Glasgow City IJB Integration Joint Board

Item No.   **14**

Meeting Date   **Wednesday 16th April 2025**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

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Strategic Plan Monitoring Report (April 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 2023-26.

Background/Engagement:	The IJB's Strategic Plan 2023-26 was approved at the Integration Joint Board in June 2023. The report that accompanied the new Strategic Plan (the Plan) acknowledged that the IJB would seek assurance that the commitments laid out in the Plan are being progressed and are having the desired impact in terms of meeting the needs of the people in the city.
	Officers developed a proposed approach for monitoring the content of the Plan, considering the other structures and processes that support implementation and monitor performance in relation to the Plan, including Strategic Planning Groups, the Annual Performance Report, the IJB Performance Framework and the various transformation boards and programmes progressing change activity.
	This proposed approach to monitoring the Plan was presented to IJB Members at a Development Session in November 2023 where it was agreed that two Monitoring Reports would be presented to the IJB Finance, Audit and Scrutiny Committee each year to support members to monitor delivery of the commitments made in the Plan and seek to understand the impact that associated activity is having on the health and social care needs of people in the city.

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

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

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

Implications for Health and Social Care Partnership:

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

Personnel:	None

Carers:	None

Provider Organisations:	None

Equalities:	None

Fairer Scotland Compliance:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

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

2. Background

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

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

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

3. Approach to monitoring

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

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

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

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

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

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

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

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

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

3.8. A previous update is also available from the FASC meeting in October 2024.

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 (April 2025) is attached to this report as Appendix 1.

5.   Recommendations

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

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

Strategic Plan 2023-26

MONITORING REPORT

APRIL 2025

Total Strategic Plan Commitments (by priority)

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

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

In this report the following terms are defined as follows:

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

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

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

Total Plan Commitments by Priority

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

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

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

Activity/objective Identified (by priority)

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

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

Chart 2: Strategic Plan activity by Priority (n=225)
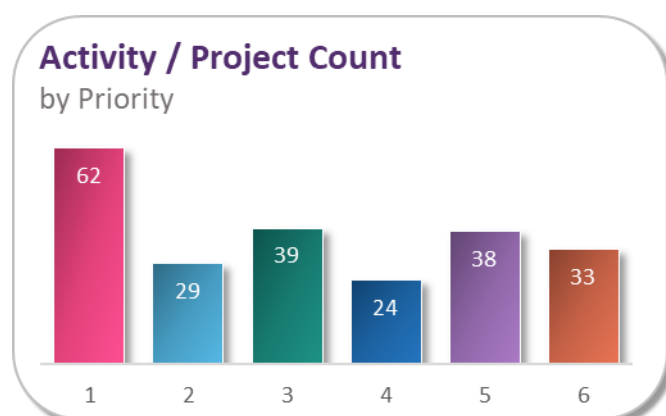
As outlined above the true count of commitments that the activities/projects collectively seek to progress is 225, to account for the fact that some commitments feature more than once due to multiple relevant activities. Chart 1 has not been adjusted to reflect this to accurately represent the commitments 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 Committee Members a RAG status has been implemented to reflect the current position in relation to activities or projects identified to support the strategic commitments in the 2023-26 plan. The RAG status used in this report has been extended to incorporate activity which is no longer proceeding, not due to begin or has been completed. Table 2 below details the RAG status and descriptions used.

Table 2: RAG Descriptors

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

Chart 3 below shows the high level status of the activity identified. Of the 225 individual areas of work there was sufficient information to make a determination as to the status in all 225 of them (**100%**), this is an increased position from the April 2024 report where we had status updates for **63**% of our commitments. The value of the status identified is based on whether or not the piece of work has commenced yet and whether that work is currently on track.

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

Chart 3: Activity status (n=225)
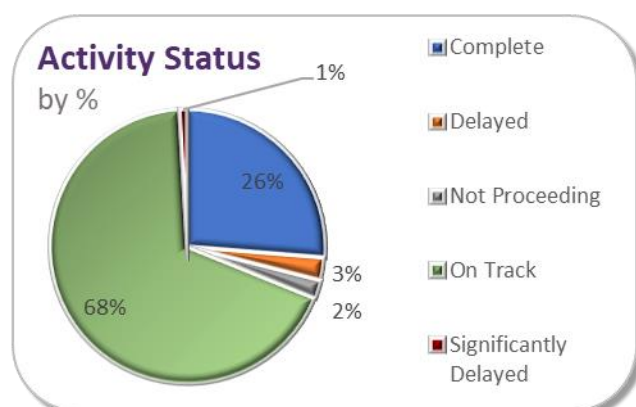
It should also be noted that where an area of work has yet to commence this might reflect its scheduling and therefore should not necessarily be considered problematic. What Chart 3 above shows is that of the total number of work packages identified in the monitoring database 26% have been completed, an increase from 7% in October and a 17% improvement from the first report in April 2024.

More than two thirds have started and are currently on track, 68%. 2% of activities are delayed, 1% is significantly delayed and 3% are no longer proceeding.

Reasons for delays include the current financial constraints and increased demand on the services with limited resources. This is an improvement from the October report where only 64% were on track and 4% not started yet with 6% delayed.

Table 3: Comparison of Progress by Reporting Cycle Total Commitments

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

Commitment by Year

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

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

Chart 4: Strategic Plan commitment by year (n=225)
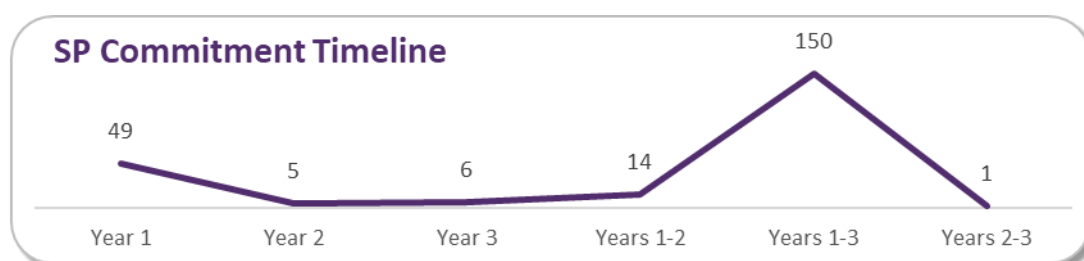
Activities by Priority and Year

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

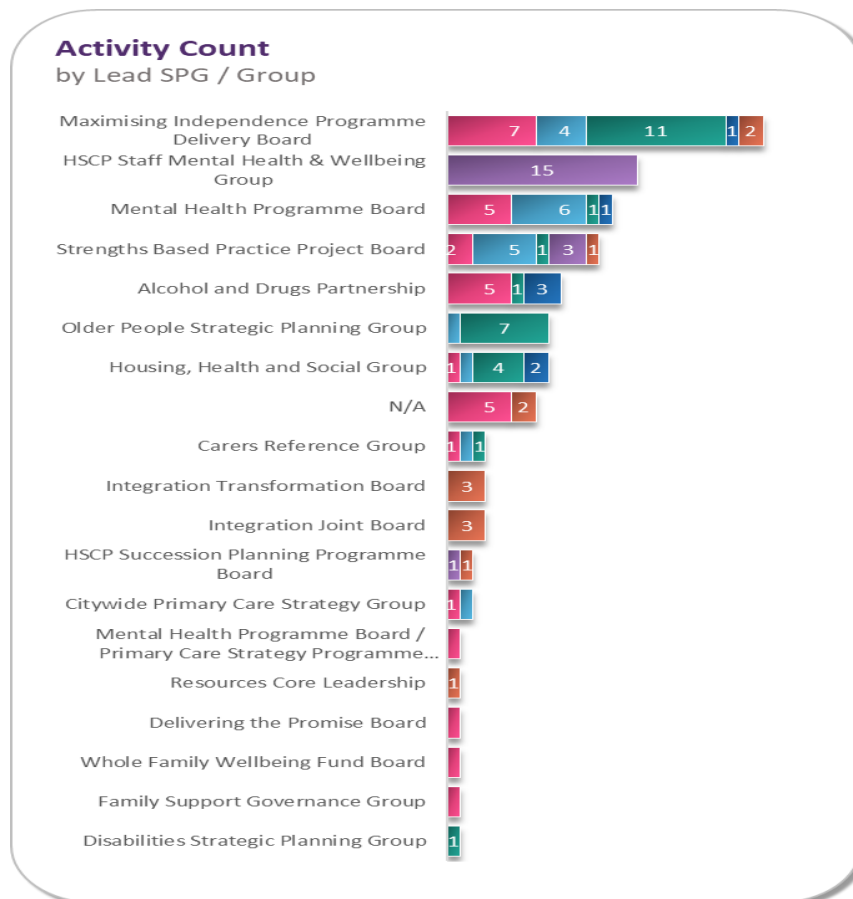| Key activity |
|---|
| Review of Flexible Outreach Service |
| Flexible Homelessness Prevention Fund |
| Health Improvement Strategic Direction 2023-28 |
| Out-Patient Antibiotic Treatment (OPAT) Service |
| Suicide Prevention & National Strategy for Self-harm |
| Health Improvement Report |

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

Governance Routes

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

Chart 5: Activity by lead group

Activity Count
by Lead SPG / Group

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

Year 1 Commitments and Activity/Projects

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

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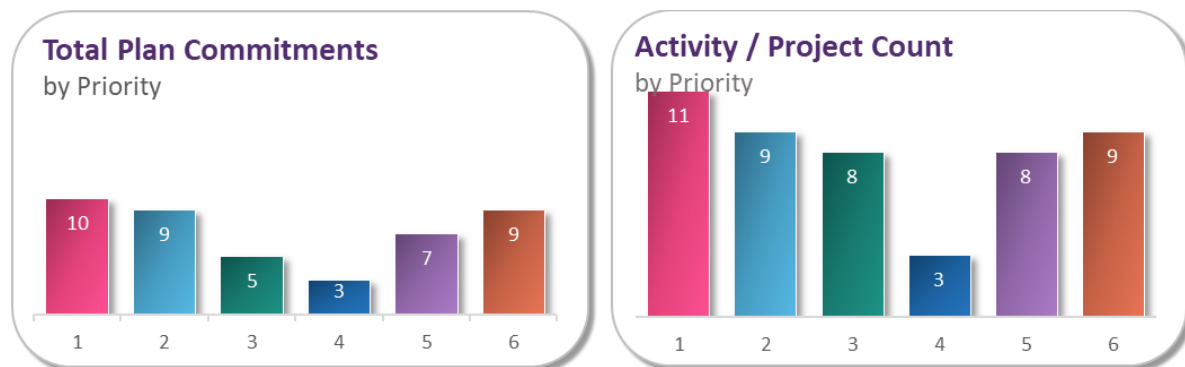

Chart 8 below shows the activity status for all of the 48 specific pieces of work that relate to the 44 commitments scheduled for Year 1. More than half the activity to be implemented to contribute to the commitment has already been completed (29, 60%)

Table 6: Comparison of Progress by Reporting Cycle Year 1

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

Chart 8: Activity status (n=48)
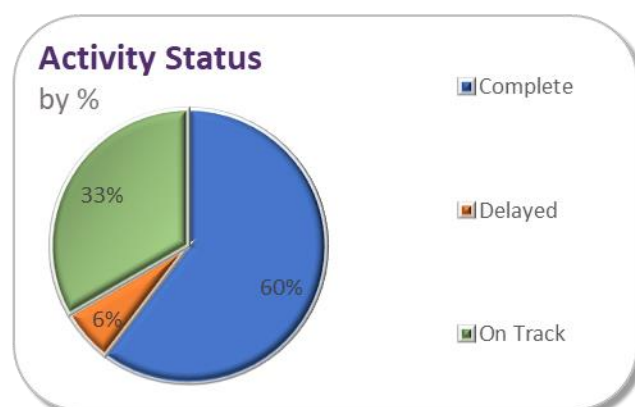
Examples of Activity and Projects Underway

Examples of key activity underway 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 aaplications
New national cCBT platform introduced.
Waterloo Care Home Service & Abbeycraig Supported
Borderline Personality Disorder Network
Review of emergency accommodation
Domestic Abuse Strategy 2023-28
Women's Problem Solving Court
Strengths Based Practice Project
Staff Health Strategy Action Plan 2023-2025
Staff Wellbeing Training and Events
AHP Long Covid Service
Workforce Plan 2022-2025
Menopause Email Advice Service
Trauma Informed Training
Work with Jobs and Business Glasgow
Modern Apprenticeship Programme
'Retire and Return' & Flexible Retirement Requests
Electronic Leavers Questionnaire Created
Work to reduce recruitment timescales to 10 weeks

Year 2 Commitments and Activity/Projects

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

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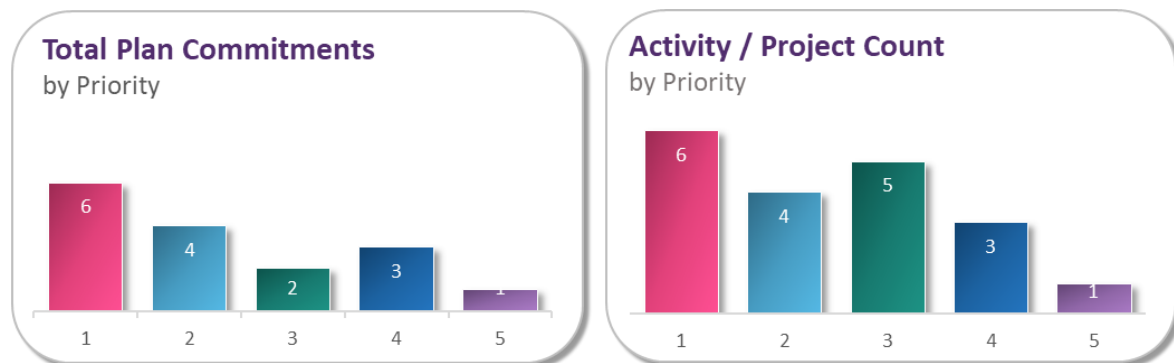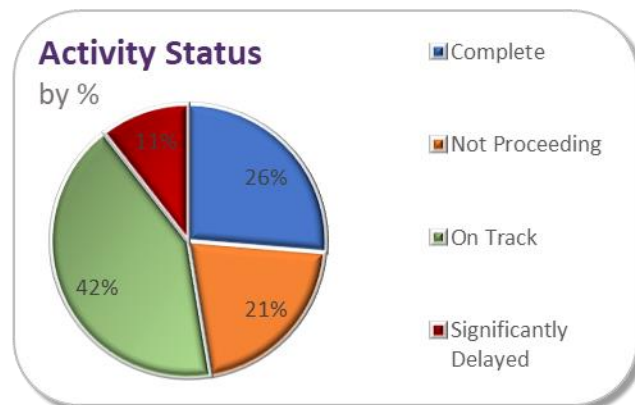

Chart 11 below shows the activity status for all of the 19 specific pieces of work that relate to the 16 commitments scheduled for Year 2.

Chart 11: Activity status (n=19)

26% of the activity to be implemented to contribute to the commitment has already been completed. 42% are on schedule and on track, 11% reported as significantly delayed, and 21% of activities are reported as no longer proceeding.

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

	April 2025	October 2024
Completed	26%	16%*
On Track	42%	42%
Delayed	-	10.5%
Significantly Delayed	11%	10.5%
Not Proceeding	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 identified 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

Year 3 Commitments and Activity/Projects

Chart 12 below shows the number of unique commitments that were identified as 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)

Total Plan Commitments by Priority

Priority	1	2	3	4	5	6
Count	38	16	25	16	29	24

Activity / Project Count by Priority

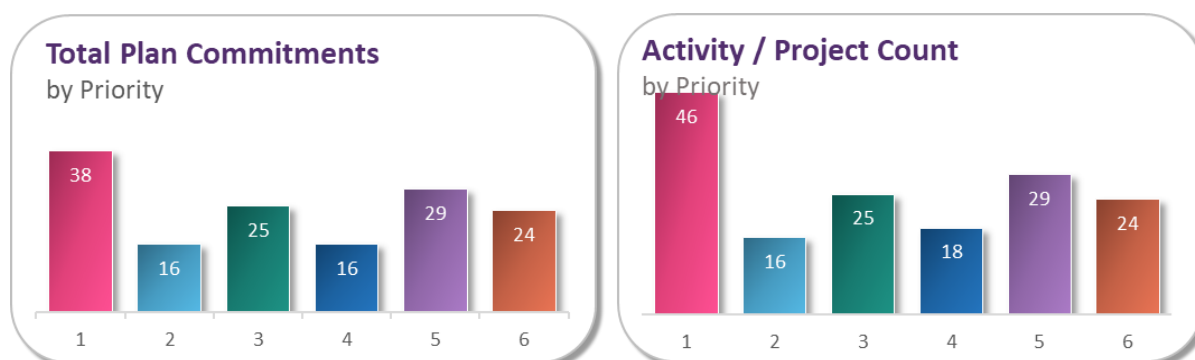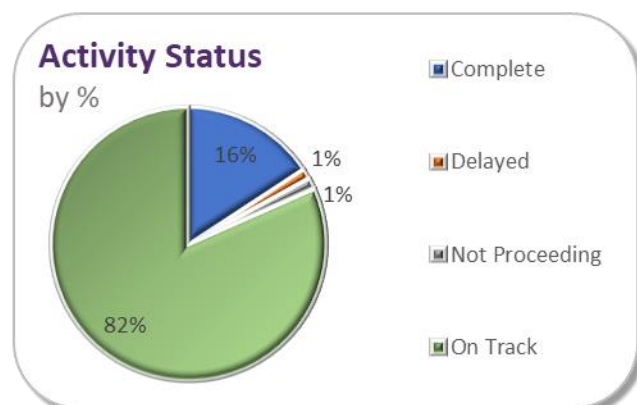| Priority	1	2	3	4	5	6
Count	46	16	25	18	29	24

Chart 14 below shows 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)

Activity Status by %

- Complete: 16%
- Delayed: 1%
- Not Proceeding: 1%
- On Track: 82%

82% of the 158 pieces of work remain on track at this time in the reporting cycle with 16% completed, 1% not proceeding and 1% delayed.

As mentioned earlier in the report, some of the activities associated with the commitments contained within the strategic plan are ongoing and 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 identified in Year 3 include:

Table 10: 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

Additional Information

For activities that were scheduled to conclude in Year 1 there are currently 3 reporting as being delayed and 2 as significantly delayed with 5 no longer proceeding. These include areas in relation to homelessness, delayed discharge and Hospital at Home.

For activity that was due to conclude in Year 2 there are currently 2 areas reporting as significantly delayed. Areas reporting significantly delayed are in relation to abortion care and housing.

Overall to date there are 5 areas (2%) where the activity is no longer proceeding – this is due to a change in the financial envelope available, work superseded by other projects or evidenced based decision making about best practice.

Demonstrating Impact

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

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

Example 1

Partnership Priority 3 – Supporting People in their Communities

Commitment – Continue to expand the access to and use of technology based supports to enable people to live independently in their own homes with supports appropriate to their needs.

Example of Work – Community Alarms Analogue to Digital Project (A2D)

Background/Summary

The Community Alarms & Telecare service continues to play a crucial role in supporting individuals to live as independently as possible within their own homes. Currently, the service supports 8,701 service users across Glasgow, reinforcing its significance within care planning and the wider Maximising Independence agenda. A broad range of telecare equipment is utilised to provide tailored support to individuals, enhancing safety, reassurance, and timely intervention.

Traditional Community Alarm Systems use traditional phone networks to open a communication line between the service users home and the Alarm Receiving Centre (ARC) with the upgrade of these networks to internet protocol (IP) or mobile networks so too must the telecare services upgrade to be compatible. Migration of analogue to digital needs to be completed by January 2027 at the latest, and analogue phone provision was ended in 2023.

The HSCP transition from analogue to digital technology is in its final stages, marking a significant milestone in modernising the service. Glasgow City HSCP has already switched 3,250 service users to digital telecare units, ensuring improved connectivity, signal reliability, and response times. The transition process is being conducted through a new digital Alarm Receiving Centre (ARC) platform, in conjunction with upgraded digital equipment.

Outcome and Impact

Key developments in the A2D transition include:

DEMONSTRATING IMPACT

- Live system testing commenced in January 2024 and remains on track, with full migration to the new system scheduled for February 2025.
- Completion of the outfield device tender, ensuring that all newly installed equipment is digital. No new analogue devices are being deployed.
- Collaboration with telecom providers (Virgin Media and BT) to prioritise vulnerable service users for replacement digital devices, mitigating risks associated with the national telephony switchover.
- Revised completion timeline: The national switchover deadline has been extended to January 2027, providing additional time for implementation. Glasgow's transition remains well on track to meet this target.

A digital system is expected to be more reliable with predicted drops in 'failed alarm calls' than seen with traditional copper network.

The analogue to digital switch is an opportunity to make use of the growing digital technology advancements in health and social care support, allowing the sector to provide more joined up preventative care delivering better outcomes for people and allowing them to remain in their homes for as long as possible.

DEMONSTRATING IMPACT

Example 2

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

Commitment – People will have an active and equal role in discussions and decisions about their care and will be empowered and supported to exercise greater and more informed choice in making decisions about the supports they receive

Example of Work – Diabetes Care

Background/Summary

Throughout 24/25 GCHSCP has continued to advance the Diabetes Care Improvement Programme, which aims to improve support for individuals living with Type 2 Diabetes through an enhanced care planning pathway, and data-driven clinical decision making. This programme has placed a significant focus on delivering person-centred Diabetes care, ensuring existing and new patients receive a tailored support plan to manage their condition effectively, whilst also reducing preventable complications and hospital admissions.

A key area of development has been the continued implementation and refinement of the SCI-Diabetes Care plan, a structured, patient-centred tool designed to provide comprehensive care planning for existing and new patients with Type 2 Diabetes. Throughout 24/25, efforts were concentrated on increasing the uptake and utilisation of the care plan, ensuring that GP practices and community health teams are fully embedded within the service delivery. A particular focus was placed on ensuring there is equitable access to Diabetes care across all localities within Glasgow City. Targeted engagement has taken place within areas of higher deprivation, where Diabetes prevalence and associated complications remain disproportionately high.

Significant progress has been made to improve existing reporting mechanisms and governance, enabling GP Clusters to access timely, detailed data on Diabetes care delivery and their patient's outcomes. This enhanced reporting process has allowed practices to identify gaps in care, monitor trends in disease management, and implement targeted interventions aimed at reducing health inequalities. The introduction of quarterly feedback reports for each locality has further supported data-driven improvement planning, ensuring that clinical teams can proactively address challenges in diabetes management.

Another major achievement in 2024/2025 has been the expansion of structured education programmes, aimed at enhancing self-management skills amongst patients living with Type 2 Diabetes. The "Control It Plus" programme which was designed to provide patients with practical strategies to manage their condition, saw a significant increase in participation, particularly amongst newly diagnosed patients and those identified as being at risk of diabetes-related complications. Alongside this, there has been a concerted effort to strengthen digital engagement, with more patients able to access online diabetes education, support and self-monitoring tools, supporting long-term condition management outside of traditional healthcare settings.

Work has also continued to improve care transitions and post-diagnosis support, which has ensured that individuals with newly diagnosed Diabetes are provided with immediate access to a structured care plan and a tailored lifestyle intervention where recommended. Enhanced referral pathways between primary care, specialist diabetes services, and community-based support networks have contributed to a collaborative approach to diabetes management across the partnership.

Impact / Positive Outcomes

The SCI-Diabetes Care plan was introduced following an extensive development and consultation process, ensuring its effectiveness in delivering patient-centred Diabetes care.

A board wide roll-out commenced in October 2023 after successful testing across a small number of GP practices. Key developments focused on:

- A fast-track resolution process to address SCI-Diabetes access and login issues.

- Development of an instructional video to provide refresher training for clinical staff.

- Agreement on key metrics for baseline assessment and tracking ongoing improvements.

- Communication and engagement strategy, promoting the initiative through board wide Practice Nurse Meetings, newsletters, and GP learning events.

This continued and expanded into 24/25, as an open-door policy was implemented, which allows any GP practice to join the programme, at any stage. This approach has capitalised on the early momentum and has ensured there is an equal opportunity for participation with the project. As of July '24 the project covered 101 practices, with 66 successfully using the Care plan for at least three months.

Significant improvements were noted after reviewing initial feedback and roll-out:

- The number of practices using the Care plan increased from 2 to 117 within 12 months.

- Care plans issued increased from 424 to 2,315, reflecting a 446% increase in Diabetes care planning.

- "Control It Plus" structured education attendance increased by 16.2%, evidencing the support available and interest in better self-management.

- "My Diabetes My Way" registrations increased by 12.6%, enhancing patient engagement with digital self-monitoring tools.

DEMONSTRATING IMPACT

To ensure sustainability, all supporting documentation, including training materials, baseline reporting templates, and engagement resources, has been retained within the Type 2 Diabetes Prevention & Early Intervention Team's repository.

This structured, patient-focused approach to diabetes care ensures there is continuous improvement within the self-management of Diabetes, which reinforces GCHSCP's commitment to delivering a high-quality, evidence-based diabetes services for adults and older people.

Example 3

Partnership Priority 1 – Prevention Early Intervention and Wellbeing

Commitment – A Healthy Childhood: Advance the Youth Health Service for Young People (12-18yrs) in Glasgow

Example of Work – The Youth Health Service

Background/Summary

The YHS provide a holistic early intervention prevention service for young people aged 12-19, within Glasgow City. This is delivered in the evenings, offering confidential advice and support with both clinical issues (Mental Health / Sexual Health and Drug & Alcohol) and non-clinical issues (housing or employment/training).
- The service is delivered by both NHS Staff and a range of other commissioned partners.
- The service also delivers a board-wide weight management programme for young people aged 12-18 with an unhealthy weight.

Main presenting issues in YHS, 2024-25:
- The principal presenting issues continue to be mental health and wellbeing: primarily anxiety, low mood and anger, with significant wider issues around self-esteem, relationships, family and bullying.

Progress on priorities from 2023-24
- Tier 1 / 2 Mental Health & Wellbeing interventions:
  - Service data indicates approximately three quarters of young people presenting for mental health support have a therapeutic intervention (4 to 8 sessions), as a result of the tiered model. Targeting the resource ensures the young person receives the most appropriate intervention.
- The current contract to deliver the Multiple Risk component will end in June 2025 and a new tender process is now underway.
- The YHS has now been accredited at Gold Level of the LGBT Charter, awarded on 16/04/2024.
- Employability:
  - YHS Youth Employability Coach in post, since August, with 34 referrals year-to-date.
  - Volunteering: A young person friendly recruitment approach and subsequent training was developed in partnership with The King's Trust. The Volunteers commenced their roles in venues from February 2025. They are working towards a recognised Youth Achievement award.
  - Modern Apprentice: Business Support Assistant; in partnership with NHSGG&C Learning and Education. The YHS was able to offer SVQ work-based qualification for a young person in Business Administration (SCQF level 6), which was awarded in January 2025.

- Training and Shadowing Experience: The YHS Clinical Team provided training to ST3 GPs this year. A cohort of 15 x Year 2 Medical Students (University of Glasgow) participated again this year, in a shadowing opportunity at YHS.

New Development/Achievements

- To complement the existing tiered model of mental health support and to address an emerging theme of conflict within the family, family counselling sessions are being trialled to assess benefit. In addition to this development, online Wellbeing Modules, including short videos are now available for young people engaged with the YHS – on topics Mindset, Self-Esteem, Confidence and Anger.
- In partnership with HSCP colleagues, weekly parenting groups are delivered at the same time as YHS at Maryhill, aspiring to help parent and young person simultaneously. Parenting support is also offered online with training in topics: Trauma, Neurodiversity, Suicidal Thoughts and Self-Harm.
- To impact the waiting list, an additional evening of delivery in NW Glasgow in Q4 has been implemented, with additional financial resource offering more Counselling, Multiple Risk and Clinical appointments.
- Test of Change with West CAMHS and YHS was piloted to prevent duplicate referrals and to improve waiting list and referral management and consequently improve outcomes for Young People.
- Communications/ Young People Engagement:
  - YHS Survey: total responses received from parents and carers = 55 and young people = 46. Service feedback was sought on a range of areas including thoughts on the venue environment, positive aspects of the service and areas for improvement. Equality information was collected this year to ensure representation from minority groups.
  - A report was submitted to the IJB Public Engagement Committee on the overall engagement and participation approach of the Youth Health Service.
- A review of the Youth Health Service is planned for 2025-26.

Youth Health Service Summary Section

While the service remains busy, referrals decreased slightly, however the total no. of young people engaged – i.e. attended at least one appointment – has increased, for the same period.

GP Practices continued to be the main referral source (41%), followed by Family/Self (28%), CAMHS (9%), Social Work (7%), and Education (6%).

Summary Measure	Data for Q1-3, 2024-25
No. of Referrals	1016
No. of New YP	656
No. of YP Engaged	1027
Total Attended Appointments	3697

Approximately 33% of young people who attended 1-to-1 counselling required 5 or more sessions (4 confers a therapeutic intervention). This continues to indicate mental health complexity.

Multiple Risk: Demand for this service element remains high. There are additional workers at Elder Park, Maryhill and Shettleston each week (with last year's extra worker at Pollok being reallocated to Elder Park) to address waiting times. During Q1-Q3, 87 Referrals were triaged as Multiple Risk, and 39 young people completed the 12-week programme in this period. Successful outcomes included: improvement in self-esteem, improved family relationships, better engagement with school, decrease in substance use and decrease in offending and/or anti-social behaviour.

Impact / Positive Outcomes

Service Feedback
Young Person Feedback:

- "it's a very welcoming place with excellent music (usually sounds like my playlist is playing) and all the staff are lovely" Age 15, Counselling

- "I liked how it was supportive and kept my issues confidential. I felt like I could be open and honest with the person I was working with. Very helpful." Age 14, Multiple Risk Programme

- "I felt very validated…there was a lot of signages which made me feel welcome with pronoun signs and LGBT+ safe space signs" Age 16, Counselling

Parent Feedback:

- "They are always available with support for my daughter, she has came on so much over the last year all thanks to their support"

- "The nurse that my daughter attended was one of the most supportive helpful caring people we have met. We both thought she was amazing. Anytime I phoned also all staff were extremely nice and helpful and reception staff nice too."

Survey Results:

- o 89% of young people said they felt listened to and understood by our service.
- o 1 young person said the venue environment was "comforting and calming"
- o 94% of young people said they would recommend the service.
- o On average, parents and carers rated our service 4 out of 5.