



Item No. 13

Meeting Date

Wednesday 22nd October 2025

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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Strategic Plan Monitoring Report (October 2025)

Purpose of Report:

The purpose of this report is to present the Strategic Plan Monitoring Report, updating Members on progress with implementation of the Strategic Plan 2023-28.

Background/Engagement:

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

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

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

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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 ☒
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the content of the Strategic Plan Monitoring Report.
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Relevance to Integration Joint Board Strategic Plan:
The Strategic Plan Monitoring Report provides an overview of the progress being made by the HSCP in delivering the commitments set out in the IJB Strategic Plan 2023-26 under all six of the IJB's Partnership Priorities.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The Strategic Plan outlines activity that will be undertaken relevant to all the national outcomes.
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Personnel:	None
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Carers:	None
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Provider Organisations:	None
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Equalities:	None
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Fairer Scotland Compliance:	None
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Financial:	None
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	None
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
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1. Purpose

- 1.1. The purpose of this report is to present the Strategic Plan Monitoring Report, updating Members on progress with implementation of the Strategic Plan 2023-28.

2. Background

- 2.1. The IJB's [Strategic Plan 2023-26](#) was approved at the Integration Joint Board in [June 2023](#). The report that accompanied the new Strategic Plan (the Plan) acknowledged that the IJB would seek assurance that the commitments laid out in the Plan are being progressed and are having the desired impact in terms of meeting the needs of the people in the city.
- 2.2. The IJB approved a two year extension to the existing strategic planning cycle on [14th May 2025](#).

3. Approach to monitoring

- 3.1. A detailed description of the development of the approach to monitoring the Plan was provided to this Committee at its meeting on [17th April 2024](#), and key elements of this are summarised below.
- 3.2. Monitoring focusses on three key elements of the Strategic Plan. The first relates to the five key areas of activity under each of the six Partnership Priorities. These were the activities provided by officers and highlighted within the Plan to act as examples of work to be undertaken in pursuit of each priority.
- 3.3. The second element includes monitoring of the additional activity relevant to each priority that were not in the published Plan but were included in [activity tables](#) published on the HSCP's website.
- 3.4. The third element refers to the informal measures of "What success would look like" in relation to each priority. These measures are more challenging to track as they are more general and not necessarily linked to known areas of work to be progressed during the life of the Plan or specific performance measures that could be used to demonstrate progress in achieving them. The likelihood that there may be a reliance on anecdotal evidence and/or testimony from stakeholders was highlighted and acknowledged by members at the IJB Development Session in November 2023.
- 3.5. Following feedback from the Committee at its meeting on 17th April 2024, a Red-Amber-Green (RAG) model has been applied to the monitoring dashboard to reflect the current position of activities (or projects) that support the commitments in the Plan.

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

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

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

- 3.7. In monitoring the implementation of the Plan (and in order to minimise additional workload of officers providing similar information for other purposes), updates and progress have been drawn from existing sources as far as possible, such as other reports to the IJB or FASC, the [Annual Performance Report 2024/25](#), the work of Strategic Planning Groups and staff communications related to specific areas of work or initiatives.
- 3.8. A previous update is also available from the FASC meeting in [April 2025](#).

4. Monitoring Report

- 4.1. This Committee already receives quarterly performance reports and “deep-dives” into performance in specific areas, with reference to the six Partnership Priorities in the Plan.
- 4.2. Whereas those inputs are designed to enable scrutiny of service delivery/performance by members, the purpose of the Strategic Plan Monitoring Report is to provide a high-level picture in relation to progressing the commitments made in the Plan.
- 4.3. The Strategic Plan Monitoring Report (October 2025) is attached to this report as Appendix 1.

5. Recommendations

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

Strategic Plan 2023-28

MONITORING REPORT

OCTOBER 2025

FOCUS ON PARTNERSHIP PRIORITIES

Total Strategic Plan Commitments (by priority)

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

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

In this report the following terms are defined as follows:

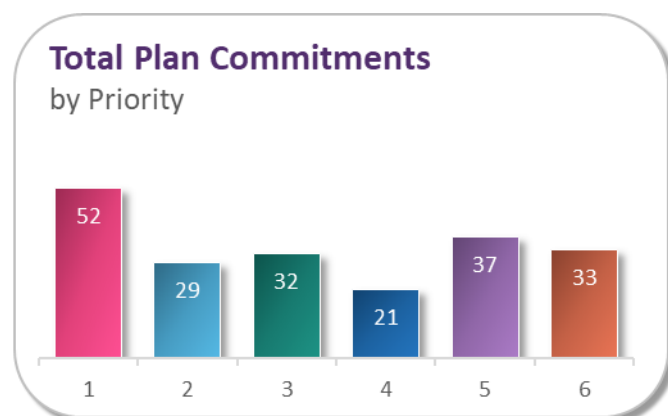
Commitments

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

Key activity/projects

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

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



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

STRATEGIC PLAN COMMITMENTS & ACTIVITY

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

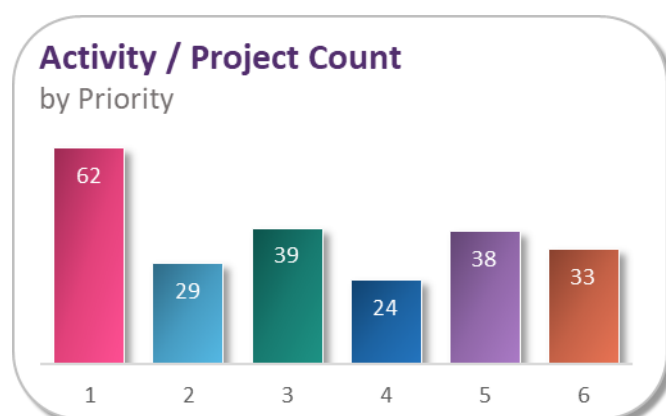
NB: the work packages and projects that have been identified to progress the commitments collectively represent more than the 204 stated above. This is because in some cases one commitment has more than one piece of work identified. When the total is adjusted to reflect this the total number of commitments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

Activity/objective Identified (by priority)

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

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

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



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

STRATEGIC PLAN COMMITMENTS & ACTIVITY

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

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

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

Status of Activity

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

Table 2: RAG Descriptors

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

Chart 3 below shows the high-level status of the activity identified. Of the 225 individual areas of work there was sufficient information to decide the status for all 225 (100%). The value of the status identified is based on whether or not the piece of work has commenced yet and whether that work is currently on track.

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

Chart 3: Activity status (n=225)

STRATEGIC PLAN COMMITMENTS & ACTIVITY

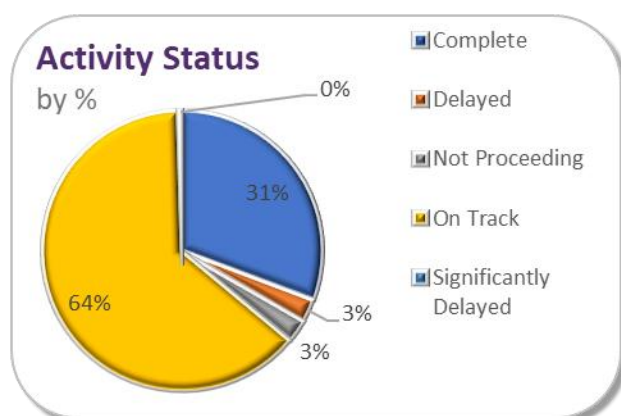


Chart 3 shows that of the total number of work packages identified in the monitoring database 31% have been completed, an increase from 26% in April 2025.

There is a slight decrease in work being reported as on track – this can be attributed to an increase in the completion of previously on track pieces of work.

Reported reasons for delays include the current financial constraints and increased demand on services with limited resources. There is little change in the reporting of delayed or significantly delayed, 3% and 0% respectively where April 2025 reported 2% and 1%.

Table 3: Comparison of Progress by Reporting Cycle Total Commitments

	October 2025	April 2025	October 2024	April 2024
Completed	31%	26%	19%	9%
On Track	64%	68%	64%	56%
Delayed	3%	2%	6%	6%
Not Proceeding	3%	3%	-	-
Significantly Delayed	0%*	1%	1%	-

* Due to excel percentage calculations items are in significantly delayed but are not over 1 percentage point.

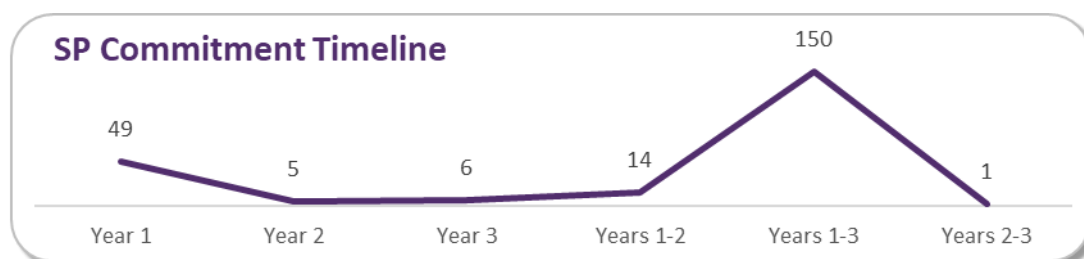
Commitment by Year

Chart 4 below shows the timeline for the pieces of work identified within the Plan. The table shows a significant number of commitments (150) with a timeframe of years 1-3. More than half of these (84) are attributed to the commitments that are drawn from the informal indicators of success, which were informed by stakeholder feedback

STRATEGIC PLAN COMMITMENTS & ACTIVITY

during the development of the Plan, and are designed to reflect what success would look like at the end of the Plan's lifetime.

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



Activities by Priority and Year

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

Table 4: Timeframe by priority (Priority Activity and Activity Tables) (n=225)

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

Examples of Activity and Projects Underway

Examples of key activity underway include:

Table 5: Key activity examples

Key activity
Review of Flexible Outreach Service
Flexible Homelessness Prevention Fund
Health Improvement Strategic Direction 2023-28
Out-Patient Antibiotic Treatment (OPAT) Service
Suicide Prevention & National Strategy for Self-harm

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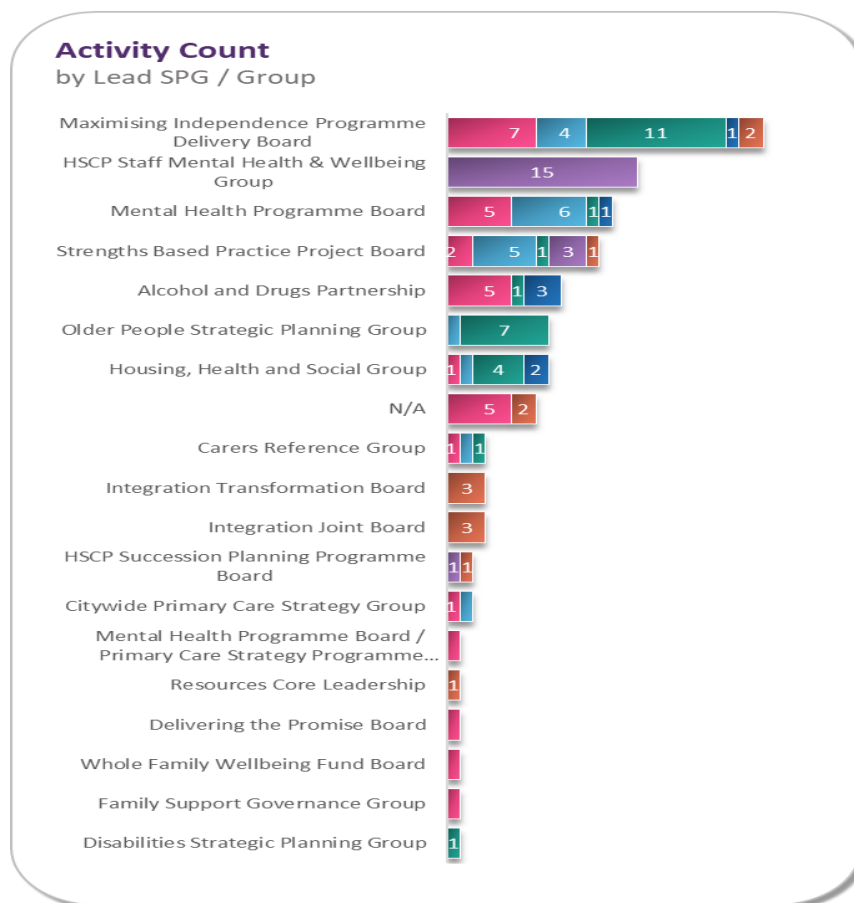
Health Improvement Report
People Achieving Change (PAC) recommendations
Alcohol Recovery Pathway
Breastfeeding Telephone Support Service & Face to Face Infant Feeding Support Groups
Integrated Children's Services Plan
Glasgow Food Plan
10 Best Practices for Physical Activity
Care inspectorate Reporting
Review of the Discharge to Assess Process
7-day Discharge Model
OP Services (HOOP)
RSLs (NRS Housing) and HSCP - Older People Planning and Transformation Team
Rapid Rehousing Transition Plan
Early Medical Abortion at Home (EMAH) Service
Manual Vacuum Aspiration (MVA) Service
In-patient Abortion Care
Local Access to Abortion Services
Extending the WAND initiative
Domestic Abuse Strategy 2023-28
Workforce Plan 2022-2025

STRATEGIC PLAN COMMITMENTS & ACTIVITY

Governance Routes

Information about the lead groups or governance structures that are maintaining oversight of selected areas of work is shown in Chart 5 below. The colours signify the Partnership Priorities that each group is monitoring areas of work for.

Chart 5: Activity by lead group



STRATEGIC PLAN COMMITMENTS & ACTIVITY

Year 1 Commitments and Activity/Projects

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

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

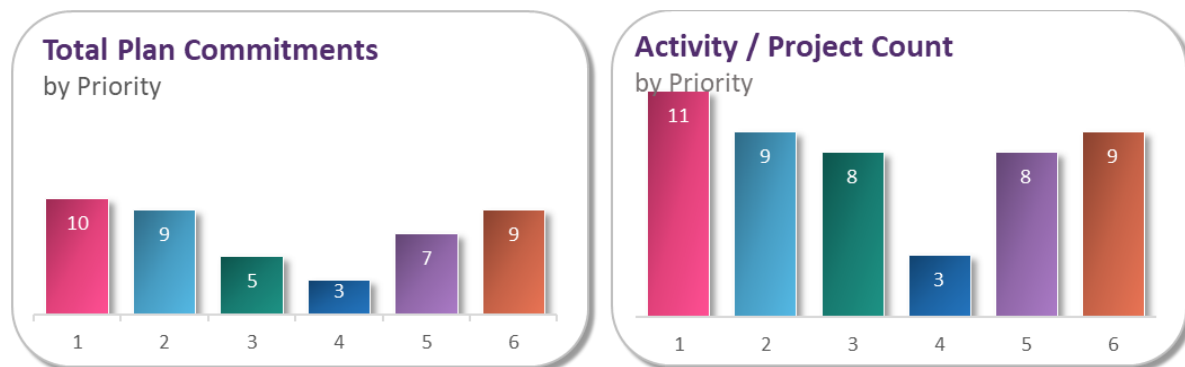
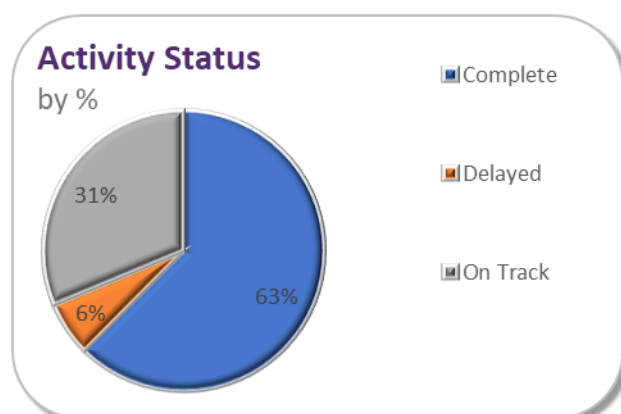


Table 6 and Chart 8 below show the activity status for all of the 48 specific pieces of work that relate to the 44 commitments scheduled for Year 1.

Table 6: Comparison of Progress by Reporting Cycle Year 1

	October 2025	April 2025	October 2024	April 2024
Completed	63%	60%	52%	22%
On Track	31%	33%	35%	65%
Delayed	6%	6%	10%	12% (not started)
Significantly Delayed	-	-	2%	-

Chart 8: Activity status (n=48)



STRATEGIC PLAN COMMITMENTS & ACTIVITY

Examples of Activity and Projects Underway

Examples of key activity started or completed in Year 1 include:

Table 7: Key activity examples Year 1

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

STRATEGIC PLAN COMMITMENTS & ACTIVITY

Year 2 Commitments and Activity/Projects

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

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

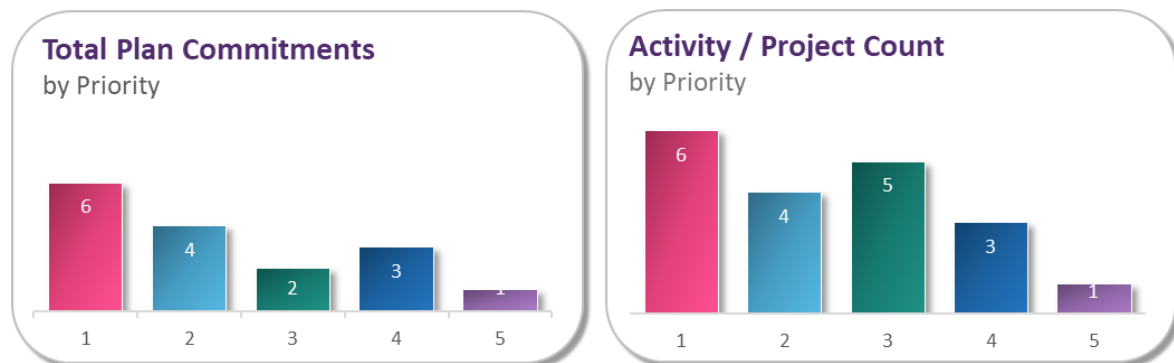
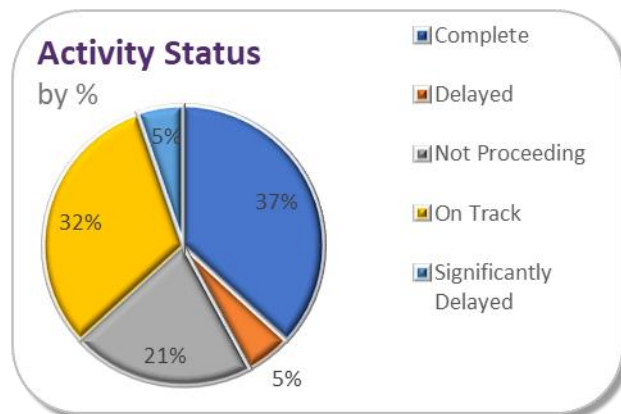


Chart 11 and Table 8 below show the activity status for all of the 19 specific pieces of work that relate to the 16 commitments scheduled for Year 2.

Chart 11: Activity status (n=19)



37% of the activity contributing to the commitments has already been completed. 32% are on schedule and on track, 5% reported as significantly delayed, and 21% of activities are reported as no longer proceeding.

STRATEGIC PLAN COMMITMENTS & ACTIVITY

Table 8: Comparison of Progress by Reporting Cycle Year 2, Year 1-2

	October 2025	April 2025	October 2024
Completed	37%	26%	16%*
On Track	32%	42%	42%
Delayed	5%	-	10.5%
Significantly Delayed	5%	11%	10.5%
Not Proceeding	21%	21%	21%*

*Error in reporting in the October 2024 report wrongly captured completed as 31% and not proceeding as 11%

Examples of Activity and Projects Underway

Examples of key activity starting or completed in Year 2 include:

Table 9: Key activity examples Year 2

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

STRATEGIC PLAN COMMITMENTS & ACTIVITY

Year 3 Commitments and Activity/Projects

Chart 12 below shows the number of unique commitments that were identified as starting or concluding in Year 3 of the Plan (Year 1-3, 2-3 and Year 3). In total there are 148 unique commitments across all six Partnership Priorities. However, there are 158 (Chart 13) identified pieces of work that relate to those 148 commitments for year 3.

Charts 12 & 13: Strategic Plan commitments (n=148) and activity/projects for Year 3 (n=158)

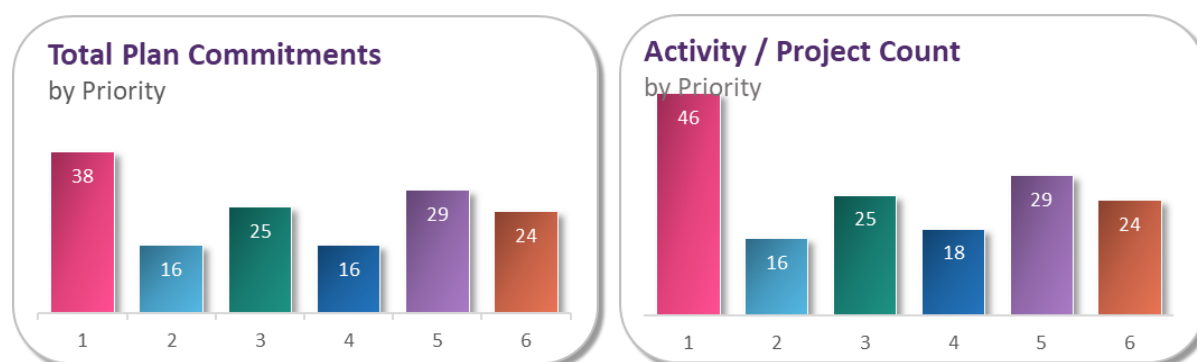
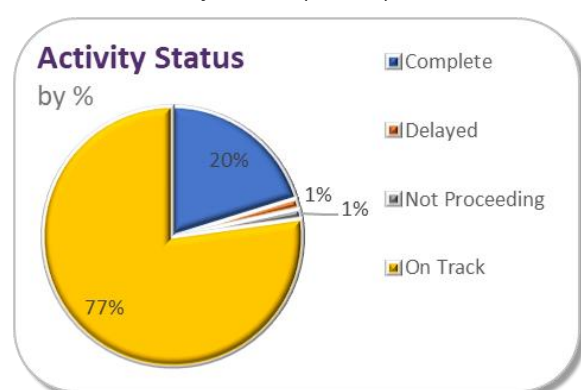


Chart 14 and Table 10 below show the activity status for all of the 158 specific pieces of work that relate to the 148 commitments scheduled for Year 3.

Chart 14: Activity status (n=158)



77% of the 158 pieces of work remain on track at this time in the reporting cycle with 20% completed, 1% not proceeding and 1% delayed. The reduction in on track corresponds with an increase in completed activities.

STRATEGIC PLAN COMMITMENTS & ACTIVITY

Table 10: Comparison of Progress by Reporting Cycle Year 1-3, Year 2-3 and Year 3.

	October 2025	April 2025
Completed	20%	16%
On Track	77%	82%
Delayed	1%	1%
Significantly Delayed	-	-
Not Proceeding	1%	1%

As mentioned earlier in this report, some of the activities associated with the commitments contained within the Plan will be ongoing beyond the lifetime of the current Plan, and therefore unlikely to ever be considered complete, for example:

Develop and deliver a range of programmes across the HSCP to reduce and mitigate the impact of poverty and health inequalities in the city, focussing on child poverty, financial support, welfare rights and employability.

Information and advice required by people will be provided in a timely and accessible manner

Reduce drug-related harms and improve alcohol and drug treatment and care services throughout the city

Examples of Activity and Projects Underway

Examples of key activity starting or concluding in Year 3 include:

Table 11: Key activity examples Year

Activity/Project
Review of Access to Social Care
Succession Planning Action Plan
Review of 16+ Accommodation
Retire and Return and Flexible Retirement
Quit Your Way Service Smoke Free App
People Achieving Change (PAC) Recommendations
My Meeting My Plan
Learning Development Day Care Modernisation
Intermediate Care
Partnership Working with Police Scotland
Suicide Prevention Training

STRATEGIC PLAN COMMITMENTS & ACTIVITY

Additional Information

For activities that were scheduled to conclude in Year 1 there are currently 3 reporting as being delayed. These include activities in relation to homelessness and mental health.

For activity that was due to conclude in Year 2 there is currently 1 reporting as delayed and 1 as significantly delayed. These are also in relation to homelessness.

Overall, to date there are 6 areas (3%) where the activity is no longer proceeding either due to a change in the financial resources available, work superseded by other projects or changes as a result of evidenced-based decision-making about best practice.

DEMONSTRATING IMPACT

Demonstrating Impact

Each Strategic Plan Monitoring Report features examples of areas of work that have had an anecdotal impact on people accessing those services, or there are plans in place to measure and report on impact in the future.

By focusing on tangible examples of the impact the work of the Strategic Plan is having, it is intended that the FASC can be assured that the commitments and activities associated with the Strategic Plan are having an impact on people within the city.

Example 1

Partnership Priority 3 – Supporting People in their Communities

Commitment – Families, communities and people with experience of receiving services will be actively involved in identifying gaps in services provision and designing services to address need

Example of Work – Glasgow Women's Health Network (GWHN)

Background/Summary

The Women's Health Network emerged from primary care and place-based work within South Glasgow's Govanhill and East Pollokshields neighbourhoods during 2018. It was a response to concerns about the number of women disclosing gender-based violence (GBV), their experience of accessing services and the impact of disclosures on staff/volunteers who felt ill-equipped to respond appropriately.

The Glasgow Women's Health Network launched as a city network during International Women's Day 2023. Members include third sector leaders and health and social care staff from across the city. The network is coordinated by Health Improvement and aims to:

- Build connections among organisations providing services to women in Glasgow
- Better identify and respond to emerging women's health issues in line with Scotland's Women's Health Plan and related strategies
- Create a collaborative space for sharing best practices and supporting those addressing trauma and distress

During 2024, network members and the women they support were consulted on the next Women's Health Plan for Scotland. The aim was to ensure that women, including those who are least often heard, had the opportunity to inform and influence priorities for the plan. Women highlighted barriers to health, often linked to wider social determinants such as language, poverty, gendered roles and the impact of gender-based violence.

DEMONSTRATING IMPACT

Outcome and Impact

A range of themes and associated recommendations were identified from the consultation:

- Mental health and trauma responsive services informed by workforce knowledge and lived experience
- Nature-based solutions that support trauma recovery. For example: green care prescribing, outdoor programmes and access to safe greenspaces
- Education, prevention and holistic health including earlier intervention on life stage programmes (e.g. menopause) via the establishment of women's health hubs alongside peer-led initiatives with access to information in key languages
- Access to gender-sensitive and culturally appropriate health and leisure services

Participants said:

"Coming to the garden groups, our wellbeing feels improved going to these groups where we can gather, be together and learn things."
(Participant, Shields Community Garden Group)

"No-one told us about the menopause you know, no-one, it just happened and then I asked my mother, and she said yeah, that happened to me too when I was 47, no one told us these things. The children, the younger ones, they know more about health and bodily things than we do, they learn in school and college, or the internet, but we didn't know these things."
(Participant, Sharpen Her-The African Women's Network)

"The women we support are chronically ill as a result of their trauma and experiences of child abuse, child sexual abuse, forced marriage, rape, assault, forced pregnancy, forced abortion. These are the realities of the experiences of women and as an organisation we are supporting women to overcome their trauma and to live with their chronic health conditions."
(WHN Member Organisation)

"You know, we live in two countries, outside, at the shops, in the library, we are in Scotland. But when an African woman goes home and closes the doors, we are in Africa, the African culture, the African beliefs, the African values, the good and bad, it's ok telling a woman how she should be treated in Scotland, but when the doors are closed, it's not Scotland anymore."
(Sharpen-Her, African Women's Network Participant)

Potential solutions around access to health and leisure services focused on gender and culturally sensitive service provision alongside a strong desire for women's health hubs. Women emphasised the role the outdoors plays in supporting physical and mental wellbeing including recovery from trauma; network members are currently working to increase access to greenspace solutions.

DEMONSTRATING IMPACT

A report on the consultation was shared with the Scottish Government's Women's Health Plan Team and helped inform a development session held during December 2024. The Women's Health Plan team are now part of the membership of the Glasgow Women's Health Network.

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DEMONSTRATING IMPACT

Example 2

Partnership Priority 3 – Supporting People in their Communities

Commitment – Communities will be supported, empowered and resourced to provide supports required for people who choose to access them, and people will only need to seek support from statutory services when that's necessary or where it's the best fit for their needs

Example of Work – Community Network Approach – Parkhead Hub

Background/Summary

The Community Network Approach is part of the development of Parkhead Hub as outlined in the Full Business Case. It specifically sets out an ambition for community use of the facility alongside a community engagement programme.

The Community Network Approach comprises the following areas of work:

- Community room bookings through a series of 5 dedicated group rooms for the community with a booking process to support.
- A Network Task Group which was established in the run up to the opening of the Hub. Its key purpose is to plan and coordinate events and associated programmes by bringing services across the Hub together with community groups and third sector organisations to make the most of the opportunities the Hub provides.
- A social prescribing and community link programme to enable local people to be matched to non-clinical activity that supports their health and wellbeing.
- Locality Engagement Forum activity is also included within the community network approach

Impact / Positive Outcomes

Community Room Bookings

Since the group booking process went live in mid-March 2025, there are 16 different third sector and community groups utilising community space at the Hub on a regular basis. There is a plan to monitor the numbers of people attending different activities, the overall hours of usage including peak times alongside some testimonials and case studies. This is to ensure the most is made of the facility and that it is utilised to its maximum.

Groups using the Hub to date include:

- Greater Easterhouse Alcohol Awareness Project - weekly counselling Glasgow Association for Mental Health North East Carers - weekly counselling
- Royal National Institute for the Deaf - fortnightly pop-up information stall and hearing aid checks

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- Prostate Scotland – monthly pop-up information stall
- Menself, a local charity offering educational support services to improve the health and well-being of men including health based ‘MOT’ events with the Simon Community
- Moira Anderson Foundation, supports children and adults affected by childhood sexual abuse – weekly counselling and therapy sessions
- Parkhead Crafters – weekly craft activity for all
- Glasgow Council on Alcohol – monthly counselling
- Possibilities for Each and Every Kid (PEEK), children’s play charity – weekly parent/child activities
- Lifelink, providing positive mental health and wellbeing support – weekly counselling
- Glasgow East Arts Company – delivering weekly activity supported through
- Whole Family Wellbeing Fund Alliance Women’s Group–weekly group open to all
- The Daisy Project, domestic abuse advocacy and support group– ad hoc knit and natter style session
- Glasgow and Clyde Rape Crisis – monthly counselling
- Skills Development Scotland – weekly information sessions
- Aberlour, an organisation that provides care for disadvantaged children, young people and their families – weekly counselling

Network Task Group’s Community Network Event, 22 May 2025

Starting with 12 members, the group now has 47 and continues to grow. It is an energetic group dedicated to initiating and coordinating events at the Hub.

The membership is from across services at the Hub and across the North East third sector base, with meetings taking place every fortnight.

In addition to the group’s important networking function, the group is dedicated to maximising the Hub’s potential. An inaugural event took place on Thursday 22 May 2025 and focused on mental health and the wellbeing of children, young people and their families. This event also had a user survey, the first in a planned programme to garner feedback.

Around 25 stallholders promoted services from across the HSCP and with the important addition of community and third sector groups. Activities took place such as tai chi, yoga, fitness, Glasgow Libraries bookbug (a universal programme that provides access to free books), songs and rhymes to babies, toddlers and pre-schoolers, arts, crafts and play. All these activities took place with the purpose of showcasing what is going on in the area that can support mental health and wellbeing.

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Example 3

Partnership Priority 5 – A Healthy Valued and Supported Workforce

Commitment – Our workforce will be committed to meeting the Vision and priorities of the Integration Joint Board by working in an innovative, progressive and transformational way to support people to live as independent a life as they can

Example of Work – Home Care Leadership, Workforce and Culture

Background/Summary

The effective delivery of Home Care services across Glasgow is fundamentally reliant on a skilled, motivated, and well-supported workforce. As the largest Home Care service in Scotland, with 98% of services delivered in-house, Glasgow City HSCP recognises the critical role of staff in maintaining high-quality care provision.

In 2024, the service continued to face sector-wide recruitment and retention challenges. Despite this, Home Care maintained a retention rate of 94.51%, with an attrition rate of 12.35% as of February 2025. To enhance recruitment efforts, the service transitioned from large-scale city-wide events to sector-based recruitment initiatives in the North East, North West, and South localities. This targeted approach resulted in increased interest in Home Care careers within GCHSCP.

Recognising the importance of effective collaboration, Home Care worked closely with Human Resources (HR) and Learning and Development colleagues to ensure the recruitment of suitable candidates (18% increase) and the ongoing professional development of existing staff. This partnership facilitated the review and update of statutory training courses, including the home carer induction programme and workbook, ensuring alignment with best practices and regulatory requirements.

Currently, 96% of the home care workforce is registered with the Scottish Social Services Council (SSSC), with the remaining 4% on track to complete registration within the required timeframe. Key workforce development initiatives included coaching conversations and compassionate leadership training to foster a positive cultural and behavioural shift across the service.

Impact / Positive Outcomes

Training and Professional Development:

Given the complexity of training a workforce of over 2,500 staff members, Home Care implemented a range of measures to enhance learning and development opportunities. Engagement sessions and Trade Union consultations contributed to the expansion of online Gold Courses, improving the accessibility to training whilst ensuring sufficient time allocation for staff and their development.

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Leadership Development and Workforce Planning:

To strengthen succession planning and leadership capability within Home Care, a new Reablement Line Manager training programme was introduced in 2024. This initiative aims to equip managers with the necessary skills and knowledge to support staff effectively, fostering a culture of professional development and continuous improvement.

Additionally, Home Care has continued to assess training needs for management and leadership roles, leading to the development of a tailored in-house programme designed to enhance career progression, and opportunities for home carers.

To ensure consistent communication and knowledge-sharing, the '3-Minute Brief' initiative was introduced. This regular communication provides updates on new legislation, internal policy changes, and training opportunities, ensuring staff remain informed and compliant with evolving regulatory standards. The service also reinforced the importance of adherence to Scottish Social Services Council (SSSC) guidelines on continued professional learning, emphasising shared responsibility between the organisation and employees in maintaining high professional standards. The service launched a dedicated email address for staff to request assistance around SSSC registration and meeting their qualification requirements.

Operational Resilience and Workforce Sustainability:

Home Care services operate across four-time bands from 07:30 to 22:00, with overnight care available for high-risk service users. Currently, 60.35% of care is delivered after 4 pm and on weekends, requiring a workforce of 1,195 home carers per shift and 270 vehicles citywide to ensure service delivery meets the needs of service users.

Given the increasing complexity of care conditions, and the skill level required by the care services workforce; sustainability remains a strategic priority. Home Care continues to explore innovative recruitment and retention strategies, including a 2024 'Test of Change' pilot to refine the hiring process. This pilot involved replacing the traditional values-based assessment with initial telephone interviews, scored on skills and competencies, followed by face-to-face interviews for shortlisted candidates. The aim is to streamline recruitment and ensure the selection of the most suitable candidates.

A significant development in 2024 was the introduction of a Home Care Coordinator Succession Planning initiative. This structured career development programme is designed to provide home carers with clear pathways for professional growth, leadership opportunities, and targeted training. By nurturing internal talent, the initiative aims to foster a highly motivated workforce dedicated to delivering high-quality care. Since commencing this program, over 20 home carers have moved to supervisory roles across the service.

The recruitment, training, and workforce development initiatives undertaken in 2024 have reinforced the sustainability and effectiveness of the Home Care service.

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Through collaborative efforts with HR and Learning and Development colleagues, the service has successfully enhanced training provision, improved recruitment efficiency, and strengthened leadership capabilities.

As the Home Care service continues to evolve, the commitment to workforce development remains steadfast, ensuring staff are equipped with the skills, knowledge, and resources required to deliver outstanding care. By fostering a professional and supportive environment, the Home Care service will continue to build a resilient workforce dedicated to meeting the needs of service users across Glasgow City.

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Example 4

Partnership Priority 4 – Strengthening Communities to Reduce Harm

Commitment – The HSCP will be working well with partner agencies and service providers across the city to recognise and address potential areas of risk and harm early and ensuring the appropriate response is available and applied.

Example of Work – Diversion from Prosecution (DfP)

Background/Summary

Diversion from Prosecution 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. This can be done instead of commencing court proceedings (or before final decision is taken in relation to court proceedings).

Diversion from Prosecution is one of a range of direct measures which are available to the Procurator Fiscal Service in Scotland. Which measure is used will depend on the facts and circumstances of each case and what prosecutors consider to be in the public interest.

The benefits of a successful Diversion from Prosecution are that it:

- Provides the individual with an opportunity to obtain support to deal with any issues or needs that may have contributed to the alleged offending behaviour.
- Provide early intervention to reduce likelihood of further offending behaviour.
- Provides a swift resolution and reduces contact with the criminal justice system for all involved.
- Prevent stigmatisation of the individual, by avoiding a criminal conviction which may impact on life chances.

Within Glasgow HSCP, Justice Social Work operates a distinct Diversion from Prosecution team that manages all diversion assessment requests from Crown Office and Procurator Fiscal Service (COPFS). The team also case-manages any individual who has been assessed as suitable for diversion and requires ongoing support / intervention. The assessment process is focused on the needs of the individual and does not seek to assess the risk of harm / further offending. Subsequently, any intervention plan is focused on the individuals' needs and may result in direct work being done with the individual, or support being provided by other services either within the HSCP or the voluntary sector.

In 2024-25 a total of 847 diversion assessment requests were received by the service. Of these approximately 61% were male and 39% female. 332 individuals were assessed as suitable for diversion by the team, 88 were assessed as unsuitable and 376 assessments were unable to be submitted (due to non-engagement by the individual referred).

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In the same time frame 325 diversion cases were successfully completed by the team, with the same gender split noted. Of these cases the following needs / issues were identified; 34% mental health needs, 32% drug use issues, 24% alcohol issues with the remainder requiring support with a range of issues including employability, finances and relationships.

The team recently conducted an internal audit of our processes and procedures and are in the process of making some changes to our assessment processes. We are currently experiencing a high level of non-engagement with the diversion assessment process with over half of the assessment requests being returned to COPFS as a result of clients not engaging with the assessment. It is hoped that by changing some of our processes we can expect to see this improve over the next 12 months.

In addition to some internal changes, we are also anticipating the launch of newly revised national Diversion from Prosecution guidelines. This document will include the main principles of the diversion process for all key agencies including Police Scotland, COPFS and Justice Social Work. It will also introduce a pathway for diversion for more complex cases to be considered / assessed. Once this is launched, an updated guidance document will be circulated for Justice Social Work with an aim to ensure consistency with practice across the country.

Impact / Positive Outcomes

Client A was referred into the Diversion team following being charged with 3x S38 Criminal Justice and Licensing (Scotland) Act 2010 and Police Assault.

Client A advised that the incident occurred due to excessive alcohol consumption at the time which had increased due to bereavement. This resulted in becoming involved with Criminal Justice, breakdown in relationships and Client A developing pancreatitis despite their young age. Client A agreed to explore support during the period of Diversion with the goal of maintaining sobriety.

A referral was made to Glasgow Council on Alcohol for one-to-one counselling in respect of both alcohol use and bereavement issues. Further support was explored such as AA, coping strategies when feeling triggered and positive use of time. Upon completion of Diversion, Client A had been sober for 18 weeks, was regularly attending GCA, AA and had returned to work part time. They had also begun exploring college courses to plan for their future and reported a significant improvement in their health and relationships with family.

Client B was referred into the Diversion team following being charged with assault of a minor.

Client B advised the incident occurred due to a breakdown in their marriage which they reported had been coercive and abusive, resulting in stress and difficulties with their children's behaviour. Client B agreed to engage with support put in place via Children & Families Social Work and to explore further supports during the period of Diversion.

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A number of referrals were made throughout the Diversion period to attempt to support the family and make positive changes moving forward. These supports included;

- Family Group Decision Making to discuss contact with the children and conflict between the parents.
- Central Parenting Team working with Client B regarding managing challenging behaviour in teenagers.
- Women's Aid to support their emotional wellbeing and emotional support services for their son to discuss his feelings and issues.

It also emerged that Client B had suffered emotional trauma throughout their marriage and a referral was made to Lifelink for one-to-one counselling. Further advice and guidance regarding civil child contact proceedings was provided and they were also given advice regarding reactions and behaviour previously when contact conflict issues arose and Client B began implementing this advice.

Upon completion of Diversion, Client B was more confident in navigating child contact and contact with their ex-partner, the relationship with their son had improved and they were better able to regulate their emotions due to counselling.

Children & Families Social Work closed the case due to reduced risk and no further concerns.