

Item No. 16

Meeting Date

Wednesday 17th April 2024

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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Strategic Plan Monitoring Report

Purpose of Report:	The purpose of this report is to present the first Strategic
	Plan Monitoring Report to update Members on progress
	with implementation of the Strategic Plan 2023-26 and
	seek feedback on the content and structure of the report.

Background/Engagement:	The IJB's <u>Strategic Plan 2023-26</u> was approved at the Integration Joint Board in <u>June 2023</u> . The report that accompanied the new Strategic Plan (the Plan) acknowledged that IJB Members 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 undertook to spend time considering how to develop a process for monitoring the content of the Plan, taking into account 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.
	A proposed approach to monitoring the Plan was presented to Members at an IJB 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.

	OFFICIAL
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 \Box
	Other 🖂
	IJB Development Session
	Not Applicable

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to:
	a) Note the content of the Monitoring Report; andb) Identify and suggestions for the format, structure and content of future monitoring reports.

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 &	The Strategic Plan outlines activity that will be undertaken
Wellbeing Outcome:	relevant to all of the national outcomes.
Personnel:	None
Carers:	None
Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None
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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 first Strategic Plan Monitoring Report to update Members on progress with implementation of the Strategic Plan 2023-26 and seek feedback on the content and structure of the report. Feedback will be used to influence future Monitoring Reports to the Committee.

2. Background

- 2.1. The IJB's <u>Strategic Plan 2023-26</u> was approved at the Integration Joint Board in <u>June 2023</u>. The report that accompanied the new Strategic Plan (the Plan) acknowledged that IJB Members 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 undertook to spend time considering how to develop a process for monitoring the content of the Plan, taking into account 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. A proposed approach to monitoring the Plan was presented to Members at an IJB 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.
- 2.4. Officers were asked to consider the content and structure of the Monitoring Report to be presented. The report presented today is therefore the first iteration and subject to change following feedback from Members.

3. Approach to monitoring

3.1 Monitoring will focus on three key elements of the Strategic Plan that was published on the HSCP website following IJB approval. The first relates to the five key areas of activity under each of the six Partnership Priorities in the main Plan document. 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.

- 3.2 The second area includes monitoring of the additional activity relevant to each priority that was not featured in the published Plan, but was added to a list of <u>activity tables</u> published on the website. These activities were omitted from the main Plan to reduce the size of the document and to acknowledge that should those activities need to change or be discontinued (e.g., due to financial challenges or budget priorities) it would be simpler to edit the activity tables than the published Plan.
- 3.3 The third area refers to the informal measures of "What success would look like" in relation to each priority. These measures are more difficult 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 decision was taken to include those measures within the monitoring activity because they emerged from the engagement activity during the review of the Plan and therefore constitute what our stakeholders think success would look like.
- 3.4 The difficulty of identifying evidence for these measures, and the likelihood that there may be a reliance on anecdotal evidence and/or testimony from stakeholders, was highlighted to and acknowledged by Members at the Development Session in November 2023.
- 3.5 All of the information connected to the Plan under the three areas above has been added to a monitoring database and combined constitutes 225 commitments to be monitored during the planning cycle. Officers have been working to identify the following information for each commitment; examples of relevant activity that demonstrates progress; lead officer; relevant governance route; any reporting obligations; timescale; progress; impact or performance metric.
- 3.6 In relation to monitoring the above, wherever possible officers will draw updates and progress from existing sources to ensure monitoring does not greatly add to the workload of officers who might be providing similar information for other purposes. Examples of where activity to monitor and update on that activity will be sourced include:
 - Reports to the IJB or Committees of the IJB, Council and Health Board
 - Updates submitted for performance updates to FASC or for the Annual Performance Report (APR)
 - Key change programmes/projects
 - Work of Strategic Planning Groups (SPGs)
 - Key Performance Indicators (KPIs)
 - Staff communications related to specific areas of work or initiatives.
- 3.7 A key principle of the approach to monitoring is that there must be better connectivity between monitoring of the Plan and the performance framework and development of the APR. Officers within Business Development are working closely to ensure information collected for the purposes of either the APR or the Plan monitoring is available for both purposes. This will improve the connection between the commitments and priorities outlined in the Plan and the information reported in the APR, ensuring an ongoing collection of relevant information to reduce the need for one off and time-consuming exercises to gather data for both, independently of one another.

- 3.8 Another principle of the monitoring approach is that the data gathered should support the provision of updates to the partners in monitoring their respective strategic plans. Traditionally there has not been clear alignment between the activities monitored by the Council and Health Board for their Plans and the commitments in the IJB's Plan. This has led to different suites of information requiring separate data collection exercises on request and/or significant duplication of effort. It has also led to requests for updates on activities which are not featured within the IJBs Strategic Plan and therefore a focus on activity which has not been identified as a priority for the IJB.
- 3.9 Officers have sought to better align processes to monitor activity, initially for the Council's Strategic Plan, and have submitted actions to Council colleagues which support implementation of the Council's current plan from those in the monitoring database only and which are therefore already being monitored through the process described in this paper. This ensures collection once for multiple uses, a reduction in data collection required for update requests by partners and assurance that only activities agreed by the IJB are considered by the partners.
- 3.10 It is acknowledged that whilst information will be available for many of the commitments within the Plan and monitoring database from existing sources such as KPIs and reports, for others work is ongoing to identify those possible sources. It is also acknowledged that even where data or updates exist to illustrate progress/lack of progress in relation to a specific commitment, those updates do not necessarily provide evidence of the *impact* of the measure or activity. Information on how impact is measured, through defined metrics or through anecdotal evidence/personal testimony/video testimony etc. is being sought but will take time to define. It should be noted that even for completed activity it will not always be possible to measure or demonstrate impact in the short to medium term.
- 3.11 It is therefore the approach that monitoring reports will include an attempt to demonstrate <u>examples</u> of how activity undertaken in pursuit of the Plan is having an impact, positive or negative, rather than seeking to make definitive statements about the impact of the Plan as a whole.

4. Monitoring Report

- 4.1 This Committee already receives quarterly performance reports and "deepdives" into performance in specific areas, with reference to meeting each of the six Partnership Priorities. Whereas those inputs are designed to enable Members to scrutinize areas of service delivery/performance the purpose of the Strategic Plan Monitoring Report is to provide a more high-level picture in relation to progressing the commitments made in the Strategic Plan.
- 4.2 Due to the fact that the performance update and deep-dives are reported quarterly, and the Monitoring Reports are twice a year, it is suggested that we do not attempt to synchronize both (i.e. we do not attempt to mirror the focus of the monitoring reports to the area subject to scrutiny in the performance deep-dives).

- 4.3 It is proposed that the focus for each monitoring report is based firstly on the year of the planning cycle within which the report is tabled. For example, alongside a general update, only activity due to commence or conclude in Year 1 of the Plan will be focused on in the monitoring report up to March 2024.
- 4.4 Each Monitoring Report will select a specific area of activity to consider the approach to measuring the impact that work will have/is having on relevant stakeholders. These will be chosen initially on the basis of availability of the relevant information but in future reports could reflect the preference of the Committee. It is not proposed for the first report that officers attend to talk in detail about the examples of impact, as they do for the performance deep dives, but this is an area Members might wish to consider for future reports.
- 4.5 High level updates on progress will be delivered via a standalone report (see Appendix A) drawn from the monitoring database/dashboard that enables filtering to quickly illustrate the number and type of activity underway/complete/not started by year. It should be noted that activity that is not complete, even after the stated timeframe has expired, need not necessarily be considered late (for example if the commitment was to commence the work).
- 4.6 Due to the volume of commitments made and the considerable demands it would place on officers in addition to the current performance framework inputs, the monitoring reports will not seek to provide detailed updates on each of the commitments in terms of recent milestones achieved, work underway and impact of each. Instead, progress will be highlighted through a relatively short and more general summary update on activity underway/delayed and on track/behind schedule. Impact will be highlighted through provision of examples of relevant activity where a demonstrable impact on stakeholders can be evidenced, to illustrate where the work of the Strategic Plan is having an impact.
- 4.7 Members are encouraged to consider if there are any other areas on which they would like monitoring reports to focus, based on personal preference/interest or on the presentation of the high level data on progress. Consideration could be given to future monitoring reports featuring; updates on specific areas of work as guided by Members; updates on areas of work identified as behind schedule or; a localities perspective.
- 4.8 It is proposed that a basic structure for the monitoring report, and on which the first report is therefore based, would include the following. This structure and content can be reviewed and will be subject to change.
 - High level summary of Strategic Plan commitments and activity identified to progress (breakdown by Partnership Priority, timeframe and status)
 - Focus on progress with commitments and activity relevant to the monitoring period (i.e. Year 1, 2...)
 - Summary examples of work underway and governance routes
 - Areas of concern or escalation
 - Focus on impact examples.

4.9 The first monitoring report, based on the structure proposed above is located in Appendix A. Members are encouraged to review the report, consider its content and structure and identify any areas for development to inform future iterations.

5. Recommendations

- 5.1. The IJB Finance, Audit and Scrutiny is asked to:
 - a) Note the content of the Monitoring Report; and
 - b) Identify and suggestions for the format, structure and content of future monitoring reports.

Appendix A



GLASGOW CITY INTEGRATION JOINT BOARD FINANCE, AUDIT AND SCRUTINY COMMITTEE

Strategic Plan 2023-26

MONITORING REPORT

APRIL 2024

FOCUS ON PARTNERSHIP PRIORITIES

Total Strategic Plan Commitments (by priority)

Table 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 health, 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)

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 of the commitments work is ongoing to identify specific areas of work to be recorded to demonstrate progress. For this reason the total for activity is lower (194) than the total number of commitments (204). Officers will continue to explore areas of work that can be identified as evidence of progression in those cases.

Chart 2 shows the breakdown of activity by priority. For some priorities the number of activities is greater than the total commitments (chart 1). For example for Priority 1 there are 52 commitments and 58 activities. This is because for some commitments more than one activity was identified. For others the total activities is less than the total commitments. For example for Priority 2 the numbers are 29 and 25 respectively. This is because for that priority some activity was identified as being relevant for more than one commitment. (N.B. The total for chart 2 is less than that of Chart 1 because officers are still working to identify suitable examples of projects to progress the commitments made in the Plan).

Chart 2: Strategic Plan activity by Priority (n=194)



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.

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

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

From the table above it can be seen that whilst there are 204 unique commitments made in the Plan and 194 linked activities/projects (so far) identified to progress them, there are 225 activities/projects being monitored in total.

Status of Activity

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 163 of them (72%). 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 9% have been completed. This may be because they were short term areas of work and/or were started during the previous Strategic Plan period and due for completion in the current Plan cycle.

More than half have started and are currently on track. Six per cent of activities have yet to start because they are not yet due to start, and one has yet to start and is considered to be subject to delay. The chart below also shows that for just over a quarter (28%, 72) there is currently no update available on status. Officers are working to establish from lead officers the current status of those pieces of work.

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)

Commitments by Priority and Year

Table 2 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.

Year	Priority	Priority	Priority	Priority	Priority	Priority	Total
	1	2	3	4	5	6	
Year 1	11	9	8	3	9	9	49
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	2	2	6
Total	62	29	39	24	38	33	225

Table 2: Timeframe by priority (Priority Activity and Activity Tables) (n=225)

Examples of Activity and Projects Underway

Examples of key activity underway include:

Table 3: 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



YEAR 1 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 43 unique commitments across all six Partnership Priorities. However there are 47 (Chart 7) identified pieces of work that relate to those 43 commitments for year 1. Due to some of the commitments having multiple key activities/projects attached to them and therefore featuring more than once the true number of commitments is 49.



Charts 6 & 7: Strategic Plan commitments (n=43) and activity/projects for Year 1 (n=47)

Chart 8 below shows the activity status for all of the 49 specific pieces of work that relate to the 43 commitments scheduled for Year 1. In one in five cases (22%, 11) the activity to be implemented to contribute to the commitment has already been completed.

Around two thirds (65%) of activity has commenced on schedule and is on track.



Chart 8: Activity status (n=49)

YEAR 1 COMMITMENTS & ACTIVITY

Examples of Activity and Projects Underway

Examples of key activity underway in Year 1 include:

Table 4: 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

Areas of Concerns or Escalation Required

None of the areas of work that were due to commence in Year 1 have failed to do so. Here are therefore no areas of escalation or concern to report.

Demonstrating impact

Each Strategic Plan Monitoring Report will feature 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 – Prevention Early Intervention and Wellbeing

Commitment - 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.

Activity - Enable the delivery of financial advice and welfare rights advice across health and care services.

Example of work - Welfare Advice Health Partnerships (WAHP)

Background/Summary

Scottish Government investment enabled delivery of an embedded Welfare Rights service in 84 GP Practices across 21 GP Clusters in Glasgow City serving deprived communities. This two-year funding commitment came to an end in January 2024. Funding has been secured to extend provision until September 2024.

Impact

The impact of the service has been positive for patients. In Q1- Q3 (2023/24) there were 3207 referrals made to WAHP across Glasgow City resulting in 7970 individual welfare rights and money advice cases. This achieved financial gains for patients of over £6.4m with a further £1.3 in debt managed. The majority (£800k) of debt managed was non-housing debt; this included utility arrears, personal loans and credit card use to cover essential living costs. In Q3 there was a significant increase in housing debt managed with a 3 fold increase on the quarterly average. Housing debt refers to money owed on mortgage or rent arrears or other housing-related loans that they haven't paid on time and can lead to serious consequences, including repossession, or legal action by creditors.

WAHP is a test and learn programme and Health Improvement teams will be working with the Improvement Service and GP Practices to evaluate the service. The national evaluation is anticipated by Summer 2024. Early findings indicate that:

• 87% of individuals had never previously sought advice

- A third have a household income of less than £10,000
- Almost three quarters live in rented accommodation
- A third are families with children
- A little over a third sought advice because they were unable to cope financially and about a third because they were unable to work for health reasons
- Over 80% sought advice because it was suggested by practice staff.

Positive Outcomes

A patient was referred to the service for assistance to complete an Adult Disability Payment review form.

The patient suffers from significant mental health issues and severe anxiety about going through the review process as all previous applications had been refused and had to go through the appeals process.

The Adult Disability Payment review form was completed in conversation with the patient. The patient then gave consent to access medical records and appropriate medical evidence to aide completion. To ease the patient's anxiety going through the review process for Adult Disability Payment it was agreed the GP would draft a supporting letter for the application. The letter was forwarded to Adult Disability in support of the application.

The patient stated that they were struggling with mental health as they had no support in place. The role of the Community Links Worker was discussed with the patient who agreed to a referral being made to their Community Links Worker to see what other support is available for them.

The patient contacted their WAHP advisor to get update on their application as they were extremely upset about the process and timescales. The advisor arranged a conference call with Adult Disability to discuss and confirmed the form had been received and was with case manager to process. This allowed the advisor to provide reassurance to the patient that the review was going ahead and was within the expected timeframe for assessment. The advisor was also able to advise the patient that payments would continue as normal until the decision was made, alleviating any anxiety.

On completion of the review the patient remained on Enhanced Rates of Daily Living and Mobility, awarded until 2028. The patient was extremely pleased with the award and stated medical evidence and the GP support letter assisted in the re-award of her claim.

Example 2

Partnership Priority – Strengthening Communities to Reduce Harm

Commitment - Establish, alongside Glasgow Sheriff Court, a Women's Problem-Solving Court.

Activity - Tomorrow's Women Glasgow: Development of Women's Problem-Solving Court

Example of work - Tomorrow's Women Glasgow (TWG)

Background/Summary

The Women's Problem-Solving Court covers both serious criminal cases and less serious (summary) cases and aims to divert women from more punitive disposals using Structured Deferred Sentences (SDS), to reflect the lower risk of serious harm women offenders present to the public. The court has a trauma informed ethos that understands the different offender profile of women from men, and the different reasons they can find themselves in the criminal justice system.

The Women's Problem-Solving Court aims to address their complex needs with community disposals with intensive flexible support packages tailored to their needs and risks with a view to admonishment should they show good progress. Every woman subject to an SDS is met by a Tomorrow's Woman worker at Court and offered an appointment at Tomorrow's Women to assess her needs before being allocated a worker. Tomorrow's Women workers provide updates for Court Reviews to SDS workers who continue to carry the Order. Women being referred to this court are likely to have experienced significant trauma in their lives, have complex needs and a history of offending behaviour. Tomorrow's Women workers are key to supporting the women going through this process.

Impact

The success of the court has led to an increase in the number of sittings each month from 1 to 2. From January to October 2023 84 women appeared and received an outcome at the Women's Problem Solving Court from Jan – Oct 2023. The total including those who have been called and continued for reports, or those who have failed to attend and been recalled is 186.

The total number of Structured Deferred Sentences (SDS) imposed in Glasgow is 47, with an additional six imposed on women from other local authorities. The number of women allocated a worker and being actively supported by Tomorrow's Woman Glasgow through the process and to address their offending behavior is 43.

The court sheriff (Sheriff Gilroy) has met with SDS and TWG staff and has praised workers for all their hard work with these vulnerable women and has contributed to discussions about how we can improve our assessments to court. This information has been fed back to the area teams and other local authorities accessing the court. **Positive Outcomes**

One service user coming through the women's court acknowledged that she had found the format of the court and the support from Tomorrow's Women extremely beneficial. At the point of referral, she explained experiencing extreme anxiety and trauma from a domestically abusive relationship, which had led her to use alcohol problematically, exhibit self-harming behaviours, and limit her social engagement.

Since working with the service, she has been supported by Tomorrow's Women's resident mental health practitioners with safety and stabilisation and self-esteem work. This has allowed her to develop more positive coping mechanisms and has led to a decline in her alcohol use. This work, along with support from social care workers to join the Victim Notification Scheme, has helped to dispel some of her anxieties and enabled her to feel safer, resulting in her participating in more social activities and developing positive relationships.

She has recently been supported to move out of emergency accommodation where she had been residing for over twelve months and secure her own permanent tenancy near to her family support network. She continues to receive support with building a home where she feels safe and has committed no further offences.

She notes that being allowed direct contact with the Sheriff where her efforts to make positive changes have been recognised and praised, have been motivating and given her a sense of pride over her achievements.

She also notes that the continuation of service provision from Tomorrow's Women when her SDS comes to an end is a comfort to her, as this will ensure she continues to be supported with managing positive changes.