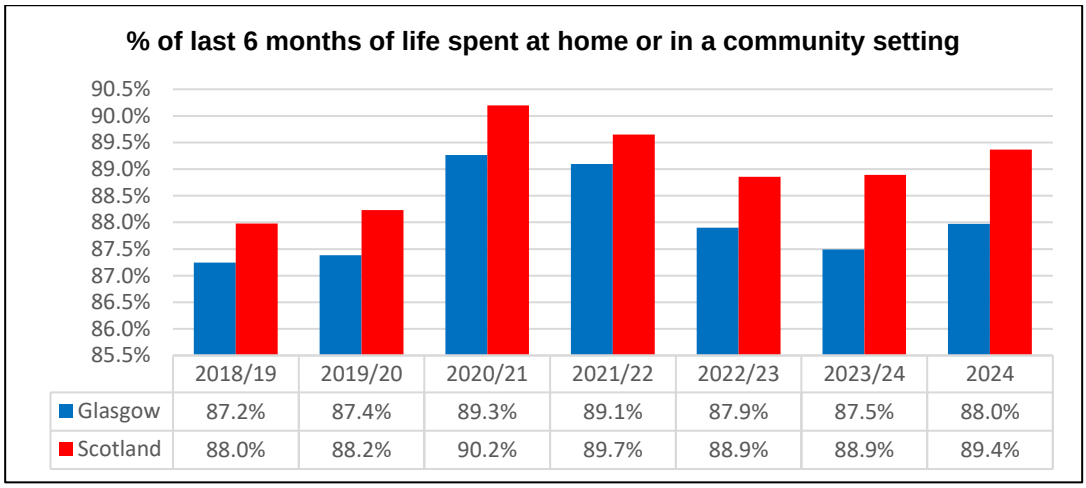
- Rate have remained similar in Glasgow since 2018/19 although there was a reduction during 2019/20 and 2020/21. Rates also fallen in the last year.
- Glasgow continues to be higher than the Scottish average.

National Integration Indicator 14



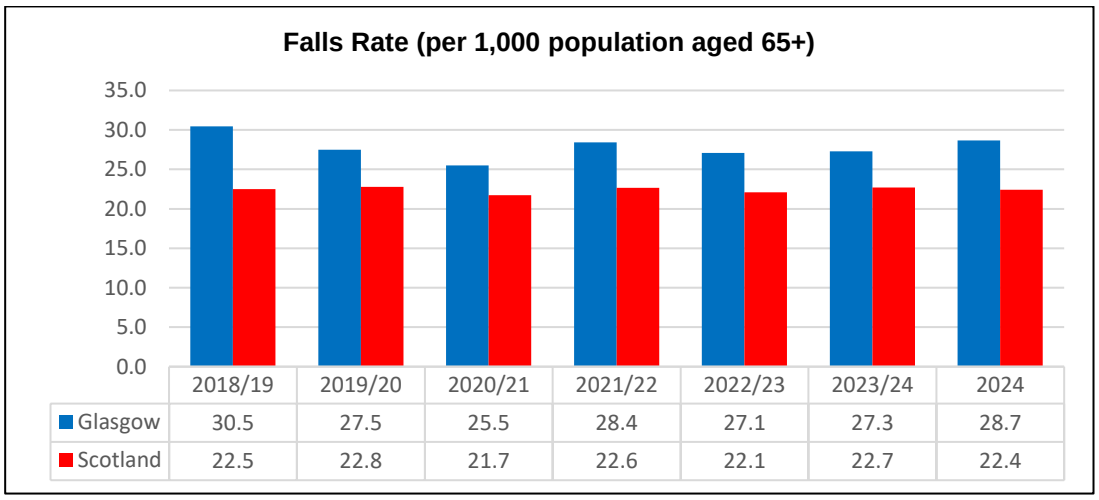
- Rates peaked in 2020/21 in Glasgow and have since reduced, including over the last year.
- Glasgow has remained lower than the Scottish average since 2017/18.

National Integration Indicator 15



- Rates in the last year in Glasgow increased slightly and are now just above 2018/19 levels. They have fallen since 2020/21, which was their peak over the period shown.
- Glasgow consistently lower than the Scottish average over the period shown.

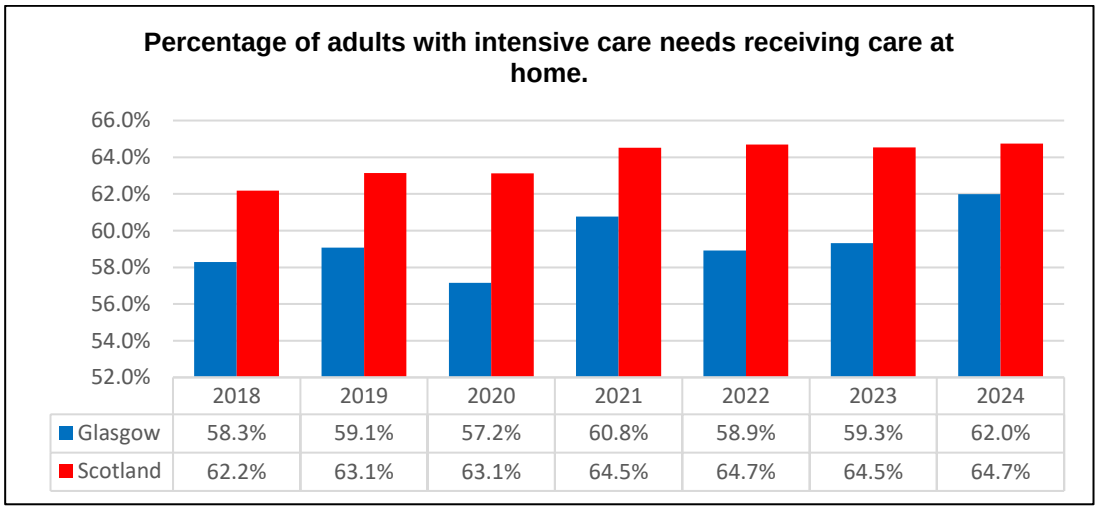
National Integration Indicator 16



	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024
Glasgow	30.5	27.5	25.5	28.4	27.1	27.3	28.7
Scotland	22.5	22.8	21.7	22.6	22.1	22.7	22.4

- Reduction over the period since 2018/19 in Glasgow but numbers have increased over the last year.
- Glasgow consistently higher than the Scottish average over the period shown

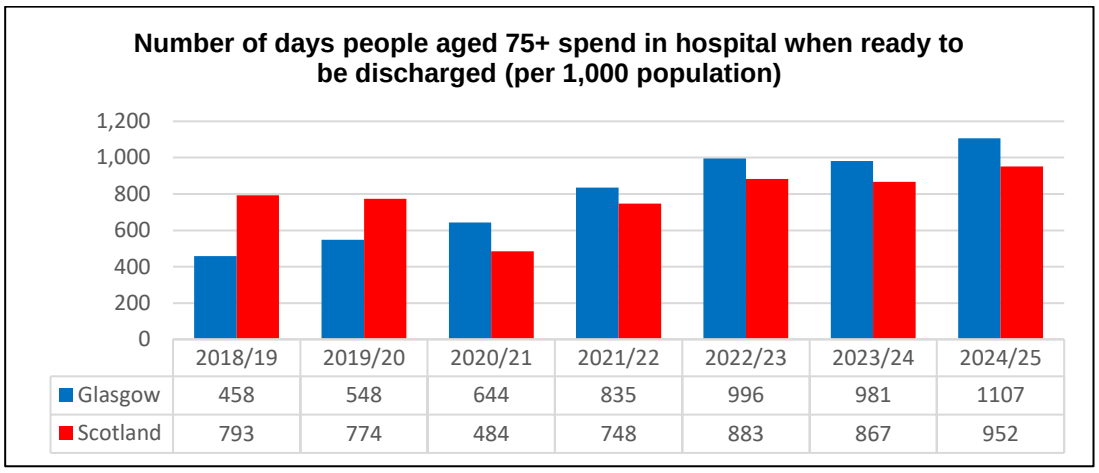
National Integration Indicator 18



	2018	2019	2020	2021	2022	2023	2024
Glasgow	58.3%	59.1%	57.2%	60.8%	58.9%	59.3%	62.0%
Scotland	62.2%	63.1%	63.1%	64.5%	64.7%	64.5%	64.7%

- Increase over the period since 2018/19 in Glasgow, as well as over the last two years after falling from a peak for the period shown in 2021.
- Glasgow consistently lower than the Scottish average over the period shown.

National Integration Indicator 19



- Rates doubled over the period shown in Glasgow with a significant increase over the last year.
- Glasgow higher than the Scottish average since 2020/21 having been lower prior to that for the period shown.

Notes
Please note that calendar year 2024 is used for indicators 12-16 above as a proxy for 2024/25, due to the national data for 2024/25 being incomplete at this stage. This is in line with guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Indicators 18 and 19 are reported as normal by calendar year (18) and financial year (19).

5.4 LOCAL EVIDENCE

User Feedback - Home Care

Home Care and Reablement Services provide support to enable people to live as independently as possible in their own home. Their annual Service User Questionnaire remains the principal method of structured engagement with their service users. This questionnaire is aligned with the Health and Social Care Standards legislation: My Support, My Life (2023), ensuring services uphold all regulatory requirements, whilst prioritising respect, dignity, and the human rights of all individuals. The most recent questionnaire was carried out in 2024 and some of the key findings from this survey, in relation to our Strategic Priority of Supporting People at Home, are presented below.

Statement	% of respondents who "strongly agreed" or "agreed" with statement	National Health & Wellbeing Outcome
My carers are professional and supportive.	94%	Outcome 8
I tend to be supported by a regular group of home carers.	73%	Outcome 3

My home carers support me to feel safe and live in my own home.	90%	Outcome 7
My home carers recognise the importance of good hygiene for both me and my home.	87%	Outcome 4
I am confident that my home carers have the right skills to support me.	88%	Outcome 8
I am informed of any changes to my planned care and support.	69%	Outcome 3
Overall, are you satisfied with the service?	87%	Outcome 4

Carer Feedback

The commissioned Carers services 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 the Strategic Priority of Supporting People in their Communities. The results are shown below.

Question		**% Carers Responding Positively**
Has the Carers Service …	improved the quality of life for the person you look after?	88%
	improved your quality of life?	97%
	improved your ability to support the person that you care for?	96%





6. STRENGTHENING COMMUNITIES TO REDUCE HARM

6. STRENGTHENING COMMUNITIES TO REDUCE HARM

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Strengthening Communities to Reduce Harm 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.
Outcome 7
People using health and social care services are safe from harm.



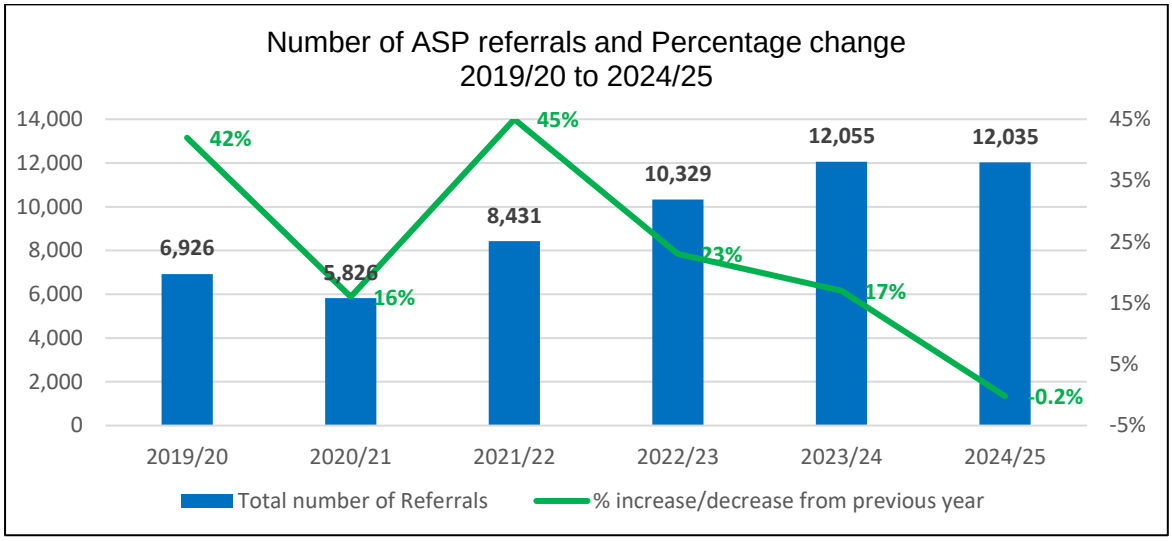
6.1 KEY DEVELOPMENTS/ACHIEVEMENTS

6.1.1 ADULT SUPPORT AND PROTECTION

Glasgow City Adult Support and Protection (ASP) Committee and its sub-groups are the primary strategic planning mechanisms for overseeing multi-agency support and protection arrangements for adults at risk of harm. The centralised ASP Team provide a link between the Committee and the HSCP operational arrangements for delivering ASP interventions, as well as supporting ASP practice development and improvement.

A partnership approach to the strategic leadership of ASP is in place within the city and an Annual Joint ASP Audit takes place involving health, social work and the police. A number of improvement actions have been progressed in the last year in response to the findings of the 2024 Audit, which include the following:

- Launch of an Adult Interagency Referral Discussion (IRD) Pilot, with the aim of improving joint working, decision making and the effectiveness of interventions. This will be subject to self-evaluation in addition to voluntary evaluation support from the Care Inspectorates Joint Inspection team, following Glasgow's successful bid to be involved in their 'Workstream 4' Group. This group is a programme of supported self-evaluation using the recently published national Quality Improvement Framework.
- Extension of the remit of the Care Home Quality Assurance Team to include leading upon most Care Home ASP referrals, in order to achieve a greater consistency of response and decision making.
- Launch of new Care Home Guidance and a Risk Matrix to ensure the referrals received by care homes, which have been the highest source of referrals in Glasgow (see below), are the ones which require statutory intervention.
- Development of a new Chronology Course for frontline social work staff to improve Chronology recording practices.
- Developed an improvement plan linked to participation, given the key importance of ensuring adult voices are heard within our ASP arrangements.
- Strengthened the ASP dataset to support planning and service improvement by implementing phase two of the National Minimum Dataset, which involves mandatory reporting across a wider range of risk factors. Analysis of the data being generated by this dataset indicates a number of trends shown below.



Notes: In the chart above, the referral numbers are shown in columns, while the line indicates the percentage change year on year.

- There were 12,035 referrals in 2024/25, compared to 12,055 the previous year (a fall of 20, -0.2%). This is the first drop in referral numbers since 2020/21 with referral numbers having steadily increased over the period.
- Of the 12,035 referrals in 2024/25, 829 (26%) used Investigatory Powers, with 74% not requiring them. This is broadly similar to the national trend.
- Care Homes (32%) and Police Scotland (15%) were the biggest referrers in 24/25 locally. This is a variation from the picture nationally, where the police were the biggest referrers.



6.1.2 CHILD PROTECTION

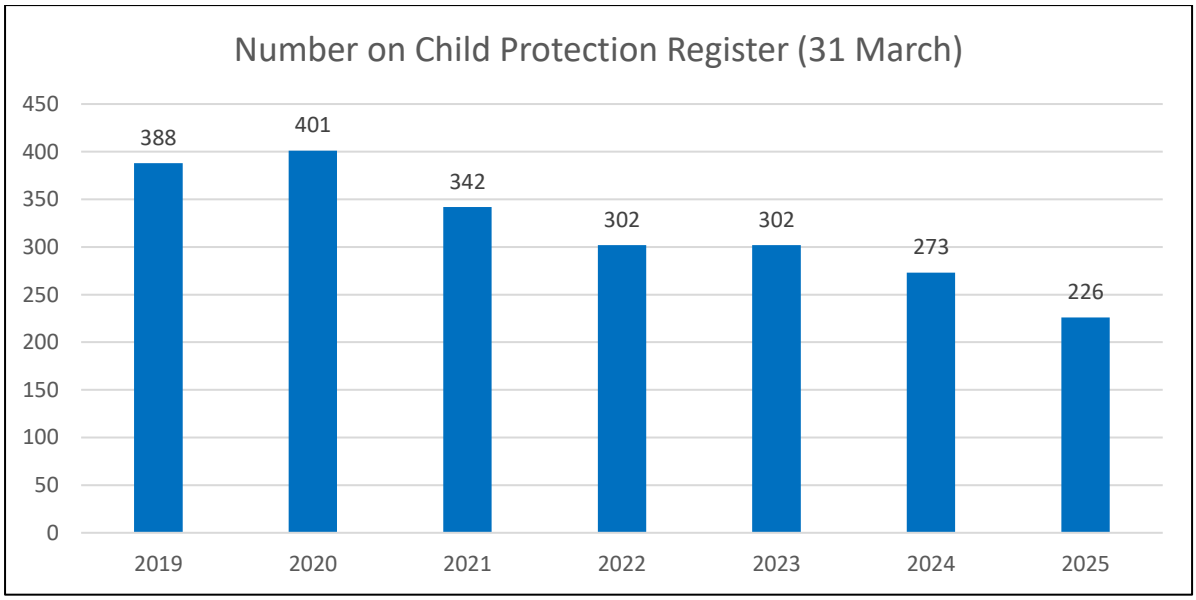
The central Child Protection (CP) Team works closely with the Child Protection Committee (CPC) team in order to provide strategic oversight and leadership across the partnership in Child Protection. The Central Child Protection team perform a similar role to the central ASP team, in supporting interventions, practice development, and service improvement, with respect to the protection of children and young people at potential risk of significant harm. Activities progressed over the last 12 months, from both the CPC team and the CP team, include the following:

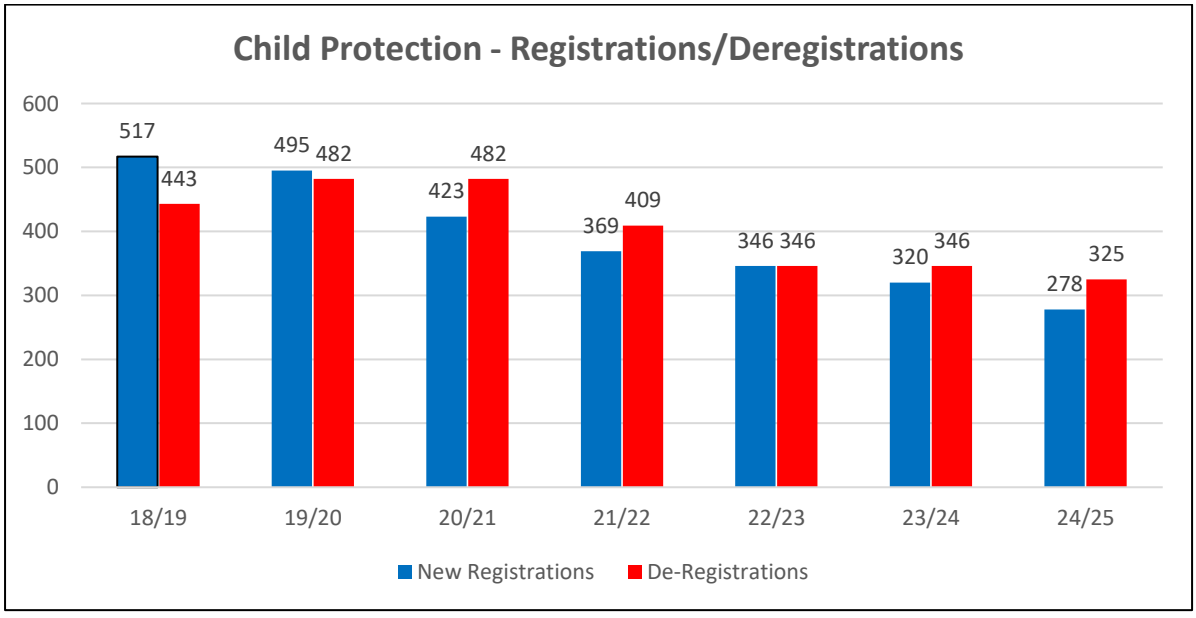
- Continuing implementation of the national Child Protection guidance.
- Successful implementation of the National Minimum Dataset for Child Protection Committees and ongoing monitoring of its implementation.
- Prepared for the Inspection of Children's Services. An Inspection Plan has been drawn up which identifies strengths, as well as areas for improvement, with short-life working groups established to progress these.
- Reviewed the Glasgow Social Work Child Protection Procedures. Plans for launch and associated training pathways are now being developed, along with an evaluation framework.
- Work is also underway to review the current Young Person's Support and Protection Procedures (YPSP), involving the Children's Rights Service and Promise Participation workers.
- Led a multi-agency review of the current Glasgow Interagency Referral Discussion (IRD) guidance, involving education partners in line with national advice. The IRD is the start of the formal process of information sharing, assessment and decision-making, following reported concern about abuse or neglect.
- Led a joint review with education and third sector representatives of the current 'Notification of Concern' (NoC) and 'Request for Assistance' paperwork. Both are now online, and plans are in place to evaluate the impact of the revised forms.
- Reviewed the operations of the Child Protection Committee sub-groups on i) Neglect and ii) Young Person's Support and Protection. This has led to revised membership and terms of reference. Plans have also been agreed to establish a new IRD sub group.
- An audit was undertaken by the HSCP Practice Audit team, and a working group has been established to develop and implement an action plan to respond to its findings. Plans are also being developed to undertake an annual multi-agency audit of Child Protection, similar to the established Adult Support and Protection arrangements described above.

Child Protection Trends

Trends over time in respect of child protection data are shown in the graphs below. These indicate that the numbers on the Child Protection Register have been falling over the period shown, as have the number of new Registrations and De-registrations.

In terms of age breakdown, at the end of March 2025, 49% of the children on the CP register were aged 0 to 4; 34% were 5 to 11; 15% were 12 to 15 while the remaining 2% were 16 and over. This compares to 49% (0-4), 35% (5-11), 12% (12-15), and 4% (16 and over) in March 2024.





6.1.3 JUSTICE SOCIAL WORK

The Justice Social Work transformation agenda seeks to improve long term outcomes for service users, creating opportunities for reintegration and rehabilitation, while reducing the prison population and improving engagement and compliance with community orders. Early and effective intervention remains at the heart of this agenda with activities over the last 12 months including:

Diversion from Prosecution

Diversion from Prosecution (DfP) is a process by which the Procurator Fiscal refers an individual to their local authority as a means of addressing the underlying causes of alleged offending behaviour, such as mental health or drug and alcohol issues. This can be done either instead of commencing court proceedings; or before a final decision is taken in relation to court proceedings. The Justice Social Work DfP team received 847 diversion assessment requests in 2024/25 (61% male and 39% female). Of these 332 individuals were assessed as suitable for diversion; 88 unsuitable; and assessments were unable to me made on the remainder due to non-engagement by the individuals referred. Following an internal audit of processes, changes are being implemented which it is hoped will reduce these levels of non-engagement going forward.



Case Study

Client A was referred into the DfP team following being charged with 3 breaches of the S38 Criminal Justice and Licensing (Scotland) Act 2010, as well as police assault. They advised that the incident occurred due to excessive alcohol consumption, which prior to the time of the incident had increased due to a bereavement. Alcohol had also contributed to a breakdown in their relationships with family members, as well the development of pancreatitis. They agreed to explore supports which included a referral to Glasgow Council on Alcohol (GCA) for one-to-one counselling on alcohol use and bereavement; and to Alcoholics Anonymous (AA). Upon completion of their Diversion, A had been sober for 18 weeks, was regularly attending GCA and AA, and had returned to work part time. He had also began exploring college courses to plan for his future and reported a significant improvement in his health and his relationships with family.

Unpaid Work Health & Wellbeing Programme

The health and wellbeing programme is a partnership between health and justice services designed to improve the health and wellbeing of people carrying out community sentences. In the first year of its operation, partners have delivered sessions to offenders on a variety of topics including alcohol and drug use, sexual health, mental health and women's health. The programme also offers staff training aimed at improving their skills and confidence in helping people serving Community Payback Orders (CPOs) to address their health needs

Multi Agency Public Protection Arrangements (MAPPA)

The Multi-Agency Public Protection Arrangements (MAPPA) are a set of statutory partnership working arrangements designed to assess and manage the risk posed by certain categories of offender, including sex offenders and 'mentally disordered restricted patients'.10 partnerships are in place nationally including Glasgow. In the last year, the local partnership has organised a MAPPA development day, which focused on cases relating to organised crime and terrorism. It also published its fifteenth Annual Report. This highlighted that Glasgow met 6 of the 8 National Performance Indicator (NPI) targets; was only slightly below target for another; with the final one below target for a temporary period linked to resources.

A National MAPPA Report was also published by the national MAPPA Steering Group in November 2024, which gave an overview of national performance and provided areas of good practice from across the country. Glasgow links in and supports the work of this national Steering Group, which in the last year has included the redevelopment of MAPPA guidance for Significant Case Reviews and the introduction of a new information system - Multi Agency Public Protection System (MAPPS).

Moving Forward 2 Change (MF2C)

Since November 2024 Glasgow has become a delivery site for the Moving Forward 2 Change (MF2C) Groupwork Programme, which is being rolled out across Scotland to replace a pre-existing initiative. MF2C is a group work programme for individuals convicted of sexual offences who meet set risk assessment-led criteria, and it aims to support them and prevent them from re-offending. To date, 5 facilitators and 2 treatment managers have been trained and the first MF2C group is in the process of being established, with information sessions being held for staff and potential referrers.



Case Study

B was shortly due for release from prison and there were significant concerns raised regarding the risk presented by him due to serious harm previously perpetrated. There were gaps in partners understanding of him, due to his lack of previous engagement with services, which raised concerns over the associated risk. In preparation for his release, there was a co-ordinated effort from professionals involved in his management to develop a positive working relationship with him, which continued after he came out of prison, and he proved responsive to. By collaborating in this way, the professionals were able to support him in the community, enabling a reduction in his assessed risk and MAPPA levels.

6.1.4 ALCOHOL AND DRUGS

Safer Drug Consumption Facility (SDCF)

The UK's first safer drug consumption facility **The Thistle** opened at Hunter Street Health and Care Centre on the 13 January. It is staffed by a multidisciplinary team and offers a safe place for people to inject drugs which they have obtained elsewhere. The service aims to reduce drug-related overdoses, prevent and/or treat injection-related infections, as well as reduce the negative impact that outdoor injecting has on local communities. While in the centre, service users can access medical treatments, Blood Borne Virus (BBV) testing, as well as interact with a variety of support services including homelessness and drug treatment and care.

The service will be independently evaluated but early indications are positive. Over 140 individuals have used the facility on over 1000 occasions in the first two months of opening, with early feedback from service users and partners positive. Nurses have supervised more than 700 injecting episodes involving cocaine, heroin or both, with a number of medical emergencies being effectively managed, with support from the Scottish Ambulance Service where required. Wound care has been the most frequent medical intervention on site, with shower and laundry facilities also well used.

6.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 YEAR END	2024/25 TARGET	2024/25	Direction of Travel since 2019/20	Direction of Travel since 2023/24
Number of households reassessed as homeless/ potentially homeless within 12 months. (Outcome 7)	437 ✓	420 ✓	526 ●	406 ✓	312 ✓	<480 per annum	414 ✓	▲	▼
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence. (Outcome 4)	76% ●	76% ●	87% ✓	89% ✓	90% ✓	80%	83% ✓	▲	▼
% of Service Users with a Case Management Plan within 20 days* (Outcome 4)	85% ✓	85% ✓	93% ✓	97% ✓	93% ✓	85%	89% ✓	▲	▼

Notes
*This includes Community Payback Orders, Drug Treatment and Testing Orders (Drug Court), and Throughcare Licenses (Clyde Quay, Sex Offender Criminal Justice Services)
These targets may have been adjusted over the period shown, so RAG ratings for previous years may be against historical targets.

KEY ACHIEVEMENTS/AREAS FOR IMPROVEMENT

All KPIs relating to this Strategic Priority remain GREEN although improvement is sought across all three as performance has declined over the past 12 months for all of them. Over the longer term, however, performance has improved for all three since 2019/20.





7. A HEALTHY, VALUED AND SUPPORTED WORKFORCE

7. A HEALTHY, VALUED AND SUPPORTED WORKFORCE

Within this section, we profile some of the key developments progressed in relation to our strategic priority of A Healthy, Valued and Supported Workforce 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 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.

7.1 KEY DEVELOPMENTS/ACHIEVEMENTS

7.1.1 Supporting Our Staff

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 2024, the HSCP had a 53% response rate and an overall HSCP Employee Engagement Index of 77, which is classified by iMatter as ‘Strive and Celebrate’ (compared to an EEI score of 78 in 2023). In 2024 30% of teams completed an action plan to follow up on their team report, compared to 31% in 2023.

Staff Mental Health and Wellbeing

A Staff Mental Health and Wellbeing group has been established within the HSCP and a range of activities to support staff mental health and wellbeing have been progressed in the last year. These include:

- Promotion of the Wellbeing Hub at Bridgeton, which offers in-person wellbeing sessions including yoga, tai chi and meditation.
- Delivery of the Active Staff Programme which promotes health in the workplace and offers opportunities for staff to engage in a range of physical activity opportunities for all levels of fitness.
- Ongoing training for staff who wish to become peer supporters and take forward the delivery of our peer support staff wellbeing framework. There are currently 60 trained peer supporters across the HSCP.
- Organisation of menopause related awareness raising/training, drop-in sessions, and peer support groups for those experiencing menopausal symptoms. These include an online informal coffee catch up for staff on the last Friday of every month, to discuss anything menopause related with peers which have been
- organised in partnership with **Lifelink.**

Management Development

A range of learning and development opportunities have been provided to managers and leaders in the last year, including the following:

- ‘Leading, Managing and Care’ programme, provided though the Open University. 17 managers achieved this qualification in 2024, with another 19 expected to complete by June 2025.
- ‘Coaching Conversations for Leaders Programme,’ which supports leaders and managers to have more effective Personal Development Plan (PDP) and performance related conversations. 80 managers will have completed this by the end of 2025.
- ‘PDA’ (Professional Development Award) in supervision; a registration requirement for managers in older people residential. Over 20 managers have completed this and a further 10 managers will complete in 2025.

Staff Training and Development

A range of learning and development opportunities for the wider staff group have been made available in 2024/25, including the following:

- Commenced a training pilot designed to equip staff with the necessary skills and knowledge to apply 'strengths-based approaches' in their daily practice.
- Gained approval from the SSSC (Social Services Council) and SQA (Scottish Qualifications Authority) to deliver the PDA (Professional Development Award) in Practice Learning, with 10 social workers currently on the programme.
- Developed new e-learning trauma modules.
- Created an **ASP Digital Library** to provide a repository for ASP training materials, resources and good practice guides.
- Introduced a variety of Public Protection learning opportunities including online training and webinars for staff and team leaders on Adult Support and Protection (ASP), Adults with Incapacity, Child Protection and Domestic Abuse (Safe Lives).



7.1.2 Awards

In the last year, the HSCP submitted nominations for a variety of internal and external awards, with a number of winners or recognitions including the following:

HSCP Staff Awards for Excellence

The winners of the Annual Glasgow City HSCP Staff Awards for Excellence are detailed below. A short video of the event can be found at the following link.

- Glasgow City HSCP Property Team, Winner, Team of the Year, Staff Awards for Excellence
- Liam Logue, Winner, Employee of the Year
- Pauline Ward, Winner, Leader of the Year
- Ross Parker, Winner, Volunteer of the Year
- Paul Young, Winner, Volunteer of the Year
- Thistle Project Team, Winner, Innovation of the Year
- Theresa McGhee, Commendation, Employee of the Year
- Health and Social Care Connect Adults and Older People Team, Commendation, Team of the Year
- Kathleen Jardine, Commendation, Leader of the Year, Glasgow City
- Wayfinder Outreach Video, Commendation, Innovation of the Year

Other Awards

- Meander for Mental Health, Winner, Better Health award, NHSGGC Celebrating Success Staff Awards.
- The Hub Cafe Volunteer Project, Winner, Excellence Volunteer Award, NHSGGC Celebrating Success Staff Awards.
- NHSGGC Police Custody Healthcare Team Winner, Nursing Team of the Year, RCN Awards 2024.
- John McDonald, Senior Addiction Nurse, Winner, RCN Scotland Adult Nursing award, RCN Awards 2024.
- West of Scotland Mother and Baby Unit, Runners-up, Children's Nursing and Midwifery award, RCN Awards 2024.
- Shona Malone, Interim Operational Manager, Prison Health Care, Runner-up, Clinical Leadership' Award, RCN Awards 2024.
- Pauline Zvimba, Senior Advanced Nurse Practitioner, Highly Commended, Mental Health Nursing category, RCN Awards 2024.
- Breastfeeding Promotion Team, Winners, Global Citizenship Award, Scottish Health Awards 2024
- Julie Conaghan, Specialist Community Public Health Nurse (Health Visiting), Finalist, Outstanding Contribution to the NHS - Reader's Choice Award, Scottish Health Awards 2024.
- North East/West Health Improvement Teams with Glasgow and Clyde Rape Crisis, Finalists, Tackling Health Inequalities Award, Scottish Health Awards 2024
- Lynn Haughey, Change and Development Manager, Finalist, Leader of the Year Award, Scottish Health Awards 2024
- Martha's Mammies, Winners, COSLA Chairperson's Award, COSLA 2024 Excellence Awards.

- Nicola Milligan, Greater Glasgow Police Division's Certificate of Recognition, Commander's Awards Ceremony.
- Glasgow City HSCP's Transport Team, 25th Anniversary Community Partnership Award Glasgow Caring City awards.
- Mark Mason, Biomedical Scientist at the Sandyford, Scientist of the Year, Chief Scientific Officers Awards for Healthcare
- Anna Toland, MBE, King's Birthday Honours List.

7.1.3 Communications

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

- Further development of the HSCP's social media channels (with a social media calendar to promote national and local campaigns) to increase the ways the HSCP communicates and engages with internal and external audiences, including: Facebook, X (formerly Twitter); YouTube; and now Instagram.
- Providing communications support including newsletters and briefings, graphic/video production, and websites to raise awareness and engagement around new HSCP facilities such as The Thistle or Parkhead Hub; and programmes including Maximising Independence and the review of Access to Social Care.
- Updating of webpages on the HSCP's Website, publication of bi-monthly Partnership Matters briefings; as well as publication of service specific newsletters to keep a range of audiences informed on the work of the HSCP.
- Reviewing and refreshing the Your Support Your Way Website to improve its design, content, accessibility, and user experience,
- Reviewing the HSCP and linked websites to ensure compliance with web accessibility standards, and promotion of accessible communications and brand identity guidance to support consistent best practice across the HSCP.
- Organisation of a number of internal and external events, including HSCP Staff Awards for Excellence; HSCP Citywide Leadership and Management meetings; Care Leavers Open Day; and Fostering Information Evenings.

Activity

- During 2024/25, there were 60,362 visitors to the HSCP's website, with 233,936 page views.
- As at 31 March 2025, the HSCP's Facebook profile had 3,595 followers, with 742 posts being made during 2024/25.
- As at 31 March 2025, the HSCP's X profile had 5,378 followers, with 1,465 posts made during 2024/25.
- As at 31 March 2025, the HSCP's Instagram profile had 39 followers, and the YouTube channel had 426 subscribers.

7.2 KPI PERFORMANCE

INDICATOR (Health & Wellbeing Outcome)	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	2022/23 YEAR END	2023/24 YEAR END	2024/25 TARGET	2024/25 YEAR END	Direction of Travel since 2019/20	Direction of Travel since 2023/24
NHS Sickness Absence rate (%) (Outcome 8)	6.37%	5.1%	6.39%	7.01%	7.66%	<4%	8.11%	▼	▼
Social Work Sickness Absence Rate (%) (Outcome 8)	8.5%	8.4%	9.8%	10.3%	11.5%	<5%	9.6%	▼	▲

KEY ACHIEVEMENTS

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

INDICATOR	YEAR END 23/24	YEAR END 24/25
Social Work Sickness Absence Rate (%)	11.5%	9.6%

AREAS FOR IMPROVEMENT

INDICATOR	Performance Issues and Actions to Improve Performance
NHS Sickness Absence Rate **Target:** <4% **Actual:** 8.11%	**Performance Issues** • There is growing pressure across several key services, especially in frontline areas such as Older People and Children's Services, which highlights the need for targeted strategies to address increasing absence rates and support workforce resilience. **Actions to Improve Performance include:** • Performance Improvement Groups were established across HSCP management teams in February 2025 and will identify specific actions to support the improved management of absence, feeding into a Performance Review group chaired by the Chief Officer. • The Wellbeing and Attendance Action Plan has been updated to co-ordinate and implement a consistent, effective approach to attendance management and supporting staff wellbeing. • NHSGGC wide initiatives have been supported including delivery of Attendance Management awareness sessions and opportunities created for managers to join the People Management Programme. • Management teams have been supported to access and analyse available attendance data in order to identify trends and areas of concern.
Social Work Sickness Absence Rate **Target:** <5% **Actual:** 9.6%	**Performance Issues** • A range of complex factors are influencing absence performance including the emotional and physical demands of social care roles, alongside age-related health challenges such as musculoskeletal issues and chronic conditions, given the age profile of the workforce.

	Actions to Improve Performance include: • The Attendance Management Action Plan is being refreshed for 2025/26, which includes the newly established HR Sub-Teams, which aim to bring a refreshed approach to addressing the leading causes of absence, including psychological, stress and musculoskeletal factors. • Greater focus will be given to employee wellbeing, with ongoing exploration of interventions and initiatives to help employees maintain consistent attendance. • Efforts will continue to support manager development and strengthen their confidence in applying GCC policy and procedures effectively.





8. BUILDING A SUSTAINABLE FUTURE

8. BUILDING A SUSTAINABLE FUTURE

Within this section, we profile some of the key developments progressed in relation to our strategic priority of Building a Sustainable Future. Activities undertaken have contributed to a range of the national Health and Wellbeing Outcomes, most notably the following:

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.

Workforce Plan

The HSCP published its Workforce Plan 2022-2025 in November 2022 which includes an associated Action Plan based upon 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 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. An Update of the second year of the action plan was presented to Glasgow City IJB in March 2025.

Succession Planning

A Succession Planning Programme Board is in place with members from across the Senior Management Team and a Succession Plan has been developed which is being updated annually. Succession planning is also now considered as part of any service change activity. Core Leadership Teams are also required as part of the vacancy approval process to ensure succession planning has been considered prior to vacancies being submitted for approval to the HSCP Workforce Planning Sub Group.

Within Care Services, there have also been a number of initiatives progressed including a new Reablement Line Manager training programme and a Home Care co-ordinator Succession Planning initiative, which are both designed to strengthen succession planning and leadership capability in Care Services

Career Pathways

During 2024, the HSCP Practice Learning Team have successfully supported 75 social work student placements and have plans to support a further 50 students between August and September 2025.

Older People's Residential Services has a student Care Intern Partnership programme with Clyde Gateway College, which provides an opportunity for college students to gain a Social Care qualification, while carrying out a 18 week paid work placement. If completed, the course guarantees all students an interview for a permanent Social Care Assistant post. In 2024, 30 students were on placement and 20 gained permanent employment. Feedback has been very positive, as demonstrated in a video produced in the last year, which highlighted the outcomes being achieved.

Recruitment

Recruitment activities undertaken during 2024/25 include the following:

- Reviewing our end-to-end recruitment process to reduce duplication and recruitment timescales for both internal and external appointments.
- Introducing regular workforce planning meetings in larger services to plan for large scale recruitment across the year.
- Appointed over 700 external applicants across social work, using targeted social media campaigns.
- Recruited 134 newly qualified nurses (NQNs) within mental health and primary care as part of an annual recruitment process.
- Introduced sector-based recruitment initiatives for Care At Home services and undertook a 'test of change' pilot which involved replacing traditional values-based assessment with initial telephone interviews, scored on skills and competencies, followed by face-to-face interviews for shortlisted candidates.
- Supported Health Care Support Workers to undertake an Open University qualification to become Mental Health Assistant Practitioners. In total, 35 staff transferred to this role during 24/25 and plans are in place to repeat this.



9. EQUALITIES

9. EQUALITIES

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 programmes of work related to the Equalities and Fairer Scotland Duties, in order to advance equalities practice across all HSCP business areas. During 2024/25, activity has included:

- Continued to deliver regular equality training to staff to increase their understanding of equality, diversity and human rights, and support them to better interact with service users and each other.
- Shared monthly equality training communications with all staff to promote learning opportunities, including the refresh and further rollout of hate crime awareness training.
- Published 46 Equality Impact Assessments (EQIAs).
- Published EQIAs on IJB budget proposal reports, including an overview of the cumulative impact of the budget savings. Assessments include considerations of equality, socio-economic circumstance and human rights.
- Implemented a pilot to incorporate United Nations Convention on the Rights of the Child (UNCRC) considerations as part of the EQIA process, following the Act coming into force in July 2024.
- Introduced an annual audit to consider the changes made as a result of EQIAs.
- Continued to deliver in relation to the British Sign Language (BSL) (Scotland) Act, including awareness raising and training sessions, which over the last year have been targeted at a range of groups including health visitors, mental health staff, primary care and care home staff. 6 BSL training classes for frontline social work staff have also been delivered.
- The Glasgow City Youth Health Service has been accredited with the LGBT Charter at Gold level which is awarded by LGBT Youth Scotland and supports organisations to review their policies and practices to ensure they're inclusive to LGBTQ+ people.
- North East/West Health Improvement teams were recognised at the Scottish Health Awards 2024, where in partnership with Glasgow and Clyde Rape Crisis, they were finalists in the Tackling Health Inequalities category. This project has successfully increased accessibility to specialised support for survivors of sexual violence; and increased awareness of and responsiveness to gender-based violence amongst local partners in the North of Glasgow.
- Delivered clinics targeted at those with protected characteristics, to make more use of everyday technology such as smart phones.

Our latest Equalities Progress report provides full details of the actions and progress to date against our Equality Outcomes.



10. INSPECTION AND PRACTICE AUDIT

10.1 HSCP REGISTERED SERVICES – CARE INSPECTORATE

Between April 2024 and March 2025, the Care Inspectorate undertook 17 inspections of HSCP provided services. The following tables detail 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 tables below.

Care Inspectorate grades are regularly reviewed by the IJB Finance, Audit and Scrutiny Committee. Reports for inspections carried out during 2024/25 provide details of inspections by care group, details of Requirements and Areas for Improvement, and detailed Action Plans for Improvement where relevant. These can be accessed on the HSCP website via the following links:

Fostering and Adoption Services Care Inspectorate Activity
Children's Residential Services - Care Inspectorate Activity
Older People's Residential Services - Care Inspectorate Activity

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How good is our leadership?	How good is our Staff Team?	How good is our setting?	How well is our care and support planned?	No. of Require-ments
OLDER PEOPLE'S RESIDENTIAL SERVICES							
Victoria Gardens Care Home	30/05/24	5	not assessed	5	not assessed	not assessed	0
Meadowburn Care Home	05/06/24	4	4	4	5	4	0
Orchard Grove Care Home	05/09/24	4	4	4	5	4	0
Hawthorn House Care Home	28/10/24	4	4	4	4	3	0
COMMUNITY AND HOUSING SUPPORT SERVICES							
South - HSCP Community Support Service	10/06/24	5	4	5	not assessed	5	0
FAMILIES FOR CHILDREN ADOPTION AND FOSTERING SERVICES							
Adoption Service	26/06/24	4	4	4	not assessed	4	0
Fostering Service	26/06/24	3	2	4	not assessed	4	4

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

Children's Residential Services

Inspection 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 additional question was introduced to produce a more regulatory footprint, prioritise the quality of relationships experienced by children and young people in line with the aspirations of *The Promise*, and to support engagement with more children and young people by enabling more services to be inspected. Key Question 7 has 2 quality indicators:

- Children and young people are safe, feel loved and get the most out of life.
- Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.

From April 2024 to March 2025, the Care Inspectorate undertook 10 inspections of children's residential services. All houses were assessed using key question 7.

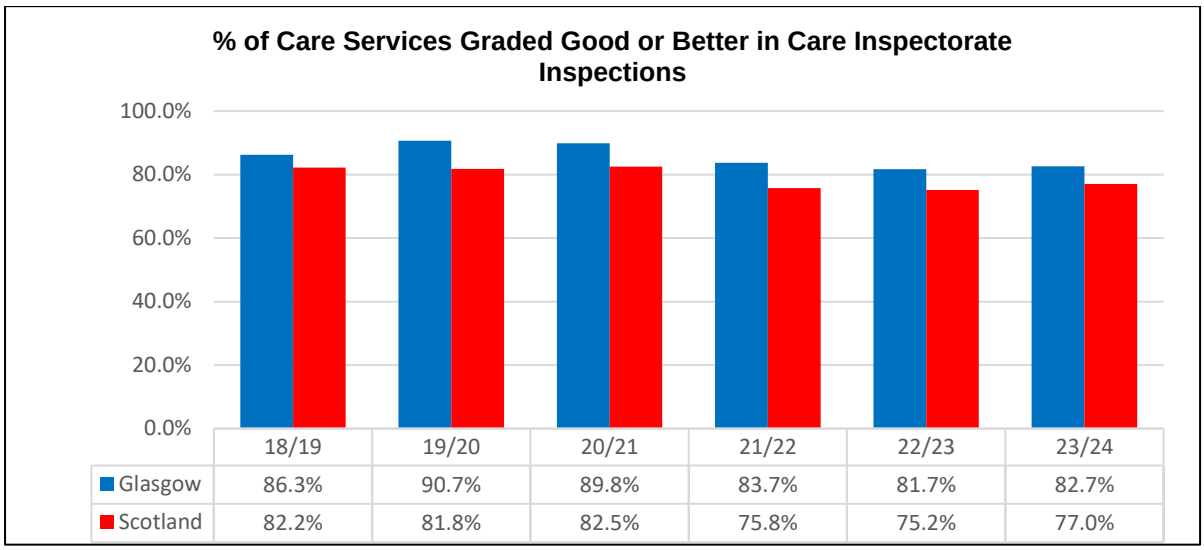
Children's House	Date of Inspection	Key Question 7: How well do we support children and young people's rights and wellbeing?	No. of Requirements
Newlands Road Residential Children's Unit	17/04/24	3	2
Norse Road Residential Children's Unit	07/05/24	2	4
Plenshin Court Residential Children's Unit	21/05/24	5	0
Wellhouse Residential Children's Unit	16/07/24	5	0
Broomfield Residential Children's Unit	24/07/24	5	0
Dalness Residential Children's Unit	01/08/24	5	0
Milncroft Road Residential Children's Unit	14/08/24	5	0
Main Street Residential Children's Unit	24/10/24	5	0
Norse Road Residential Children's Unit	27/11/24	3*	0
Mosspark Drive Residential Children's Unit	13/12/24	5	0

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

* N.B. This was a follow up inspection where significant improvement to practice and management were evidenced. A grade of 3 was awarded which is the maximum grade which can be awarded in a follow up inspection.

National Integration Indicator Number 17 (Care Inspectorate Grades)

The graph below shows Glasgow's performance over time and in comparison to the overall figure for Scotland in relation to Care Inspectorate Grades. This shows Glasgow is consistently higher than the Scottish average over the period shown although both have reduced since the 2018/19 figures.



	18/19	19/20	20/21	21/22	22/23	23/24
Glasgow	86.3%	90.7%	89.8%	83.7%	81.7%	82.7%
Scotland	82.2%	81.8%	82.5%	75.8%	75.2%	77.0%

***Note: Awaiting publication of 24/25 data.**

10.2 MENTAL WELFARE COMMISSION LOCAL VISITS

The Mental Welfare Commission for Scotland (MWCS) has a key role to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions. The MWC undertake local visits, either announced or unannounced, to a group of people in a hospital, care home or prison service. In 2024 the MWC also began undertaking local visits to Community Mental Health Teams (CMHTs) across NHS Greater Glasgow & Clyde (NHSGGC).

The 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 Commission have concerns, and may investigate further; 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.

The MWC published a total of 20 local visit reports during the reporting period (1st January 2024 to 31st December 2024) across Glasgow sites. 19 of these visits relate to Glasgow City Mental Health Hospital wards and one Community Mental Health team. Details of the sites visited, and the recommendations and good practice noted during these visits, was presented to the IJB in February 2025.

10.3 PRACTICE AUDIT AND EVALUATION ACTIVITY

In addition to external inspections, the Partnership has an ongoing planned programme of practice audit and self-evaluation activity to give quality assurance

across all service areas. Practice Audit and Evaluation activity carried out by Social Work between April 2024 and March 2025 is listed in the following table.

Practice Audit and Evaluation Activity 2024/2025
Mental Health Officer System and Provision (Audit/Review) Completed
Scottish Child Abuse Inquiry Section 21 notice to Glasgow HSCP Completed
Complexity of Cases between ADRS (Alcohol and Drug Recovery Services) and CNT (Complex Needs Team) (Audit/Review) Completed
Multi Agency Risk Assessment (MARAC) Completed
Child Protection Process: A Review of Glasgow City HSCP's Child Protection process by examining child protection investigations between July 2021 and July 2022 Completed
Safe and Together (Domestic Abuse Training Programme) Evaluation Ongoing
Social Work Out of Hours Services (Audit/Review) Ongoing
Abstinence Residential Service (Follow Up Audit Review) Ongoing





11. FINANCIAL PERFORMANCE

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 2024/25. 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 2025/26.

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 this is reflected in our medium-term financial outlook. This is demonstrated in the diagram below.



11.3 2024/25 Financial Planning

The total financial resources available to the partnership for 2024-25 were around £1.5billion. This can be seen in the table below, along with trend information for previous financial years.

Client Group	2022/23 £000's	2023/24 £000's	2024/25 £000's
Children and Families	177,214	173,189	167,471
Adult Services	363,714	381,297	426,063
Older People Services	353,825	371,020	373,232
Resources	73,949	67,561	107,607
Criminal Justice	(792)	(737)	(808)
Primary Care	391,891	421,962	450,873
COVID-19	16,926	-	-
TOTAL	1,376,726	1,414,292	1,524,438

11.4 2024/25 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 2024/25 was £271.170m, which excludes the budget value for Adult Mental Health and Elderly Mental Health inpatient services.

11.5 2024/25 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. The IJB reported a final operational underspend of £0.4m for 2024/25, as shown in the table below.

	Note	£ million
Operational Service Delivery - Pressures		
Mental Health Inpatient staffing pressures	1	4.2
Residential Pressures	2	2.9
Non-Delivery of Savings	3	3.1
Increased demand for extra contractual referrals in Mental Health Inpatient Services	4	1.7
Increased demand for direct assistance payments	5	2.0
Increase in prescribing costs and volumes	6	1.1
Overspend in transport costs due to increases in price	7	1.0
Increased cost in Prison Service due to new pharmacy contract and drug prices	8	0.4
Total Pressures in Operational Service Delivery		**16.4**
Operational Service Delivery - Underspends		
Underspend as a result of vacancies and staff turnover	9	-9.5
Underspend as a result of additional income recoveries	10	-4.3
Underspend in provision for inflation/contract uplifts	11	-1.8
Underspend in personalisation/purchased services	12	-1.2
Total Underspends in Operational Service Delivery		**-16.8**
Net Underspend in Operational Service Delivery		**-0.4**

Notes
Impact of Operational Service Delivery

1. The overspend in Mental Health is mainly attributable to increased spend on agency and bank nursing due to increased needs of patients in these services, the consistently high number of enhanced observations required and spend required to provide sick leave and vacancy cover. Management actions were agreed during 2023-24 and 2024-25 to reduce the level of bank and agency spending with a specific focus on reduced observations and the skills mix of the workforce. This has reduced the level of overspend and this work will continue into 2025-26.
2. There is an overspend in Residential Services in both Older People and Children Services and it is linked to the use of agency and overtime directly attributed to increased care needs of residents and additional cover required to meet staff sickness levels and vacancies. A review of staffing has been undertaken during 2024-25 and revised staffing structures will be implemented during 2025-26 which will be reflective of service need.
3. At £30m, this year's savings programme represented the most challenging the IJB has set for delivery. Delays to approving the savings and delays in delivery have impacted on the level of savings secured during 2024-25. In November it was estimated that 85% of the savings would be secured. The final position was delivery of 88% of the programme, which was a shortfall of £3.6m, offset with £0.5m of 2025-

26 savings delivered early as part of recovery planning. Prescribing represents £1.9m of this shortfall and this has been factored into the budgets set for 2025-26 which has re-baselined the funding requirements. Delivery of the remaining balance of £1.7m will continue to be pursued in 2025-26.

4. This overspend in extra contractual referrals in Mental Health Inpatient Services is reflective of both demand and complexity of demand, which is resulting in an increase in these referrals. Discussions have commenced with the other HSCPs in Greater Glasgow and Clyde in relation to future arrangements for these contractual arrangements.
5. The increase in direct assistance is due to an increase in Section 29 payments linked to accommodation costs for care leavers including student accommodation.
6. Glasgow City IJB's spend on medicines per capita remains well below the NHSGGC average, once the demographics and morbidity of our patient population have been taken into account (annualised cost per weighted patient); despite this, there were substantial cost pressures on our Prescribing Budget in 24-25, driven primarily by an increase in the global price of drugs but also by a sustained prescribing volume growth at pre-pandemic levels, new effective evidence based treatments, and a number of other inflation drivers. An overspend of £5.9m was forecast in November to the IJB reflecting these pressures. This has subsequently been reduced to £1.1m, mainly as a result of a reduction in the anticipated growth in global prices, and maximising income from other sources including rebates.
7. Increases in transport costs linked to fuel increases, increases in vehicle hire, taxi charges and repairs due to ageing fleets. A review of budgets will take place in 2025-26 to identify opportunities for re-alignment.
8. This overspend in the Prison Team reflects the outcome of the negotiation of a national tender which has seen an increase in costs linked to the delivery of pharmacy costs. This service is also impacted by the global increase to drug prices experienced in our prescribing budgets. A national review of this contract is underway, and work is in place to secure further efficiencies from this contract which will be targeted to reduce this overspend further in 2025-26.
9. 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 experienced in the wider UK. These challenges are not new to the IJB, however the scale of them is increasing. 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, aligning recruitment timescales with the availability of newly qualified professionals and undertaking targeted recruitment and training strategies to develop existing and new staff to meet the skills requirements of our services. In September the IJB agreed to slow down recruitment processes for some posts to increase savings from employee turnover as part of recovery planning. The impact of this is also reflected in these figures. A review of the controls on recruitment timescales put in place during 2024-25 has been undertaken and decisions have already been taken to shorten these to support delivery of services in 2025-26.
10. Additional income recovered mainly through recovery of financially assessed client contributions and additional income secured through service level agreements.
11. As part of budget planning for 2024-25, budget provision has been made for the cost of inflation and anticipated contractual uplifts. This has been less than the budget provision made for 2024-25 resulting in an underspend. This will roll forward into 2025-26 and will be required to meet an increase in contractual uplifts already being experienced.
12. Commissioned services continue to face challenges to complete assessments and/or put services in place because of the staff pressures being experienced across

the sector. This is resulting in delayed start dates which mean in year costs are part year only and results in an underspend in personalisation and purchased services. These staffing pressures are being experienced across the UK and include high turnover levels, high sickness levels and challenges in recruitment, making it difficult to secure staffing levels to maintain services that meet demand. The level of underspend is less than in previous years demonstrating that the sector is starting to recover but remains challenged.

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 (£6.8m). This 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 to transfer the budgeted underspend of £9.3m to general reserves. Details can be found in our Outturn Report 2024/25.

4.6 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 Chapters 3 to 8 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 the 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. 88% of budget savings targets in respect of the IJB's Transformation Programme were achieved in 2024/25.

4.7 Capital Investment and Priorities

Health and Care Centres

The North-East Health and Social Care Hub became operational in January 2025 and the next phase of work has commenced to demolish the Parkhead Health Centre site to create the remainder of the car park area.

Learning Disabilities

Works completed on the refurbishment and redesign of two adjacent bungalows in Kirkintilloch in Waterloo Close with Learning Disability service users now settled in the accommodation.

Older People Residential Services

Work continues at Riverside Care Home to undertake building upgrades with 60 of the 120 residents decanted to facilitate the works. The first phase was completed in February 2025 and residents relocated to the refurbished wings, with work on the remainder of the site scheduled to be completed in early 2026.

Homelessness Services

A tender was accepted to develop the property at Brighton Place to provide accommodation for young homeless service users, work is scheduled to commence on site Spring 2025. In response to the additional demand for Homelessness Services, arising from the increased pace of Home Office right to remain decisions, and the impact of local connections, work is ongoing to identify accommodation to support this and reduce the use of Bed and Breakfast provision within the City.

Addiction Services

The Thistle Service became operational in January 2025, following completion of the building works on the Hunter Street Clinic site to create the first Safer Drug Consumption Facility within the UK.

Other Sites

A tender price is expected April 2025, in relation to the refurbishment of the Church Street site with works on site anticipated to commence September 2025. Work continues across our estate to rationalise our accommodation to ensure best value from the estate.

4.7 Financial Outlook for 2025/26 and Beyond

The financial position for public services is extremely challenging and the IJB must operate within significant budget restraints and pressures. In March 2025, the IJB conditionally approved its budget for 2025/26, subject to receipt of a final funding offer from NHS Greater Glasgow and Clyde in the new financial year.

This draft budget assessed the demand and cost pressures which exist across services and presented a budget strategy with proposals on how these would be funded and managed in 2025/26. This budget identified a funding gap of £42m which will be addressed through a wide range of service reforms and efficiencies; service prioritisation and reductions; and the use of general reserves. 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 2025/26 Annual Performance Report.

A Medium Term Financial Outlook was also reported to the IJB on the 19th March 2025. 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:

- Inflationary pressures linked to pay and contractual commitments, and global markets for prescribing
- National commitments such as uplifts for social care providers

- Implications of the Home Office Asylum Seeking Decisions
- Local pressures linked to demand as a result of demographic, deprivation, and health
- Implication of changes to employer superannuation rates for Council employees from 2026-27

This looks forward to 2027-28 and identifies the need for a further £42m of savings to deliver a balanced budget in 2026/27 and £34m in 2027/28. In addition, it is estimated that the cost of asylum is forecast to increase to £62m and £79m in 2026/27 and 2027/28 if demand continues at the same levels. This is reflective of demand being higher than the capacity within the City to offer permanent housing offers.

It has been recognised for a number of years that funding settlements are not keeping pace with the demand and inflationary pressures which are being faced within the health and social care system, and a financial strategy is proposed within this context. The scale of the financial challenge in 2025-26 is significant and has required a nuanced response that will deliver the least worst proposals, which in some cases may not be attractive but is the best of the available options. The overriding principle will be to protect core services which deliver care and protection to those who are assessed as requiring it and uphold our statutory responsibilities wherever possible.

The scale of the financial challenge in future years is such that a more fundamental review of service provision is required, so that decisions can be taken on what the future shape of service provision looks like. This work will commence during 2025-26 and will be the subject of future updates to the IJB.

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 2025/26.

APPENDIX A - Glasgow City Profile – Additional Information

Department of Work and Pensions (DWP) Stat-Xplore	Provides data on Department of Work and Pensions (DWP) benefits – regularly updated. See also 'Social Security Scotland Statistics' entry below.
Glasgow Centre for Population Health (GCPH)	Glasgow Centre for Population Health (GCPH) conducts research and works with partners to support change that will improve health and reduce inequality. Publications and outputs available include research reports, briefing papers, consultation responses, event reports, infographics and other digital outputs such as films and animations.
Glasgow City Council Factsheets Data and Statistics	Information on demographic and socio-economic data, council factsheets, Glasgow Open Data Hub and links to statistical websites.
Glasgow City HSCP Health Improvement Annual Report 2023/24	This report highlights the work that Health Improvement has led on or been involved in supporting in the last year.
Glasgow City Youth Health Improvement Annual Report 2023/24	This is a brief infographic style report capturing highlights of work around training and capacity building, partner engagement and health improvement resources as well as next steps for the year ahead following the launch of the Glasgow City Health Improvement Strategic Direction 2023-28.
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 Plan 2024	This Glasgow Community Plan 2024-2034 makes addressing poverty the overriding priority of the Glasgow Community Planning Partnership (the Partnership) and sets out how the partnership has agreed to act on poverty over the next ten years.
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.
Glasgow City HSCP Demographics and Needs Profile	Last updated in December 2024, includes general population estimates and projections at HSCP locality, city and national level plus a profile of health in the city. Incorporate some data from Scotland's Census 2022.

NHSGGC Adult Health and Well-being Survey 2022-23 - Glasgow City Report NHSGGC Adult Health and Well-being Survey 2022-23 Glasgow North East Locality Report NHSGGC Adult Health and Well-being Survey 2022-23 - Glasgow North West Locality Report NHSGGC Adult Health and Well-being Survey 2022-23 - South Locality Report	Survey information on adult health and behaviours in the city. A suite of reports for the 2022/23 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.
National Records of Scotland (NRS)	Official statistics on registrations of births, deaths, marriages, adoptions in Scotland. Annual population estimates and bi-annual projected population estimates.
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	Provides robust and extensive health information and health intelligence from data collated mostly from services provided through the NHS in Scotland.
Scotland's Census	The Census is the official count of every person and household in the country that takes place every 10 years. Results from the 2022 Census are now available online.
Scottish Burden of Disease Study	This is a ScotPHO hosted study of health inequalities comparable internationally. Local reports and interactive visual data dashboards available from 2019. Also report & data forecasting the future burden of disease: Incorporating the impact of demographic transition over the next 20 years.
Scottish Government Health and Wellbeing Census (Schools) Scotland 2021/22	The first of a national survey of secondary school pupils in Scotland covering all health & wellbeing areas formerly addressed through the NHS Health Board school surveys. Also covers areas previously included in the Scottish Schools Adolescent and Lifestyle Substance Use Survey (SALSUS) national survey eg. smoking, drinking, drug use and other lifestyle, health and social factors.

Scottish Government Labour Market Statistics Publications	Various labour market data including employment, unemployment and economic inactivity trends, sourced from the Labour Force Survey for Scotland and the UK.
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 (dashboard)	Summarises key statistics from the Scottish Health Survey providing information in relation to the health and health related behaviours of the population of Scotland, NHS health boards and local authority areas.
Scottish House Condition Survey	Annual national survey looking at the physical condition of homes as well as the experiences of householders.
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.
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 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.
Skills Development Scotland Annual Participation Measure	Provides data on the learning, training and work activity of 16-19 year olds in Scotland.
Social Security Scotland Statistics	Social Security Scotland is an executive agency of the Scottish Government set up to deliver social security payments to the people of Scotland. Some payments are new e.g. the Scottish Child Payment and others

	are devolved from the DWP/UK e.g. Adult Disability Payment (formerly Personal Independence Payment (PIP)). See also 'DWP Stat-Xplore' entry above.
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	Understanding Glasgow describes life circumstances and health in the city, showing data on trends and comparisons with other cities and areas. Includes 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 are summarised below. These were 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 are based on the biennial Scottish Health and Care Experience Survey (HACE). This is undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city and it asks about people's experiences of accessing and using services. Nine other operational indicators are derived from a range of sources including health activity, community and deaths information. In addition, there are five other indicators which cannot currently be reported as national data is not available, or for which there is not yet a nationally agreed definition. Public Health Scotland published the latest data relating to the available National Integration Indicators in July 2024.

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.

Indicators Not Currently Reported

10. % staff who say they would recommend their workplace as a good place to work.
20. % of health and care resource spent on hospital stays where the patient was admitted in an emergency.
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.