



# ANNUAL PERFORMANCE REPORT 2022/23 SUMMARY



#### **Overview**

The <u>Glasgow City Integration Joint Board</u> (IJB) was established in February 2016 and provides strategic direction and leadership for community health and social care services in the city, which are jointly delivered through the <u>Health and Social Care Partnership</u> (HSCP). The IJB is required to publish an <u>Annual Performance Report</u> (APR) and this summary focuses on key highlights from the 2022/23 report.

#### **Our Vision and Priorities**

We believe that Glasgow's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. Our **Strategic Priorities**, as set out within our **Strategic Plan (2019-23)** are:

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



### Key Achievements in 2022/23

- Launched <u>Health and Social Care Connect</u> (HSCC) which provides a single point of contact for the HSCP and aims to make it easier for people to get in touch when they need advice or want to request a service.
- Introduced a <u>Hospital at Home</u> pilot which aims to keep people at home by providing them with the same level of high-quality multi-disciplinary care they would receive as inpatients, relieving pressure on hospital beds.
- Established the Home First Service, a community led multi-disciplinary frailty team, who work across the community and hospital settings to prevent unnecessary admissions for frail patients who would be better managed in a homely setting.
- Invested <u>£4.4 million</u> to improve six community health and care centres, which will create additional consulting and treatment rooms and help facilitate the expansion of multi-disciplinary working. Building work on the new <u>Parkhead Hub</u> also commenced.
- Launched the new <u>Glasgow Carers Strategy 2022-25</u>, alongside the <u>Carer Eligibility Criteria</u> and <u>Short Break Services Statement</u> during <u>Carers Week</u>, when a range of activities were undertaken to celebrate the role of unpaid carers and promote the support available to them.
- Published the <u>Socially Connected Glasgow Strategy</u> which identifies ways in which partners can work better together to help people become more socially connected to their local communities.
- Produced the first **Domestic Abuse Strategy** for Glasgow, which outlines key local priorities and sets out a range of actions to improve services for people affected by domestic abuse, as well as those who cause harm.
- Worked with partners to introduce the Women's Court. This aims to reduce the need for custodial sentencing by providing community based alternatives, with women being supported by the multi-agency Tomorrow's Women Glasgow team to address the factors contributing to their offending behaviour, whilst the court monitors their progress.
- Introduced the multi-disciplinary <u>Martha's Mammies</u> service which works with women who have lost care of their children. This aims to help them stabilise their personal and social circumstances and improve their emotional wellbeing, by offering a range of advice and assistance.
- Launched a sexual health social media campaign called 'Awkward Moments', which includes five **short films**. This aims to help young people recognise what good consensual intimate experiences look like and increase their confidence to start conversations around positive and mutual consent.
- Supported the launch of the national <u>Breastfeeding Friendly Scotland Scheme</u> (BFS), which seeks to help mothers feel confident when breastfeeding in public areas, by recruiting participating businesses and organisations who commit to providing a welcoming and supportive environment to breastfeed.
- Worked closely with the Scottish Social Services Council (SSSC) to co-design a suite of filmed learning tools in relation to Dementia - <u>Lady In A Room</u>. These are intended to raise awareness and understanding of people's experiences with dementia and the impact it has on those around them.

Indicators where performance has shown the greatest improvement over the past 12 months include the following.

Indicator		Baseline Year End 21/22	Year End 22/23		
Older People and Carers					
% Service users who receive a reablement service following referral for home care from the community		72.5%	79.6%		
Intermediate care: % users transferred home		15%	29%		
Number of new carers identified during the year that have gone on to receive a Carers Support Plan or Young Carer Statement		2,391	2,533		
Telecare referrals: enhanced		672	1,034		
Anticipatory Care Plans (ACPs)	- Number of conversations	208	345		
	- Summaries completed and shared with GP	50	276		
Unscheduled Care					
Number of emergency hospital admissions (18+)		59,194 (Annual Total)	55,372* (Annual Total)		
Number of unscheduled hospital bed days (18+)	- Acute	521,169 (Annual Total)	494,048* (Annual Total)		
	- Mental Health (18+)	176,049 (Annual Total)	162,793* (Annual Total)		
Children's Services					
Number of children in receipt of a Self-Directed Support Service		382	402		
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks		59.4%	74.5%		
Adult Services					
% of service users receiving Self-Directed Support Direct Payments		19%	21%		

\*Provisional

Indicator		Baseline Year End 21/22	Year End 22/23
Health Improvement			
Alcohol brief intervention delivery		7,749	8,966
Women smoking in pregnancy	- General population	9.5%	8.4%
	- Most deprived quintile	15.9%	13.9%
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)		20.6%	25%
Criminal Justice			
% of Community Payback Order (CPO) Unpaid work placements commenced within 7 days of sentence		87%	89%
Percentage of Orders with a Case Management Plan within 20 days**		93%	97%
Homelessness Services			
Number of households reassessed as homeless / potentially homeless within 12 months		526	406

\*\* This includes CPOs, Drug Treatment and Testing Orders and Throughcare Licenses.

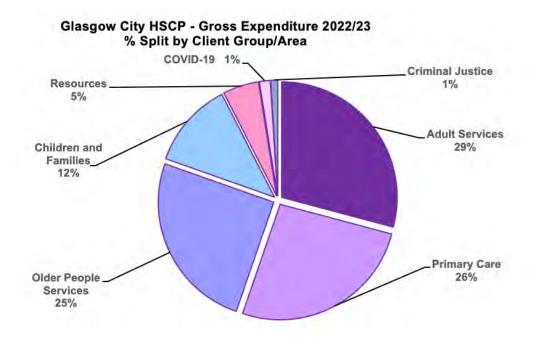
## Areas for Improvement in 2023/24

Specific areas where we would like to improve performance over the next 12 months include the following:

Indicator	Target	Actual		
Unscheduled Care				
Total number of acute delays and bed days lost to delays (All delays, all reasons 18+)	120 (Delays) 39,919 (Bed Days Lost)	142 (Delays) 74,875 (Bed Days Lost)		
Number of unscheduled hospital bed days (Acute 18+)	453,866 (Annual Total)	494,048* (Annual Total)		
Children's Services				
Access to Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks	100%	74.5%		
Mumps, Measles & Rubella (MMR) Vaccinations: (% uptake at 24 months)	95%	92.3%		
Adult Mental Health				
Total number of Adult Mental Health delays	0	24		
Psychological therapies: % of people who started treatment within 18 weeks of referral. (N.B. This indicator is reported at locality level, rather than city-wide.)	90%	58% (NE) 79.2% (South)		
Health Improvement				
Smoking quit rates at 3 months from the 40% most deprived areas	1,217	1,050		
Exclusive breastfeeding at 6-8 weeks (general population)	33%	31.1%		
HR				
Sickness absence rates (health and social work)	< 4% (NHS) < 10.2 average days lost per employee / year (Social Work)	7.03% (NHS) 20.3 average days lost per employee / year (Social Work)		

#### Managing Our Resources

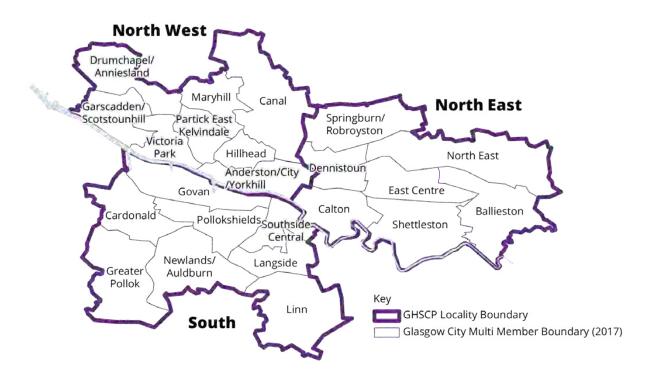
The total financial resources available to the Partnership for 2022/23 were around £1.4billion. These were allocated across service areas as shown below.



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



The Partnership is divided into three areas, known as localities, to support operational service delivery and respond to local needs. These localities - North East, North West and South - are shown below.



Each locality has developed a **Locality Plan**, which details how they are taking forward the IJB's Strategic Plan and responding to locally identified needs and priorities.

Across the City, we have established <u>Locality Engagement Forums</u> (LEFs) which feed into local management arrangements and city-wide networks. LEFs are made up of a range of stakeholders, mainly patients, service users and carers from local communities. They have an important role to play in linking to the governance, decision-making and planning structures of the locality and HSCP, ensuring that feedback and the opinions of patients, service users and carers are heard. These form a key role in our local participation and engagement arrangements, in line with the HSCP's current <u>Participation and Engagement Strategy</u>. LEFs continued to meet online or face-to-face over the course of the last year focusing on issues of local and citywide interest.

#### **Equalities**

The Equality Act 2010 and Fairer Scotland Duties set out a number of requirements for public bodies, which include the publishing of equalities outcomes; reporting progress in mainstreaming equality; and assessing policies and practice from an equalities perspective. Our commitments in respect to these duties are set out in our Equalities Mainstream Report (2020-24) and our Equalities Outcomes. Glasgow City HSCP Equalities Working Group oversees programmes of work to deliver these plans and advance equalities practice across all services. Progress over the last year has included the completion of new EQIAs (Equality Impact Assessments); the introduction of monthly equality staff training communications; the publication of an LGBT+ Health Needs Assessment with NHS Lothian and Public Health Scotland; and the establishment of a HSCP Equality Peer Support Network to share learning and improve collaborative working to advance equalities practice.