APPENDIX 1

Social Work Services / Glasgow City Health and Social Care Partnership

Annual Business Plan

2023

1. Introduction

1.1 Background

Glasgow City Council have introduced Annual Business Plans (ABP) this year as replacement for the previous Annual Service Plan and Improvement Reports (ASPIR). These ABPs are more forward focused and highlight areas of future priority for services and their contributions to the Council's Strategic Plan (2022-27).

This ABP has been produced in respect to social care services. Responsibility for the strategic planning and performance of social care services in Glasgow, along with a range of community health services previously under control of NHS Greater Glasgow and Clyde, transferred in 2016 from the Council and Health Board, to the Glasgow City Integration Joint Board (IJB), in response to the Public Bodies (Joint Working) (Scotland) Act 2014.

This Annual Business Plan should, therefore, be read within the context of the above health and social care integration and within it, we set out the contribution being made across both social care and health services, which are being delivered operationally on behalf of the IJB through the Glasgow City Health and Social Care Partnership (HSCP).

1.2 Structure of the Report

In chapter 2 of this report, we provide an overview of the HSCP and the services which it delivers. We also describe the organisational structure and provide a summary of the staffing and financial resources available to the Partnership.

In chapter 3 we discuss our future priorities and contributions to the Grand Challenges, Missions and Commitments set out within the Council's Strategic Plan (2022-27). Inputs to the Community Plan, through the Thriving Places activities being progressed across the city are also described. Financial plans for 2023/24, including budget changes and capital investments are then outlined.

In chapter 4 we focus on local priorities of the HSCP which are not specifically identified within the Council's Plan, setting out our vision and strategic priorities, as outlined within the Glasgow City HSCP Strategic Plan (2023-26). We also reflect upon the range of activities being undertaken to support and develop our staff.

In chapter 5 we draw upon a range of available information sources to benchmark the performance of the Partnership. We also summarise the outcomes of the inspections undertaken over the last year and reflect upon equalities work being undertaken and planned.

2. Resources and Organisation

2.1 Service Overview

The way in which health and social care services are delivered across Scotland changed as a result of the **Public Bodies (Joint Working) (Scotland) Act 2014**, which requires Local Authorities and Health Boards to work together to jointly plan and deliver adult social care and community health services. In responding to the Act, in addition to those functions which were required to be delegated, Glasgow City Council and NHS Greater Glasgow and Clyde agreed to integrate children and families, criminal justice and homelessness services, delegating these to the Integration Joint Board (IJB). The IJB is a distinct legal entity created by Scottish Ministers which became operational in February 2016. It is responsible for the strategic planning and monitoring of a wide range of health and social care services in the city and it has agreed that these will be delivered as the Health and Social Care Partnership (HSCP). These services include the following:

- School nursing and health visiting services
- Social care services for adults and older people
- Carers support services
- Social care services provided to children and families
- Homelessness services
- Criminal justice services
- Police custody and prison healthcare services
- Palliative care services
- District nursing services
- Services provided by allied health professionals
- Dental services
- Primary care medical services (including out of hours)
- Ophthalmic services
- Pharmaceutical services
- Sexual health services
- Mental health services
- Alcohol and drug services
- Services to promote public health and improvement
- Strategic planning for hospital accident and emergency services
- Strategic planning for inpatient hospital services relating to general medicine; geriatric medicine; rehabilitation medicine; and respiratory medicine

2.2 Staffing

As at August 2023 Social Work Services had a workforce of **7,620** (6,386 Whole Time Equivalent WTE). In addition, within Glasgow HSCP there are **5,279** (4,649 WTE) employed by NHS Greater Glasgow and Clyde, making a total combined workforce of **12,899** (11,035 WTE). The breakdown of staff across care groups and between Council and Health Board is shown in the table below.

Workforce data - NHSGGC & Social Work (at 1st Aug 2023)

Breakdown by Care Groups								
Staff Group	**Head Count**			**WTE**			**Totals**	
	Council	**NHS**		**Council**	**NHS**		**Head**	**WTE**
Adult	520	2629		486	2373		3,149	2,859
Care Services	3956	0		2979	0		3,956	2979.158
Clinical Director	0	33		0	26		33	25.8
Older People	262	1316		249	1112		1,578	1,361
Health Improvement	0	148		0	118		148	118
Hosted	0	102		0	97		102	97.25
Children	1038	723		967	615		1,761	1,582
Public Protection and Complex Care	736	220		689	206		956	895.8617
Resources / Other	1108	108		1015	101		1,216	1115.8
Totals	**7,620**	**5,279**		**6,386**	**4,649**		**12,899**	**11,035**

Council Workforce Data – Sex, Ethnicity and Disability (at 1st Aug 2023)

A breakdown of the Social Work Services workforce by sex and ethnicity, where known, is shown below split by Grade. The numbers of employees recorded with a disability is also shown, split by grade.

HEADCOUNT	**SEX**						**ETHNICITY**				**DISABILITY**	
	MALE		**FEMALE**		**Total**		**WHITE**		**ETHNIC MINORTY**			
GRADE	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
1 - 4	531	6.97%	3542	46.48%	4073	53.45%	1472	37.59%	2119	80.30%	97	1.27%
5 - 7	700	9.19%	2265	29.72%	2965	38.91%	2074	52.96%	400	15.16%	118	1.55%
8	105	1.38%	242	3.18%	347	4.55%	283	7.23%	18	0.68%	11	0.14%
9 - 14	32	0.42%	79	1.04%	111	1.46%	74	1.89%	15	0.57%	2	0.03%
Non PGS*	45	0.59%	79	1.04%	124	1.63%	13	0.33%	87	3.30%	0	0.00%
TOTAL	**1413**	**18.54%**	**6207**	**81.46%**	**7620**	**100.00%**	**3916**		**2639**		**228**	**2.99%**
							Not Declared		**1065**			

***Non-Pay & Grading Structure**

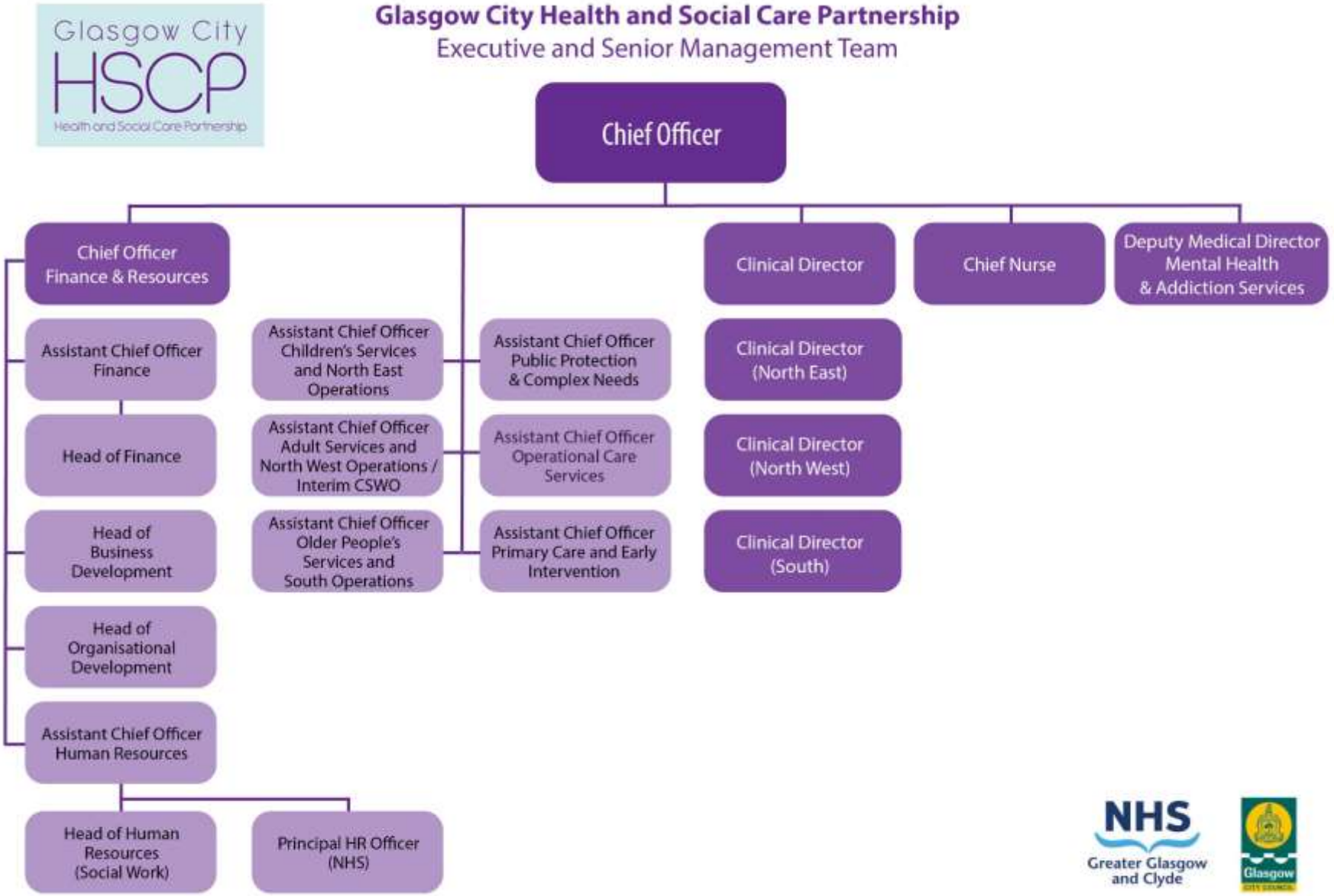
NHSGGC Workforce – Sex, Ethnicity and Disability (at 1st Aug 2023)

BAND	SEX					
	Male		Female		Total	
	No.	%	No.	%	No.	%
2, 3	269	5.10%	921	17.45%	1190	22.54%
4, 5	186	3.52%	1358	25.72%	1544	29.25%
6, 7	253	4.79%	1626	30.80%	1879	35.59%
8A, 8B	43	0.81%	230	4.36%	273	5.17%
8C, 8D, 9	9	0.17%	57	1.08%	66	1.25%
Medical and Dental & Non-AFC	111	2.10%	216	4.09%	327	6.19%
TOTAL	**871**	**16.50%**	**4408**	**83.50%**	**5279**	**100.00%**

DISABILITY	%
Declared a disability	1.29%
Not disabled	48.02%
Not known/declined	50.69%

ETHNICITY	%
Black or Minority Ethnic	4.48%
White	74.11%
Not known/declined	21.41%

2.3 Structure The Glasgow City HSCP Service Structure is shown below:



2.4 Budgets

The total financial resources available to the Partnership for 2021-22 and 2022-23 are outlined below. The Council's contribution to the overall budget for the Glasgow City Integration Joint Board for 2022-23 is £498,752,000.

Client Group	2021/22 Net Expenditure Budget	2022/23 Net Expenditure Budget	Movement
	£000's	£000's	£000's
Children and Families	157,688	161,306	3,618
Adult Services	305,984	326,800	20,816
Older People Services	315,821	332,825	17,004
Resources	51,810	66,682	14,872
Criminal Justice	14,849	14,718	-131
Primary Care	359,209	370,803	11,594
COVID-19	0	5,074	5,074
Set Aside	235,618	240,703	5,085
TOTAL	**1,440,979**	**1,518,911**	**77,932**

Notes
* 21/22 and 22/23 budgets are HSCP opening budgets. Set Aside updated to reflect actual activity levels.

Outturn

An operational overspend of £5.1m was delivered during 2022-23. In addition to this there are local and national priorities which will not be completed until future financial years and require funding to be carried forward (£12.9m). The relates to ring-fenced funding which has been received to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding. The IJB elected to transfer this to earmarked reserves. In addition, they also approved the re-alignment of earmarked reserves to general reserves totalling £3.4m. Details of this can be found here.

3. Delivering our Council Strategic Plan Commitments

3.1 Council Strategic Plan

During 2022 a new **Council Strategic Plan (22-27)** was developed. This plan sets out the Council's 4 Grand Challenges, each of which has a number of associated Missions. The HSCP leads upon the delivery of **Grand Challenge 1** Reduce Poverty and Inequality in our Communities and the associated **Mission 3** Improve the Health and Wellbeing of our Local Communities.

The HSCP has identified a number of Commitments to progress the above Grand Challenge and Mission. Within the table below, we set out these Commitments and describe some of the Actions and Planned Activity. These have been refreshed following the publication of the HSCP's **Glasgow City HSCP Strategic Plan (2023-26)**

GRAND CHALLENGE ONE Reduce poverty and inequality in our communities		
MISSION 3: Improve the health and wellbeing of our local communities		
Commitment 1. Work with partners to promote and support people in Glasgow to achieve improved physical, mental and emotional health and wellbeing whilst reducing inequalities and the impact of deprivation.		
Action	Milestones	Planned Activity
1.Deliver the activity outlined in the Health Improvement Strategy 2023-2028	Implement NHSGGC Early Years Mental Health Improvement Framework	Lead the development and implementation of an NHSGGC Early Years Mental Health Improvement Framework
	Continue to develop actions designed to prevent suicide and impact on self-harm	Continue to invest in the city's suicide prevention partnership and support the forthcoming national strategy for self-harm.
	Support mental well-being of groups most at risk by life circumstances and isolated by discrimination	Develop programmes to advocate and support the mental well-being of groups most at risk by their life circumstances and isolated by discrimination.
2.Work on implementing the Mental Health Strategy to ensure a range of mental health supports are available in the community.	Expand computerised Cognitive Behavioral Therapy	Expand cCBT (computerized Cognitive Behavioral Therapy) service using the new national delivery platform to improve the range of treatment modules and increase clinical input.
	Develop Bipolar Hub	Develop a Bipolar Hub which offers: • Peer support groups (run by Bipolar Scotland) • Group psychoeducation programme • Physical health checks • Access to a pharmacist for support with medicines.
3.Develop and deliver a range of programmes across the HSCP to reduce and mitigate the impact of poverty and health inequalities in the city.	Deliver Glasgow Local Child Poverty Action Plan	Contribute to the delivery of the annual Glasgow Local Child Poverty Action Plan
	Access to financial advice and welfare rights advice	Continue to develop financial advice and welfare rights advice across health and care services including through the welfare advice and health partnerships (WAHPs) programme.
4.Contribute to work with public health colleagues in other HSCPs in the Greater Glasgow and Clyde area to reduce reliance on harmful substances.	Develop recommendations from the Glasgow Alcohol and Drug Services review	Implement the recommendations of the Glasgow Alcohol and Drug Services review
	Implementation of the 10 Medication Assisted Treatment (MAT) Standards	Continue the implementation of the 10 Medication Assisted Treatment (MAT) Standards

	Extend the WAND initiative	Extend the WAND initiative (Wound management, Assessment of injecting risk, Naloxone provision, and Dry blood spot testing for Blood borne viruses)
	Continue tobacco smoking cessation service	Deliver protection programmes to reduce uptake, exposure and cessation services for tobacco smoking
Commitment 2. Work with service users and their carers to identify their needs and desired outcomes and empower them to make informed decisions about the lives they live and supports they choose to receive.		
Action	Milestones	Planned Activity
5.Implement 'navigation hubs' to support patients seeking access to urgent / unscheduled care.	Promote alternatives to A&E	Use NHS24 as a mechanism to access GP Out of Hours, triage and direction to minor injuries, community pharmacy and other alternatives to Accident & Emergency
6.Identify opportunities to improve the HSCP's Self-Directed Support (SDS) SW policies, processes and procedures to increase the effectiveness of SDS in empowering individuals to have a greater say and greater control in the services they access to meet their personal outcomes.	Further develop Self Directed Support	Identify development opportunities to promote the use and effectiveness of SDS in enabling service users to meet their personal outcomes.
7.Support patients and service users to exercise greater control over their support journey	Implement Patient Initiated Follow Up (PIFU)	Implement Patient Initiated Follow Up (PIFU) to enable patients and their carers to initiate their own appointments as and when they need them
8.Explore options with our partners to identify training and development opportunities that would support our staff to support people across the city to make informed decisions about their care and support.	Develop further Partnership Working	Ensure our staff are equipped to work in partnership with other organisations across the city to deliver integrated health and social care supports to people in the city as part of the wider workforce in Glasgow.
	Implement a trauma informed practice approach	Continue to implement a trauma informed practice approach and rollout of the Scottish Trauma Informed Leadership Training
	End-of-Life Aid Skills for Everyone	Explore access to training provided by the Prince and Princess of Wales Hospice on End-of-Life Aid Skills for Everyone.

9.Strengthen early support and intervention for children and young people in line with the aspirations of The Promise and ensure they are key partners in deciding upon the support they want and need	Whole Family Wellbeing Fund	Whole Family Wellbeing Fund – Element I (£4.66M)
Commitment 3. Support people to live safely at home for as long as possible and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities		
Action	Milestones	Planned Activity
10.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.	Move away from analogue telecare platforms	Complete the programme to switch the technology used by recipients of technology enabled care services from analogue to digital telecare platforms
	Further use of Technology Enabled Care and Support	Integration of the consideration of Technology Enabled Care and Support (TECS) as a core element of the assessment process
	Further use of Technology Enabled Care and Support	Training for staff in the uses and availability of TECS solutions
11.Focus on a range of initiatives to reduce delayed discharges by removing barriers to patients leaving acute settings who are fit to return to their communities with the appropriate supports in place.	Reduce Delayed Discharges	Joint planning with partners across Greater Glasgow and Clyde to sustainably reduce delays in discharging people from acute settings through targeting resources to key high volume areas.
12.Support people to live safely and independently at home and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities as active members of their communities.	Reduce Delayed Discharges	Continue implementation and review of the Discharge to assess process, using care home placements to undertake patient assessment outwith acute settings.
13.Support people to live safely and independently at home and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities as active members of their communities.	Reduce Delayed Discharges	Implement a 7-day discharge model, supporting acute planning to deliver 7-day discharge and including 7-day admission and discharge within intermediate care home placements.

14.Support people to live safely and independently at home and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities as active members of their communities.	Reduce Delayed Discharges	Roll out Hospital at Home across all HSCP localities. Increase throughput and activity, and develop additional referral pathways and interventions.
15.Support people to live safely and independently at home and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities as active members of their communities.	Progress strategy to focus on importance of mental well-being in recovery from pandemic	Support the implementation of the "A Socially Connected Glasgow" strategy
Commitment 4. Work in partnership with communities and other services to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks are identified, reduced and managed appropriately.		
Action	Milestones	Planned Activity
16.Review provision of emergency accommodation for homeless households leaving hospital.	Progress work to reduce homelessness	Ensure access to accommodation that meet people's needs and minimises delayed discharge for homeless households.
17.Progress initiatives that prevent and reduce the risk of homelessness	Progress work to reduce homelessness	Improve access to housing support for households at risk of homelessness and households within private rented accommodation.
	Progress work to reduce homelessness	Development and implementation of the Flexible Homelessness Prevention Fund.
	Progress work to reduce homelessness	Provide funding that can be used flexibly to support small scale grants to people at risk of homelessness in order to sustain their existing accommodation.
	Progress work to reduce homelessness	Carry out a comprehensive review of the homelessness Flexible Outreach Service
18.Implementation of Glasgow City IJB's first Domestic Abuse Strategy.	Support victims of domestic violence	Encourage victims of domestic abuse to seek support earlier by improving our information, education and communication systems

	Support victims of domestic violence	Review the Gender Based Violence (GBV) service and the role of the GBV workers in each locality to improve effectiveness of support provided to their service users
Commitment 5. Work to promote safe and equitable access to the right services in the right place at the right time for all with particular awareness of the needs of protected or marginalised communities		
Action	Milestones	Planned Activity
19.Connect people and those they care for to the right supports, in the right place and at the right time through more straightforward and timely signposting and information for those looking for support within their communities.	Embed Health and Social Care Connect service	Monitor and review the recently launched Health and Social Care Connect service
	Launch Alcohol and Drug Recovery Services	Prepare for the launch of HSCC for Alcohol and Drug Recovery Services and some community services.
Commitment 6. Ensure that Glasgow's carers, including young carers, foster carers and kinship carers are supported to provide the best possible care, and achieve the health, wellbeing and financial stability that enables them to reach their full potential		
Action	Milestones	Planned Activity
20.Continue to give voice to those with lived experience of being and unpaid carer by ensuing young carers voices are being heard within health and social care decision making structures.	Continue to support carers	Support carer representation on the Integration Joint Board and Public Engagement Committee
	Continue to support carers	Support Glasgow City Council activity to appoint a Carer's Champion
21.Develop a package of funding supplements and benefits access that assists children and young people to be sustained within their extended families and school community.	Continue to support carers	Kinship Carers allowance package

3.2 Thriving Places

The Community Empowerment (Scotland) Act 2015 plays a key role in ensuring that communities are involved in local decision making and lays out the public sector duty to improve outcomes in neighbourhoods disadvantaged by inequalities. HSCP staff, in particular Health Improvement teams, continue to concentrate their activity within neighbourhoods experiencing persistent inequalities. Much of this work has been aligned with the Community Planning Thriving Places approach which aims to facilitate collaboration between organisations and communities to make better use of existing resources.

Thriving Places activity is taken forward in 10 neighbourhoods across Glasgow, each of which are particularly affected by poverty. Each neighbourhood developed a 10-year Locality Plan in 2017 which includes a history of the area; a profile of the local population; details of local amenities and community groups; local priorities; and an Action Plan. A citywide review of Thriving Places is scheduled to complete in the Autumn of 2023 which will inform future locality planning and delivery of place-based activity within the city.

3.3 Revenue and Capital Budget Change in 2023/24

The IJB approved the following changes to the budget for Council services for 2023-24 on 22 March 2023.

Revenue Budget Change Summary 2023/24

Ref	Title of Budget Change	**Reason for Change** (Investment, Income Maximisation, Service Review, Resource Redirection)	**Financial Impact (£000s) 2023/24**
1	Glasgow City Council – Net Change to Funding	Net Change to core funding	0
2	Scottish Government Funding - Investment in Living Wage, Uprating Free Personal Care (FPC), Scottish Disability Allowance	Additional funding from Scottish Government to meet new responsibilities and commitments	-9,886
3	Inflationary Pressures – including pay 22-23 shortfall	To meet estimated liability	14,589
4	Scottish Living Wage and National Care Home Contract	Investment – meet Scottish Government Commitment	11,255
5	Free Personal Care Uplift	Investment – meet Scottish Government Commitment	635
6	Scottish Disability Assistance	Investment – meet Scottish Government Commitment	199
7	Interim Care – Removal of Non Recurring Funding	Investment – meet Scottish Government Commitment	-2,203
8	Savings – Reduction in National Insurance Employer Rate	Efficiency	-1,937
9	Savings – Ceasing Treatment Foster Care Service Payments Following End of Contract	Efficiency	-300
10	Savings – Reduction in Move On Addictions Budget	Efficiency	-50

Ref	Title of Budget Change	Reason for Change (Investment, Income Maximisation, Service Review, Resource Redirection)	Financial Impact (£000s) 2023/24
11	Savings – Specialist Children Services – Service Mager	Efficiency	-90
12	Savings - 8% Reduction in Planning Team Costs	Efficiency	-69
13	Savings - Review of Learning and Development Staffing Structure	Efficiency	-111
14	Savings - Review of Commissioning Staffing Structure	Efficiency	-70
15	Savings - Review of Catering Arrangements in Borron Street	Efficiency	-60
16	Savings - Reduction in Staffing - Management Structures	Efficiency	-151
17	Savings - Reduction in Staffing - Administration	Efficiency	-180
18	Savings - Increase Charges to Service Users by 5%	Income Maximisation	-80
19	Savings - Additional Income from Learning and Development Activities	Income Maximisation	-40
20	Savings - Income Maximisation - Recovery of Client Contributions	Income Maximisation	-200
21	Savings - Increase Client Contributions for Non-Residential Services	Income Maximisation	-1,725
22	Savings - Transforming the Balance of Care (Childrens and Families) - Care Packages	Transformation	-1,600
23	Savings - Transforming the Balance of Care (Children and Families) - Staffing	Transformation	-400
24	Savings - Review of Sign Language and Interpreting Service (SLIS) and Sensory Impairment (SI)	Transformation	-100
25	Savings - Health and Social Care Connects - Reduction in Staffing - Social Work	Transformation	-500
26	Savings - Cease Delivery of Autism Resource Centre	Transformation	-70
27	Savings - Intermediate Care - Reduction of 15 beds	Transformation	-600
28	Savings - Decommissioning Children Affected by Parental Addiction Services	Transformation/Reduce Services	-350
29	Saving - Reduction to Purchased Care Home Budgets	Stop/Reduce Services	-2,000
30	Saving - Reduction in Mental Health Commissioning Contract	Stop/Reduce Services	-115
31	Saving - Reduction in Self Directed Support Budget (Adults and Older People)	Stop/Reduce Services	-2,339
32	Saving - Reduction in Older People Day Care Services to Monday to Friday Only	Stop/Reduce Services	-259
33	Saving - Review of Purchased/In-House Supported Living Service	Stop/Reduce Services	-292
34	Saving - Reduction in Care at Home and Mainstream Home Care Services	Stop/Reduce Services	-901

Total	**£0**
NET BUDGET CHANGE (£)	**£0**
NET BUDGET CHANGE (%)	**0%**

The IJB had other pressures for Council services which could not be managed through savings alone and therefore are not included in the above. When the budget was set, it was forecast that the IJB would start 2023-24 with a General Reserve of £23.5m. If assumptions hold as outlined in the budget report, it will result in the IJB closing with a General Reserve of £6.3m at the end of 2023-24, which represents 0.4% compared to the targeted 2% for General Reserves.

Ref	Title of Budget Pressure	Proposed Budget Plan	Financial Impact (£000s) 2023/24
1	Homelessness Pressure	Utilise General Reserves to fund non-recurringly in 2023-24	8,607
2	Inflationary Pressures – Fuel, Food etc	Utilise General Reserves to fund non-recurringly in 2023-24	2,000
3	Demographics	Budget holders to manage within existing budgets	3,000
Total			**£13,607**

The delivery of savings are monitored closely by the Chief Officer through the Transformation Programme Board.

Capital Investment

The HSCP has a capital investment programme with the Council of £1.5m for 2023-24, details of which can be found below:-

Capital Investment		
Ref.	**Option**	**Investment (£m)**
1	Children's Residential Strategy	0.279
2	Rodney Street - Extension	0.179
3	Rodney Street Permanent Extension	0.099
4	Church Street Redevelopment	0.711
5	Brighton Place Redevelopment	0.250
Total Investment (£m)		**1.518**

Delivery of this programme is monitored by the IJB's Capital Programme Board.

4. Delivering Our Local HSCP Priorities

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, we have prepared a Strategic Plan for the delivery of those functions which have been delegated to the Integration Joint Board by Glasgow City Council and NHS Greater Glasgow and Clyde. The Glasgow City IJB Strategic Plan (2023-26) sets out our agreed vision and priorities for health and social care services in Glasgow, as outlined in section 4.1 below.

4.1 Future Plans

i. Our Vision is…

Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time.

Our vision will be achieved by:

- Recruiting, developing and retaining a competent, confident and valued workforce
- Working with our partners to create stronger communities that build on people's strengths and support them the way they want to be supported
- Improving access to services and supports throughout the community for people who need them and are available when they need them most
- Focussing on early intervention and prevention to achieve health improvement and reduce health inequalities
- Talking to people about what they need to flourish, and about how we can support them to achieve it
- Understanding and addressing the impact that financial challenges and poverty (including fuel and food poverty) have on people's health and well-being
- Listening to the views of people with experience of health and social care services and acting on what they tell us when designing, planning and delivering services with our partners
- Ensuring equal access to supports by valuing diversity and inclusion when designing services
- Working in partnership with housing partners to reduce the impact of low quality or inadequate access to housing
- Focussing decisions and taking innovative approaches based on evidence of what works, the desired outcomes of individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- Striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology
- Evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- Using clearly defined and transparent performance monitoring to ensure continuous improvement and accountability.

ii. Our Priorities

The following six Partnership Priorities are the key strategic priorities for Glasgow City IJB/HSCP and it's partners in delivering health and social care in Glasgow City.

- Prevention, early intervention and well-being
- Supporting greater self-determination and informed choice
- Supporting people in their communities
- Strengthening communities to reduce harm

- A healthy valued and supported workforce
- Building a sustainable future

iii. Key Actions

Within the **IJB Strategic Plan** we highlight key actions to achieve the priorities of the IJB and its partners and a range of activity is planned or underway. During the life of the Strategic Plan there will be further activity that emerges which the HSCP will deliver with its partners. All of the activity which is progressed will be relevant to one or more of the Partnership Priorities and will contribute towards meeting the **9 national health and well-being outcomes.**

4.2 Key Local Achievements

The HSCP is required by the Public Bodies (Joint Working) (Scotland) Act 2014, to produce an **Annual Performance Report** (APR). This reviews performance against agreed local and national performance indicators, as well as progress in delivering the commitments set out within the IJB's Strategic Plan. The 2022/23 APR can be accessed **here** and includes a section on the HSCP's responses to Covid-19.

4.3 Staff Development

Workforce Plan

Glasgow City HSCP is required by the Scottish Government to develop and publish a Workforce Plan which sets out the strategic direction for workforce development, service redesign and changes to our workforce. Following review and feedback from the Scottish Government, the **Workforce Plan 2022-2025** was approved by the IJB in November 2022. This plan outlines the main areas of service redesign activity planned over the next three years, along with key challenges and actions which will be taken in relation to staff recruitment and retention, to ensure we have the right capacity, resources and workforce to deliver against our **Strategic Plan.**

Staff Survey

iMatter is the National Staff Experience continuous improvement tool, which measures both levels of staff engagement and experience within teams and supports the production of action plans to highlight strengths and progress opportunities to improve. After being paused due to COVID-19, it was reintroduced in 2021. In 2023, the HSCP achieved a response rate of **55%** (equating to 6885 respondents), compared to **50%** in 2022. An overall HSCP Employee Engagement Index (EEI) score of **78** was achieved, compared to **77** in 2022 and is classed by iMatter as being 'Strive and Celebrate.' The overall experience of working for the HSCP also remained positive with a score of **7** being recorded in both years.

Training and Development

The budget for the training and development of staff within Social Work for 2023/24 is £180k and training and development is ongoing, based on specific roles, workforce planning and organisational need. Training is delivered in a wide variety of service areas, including induction of new staff, moving and handling and service specific training such as Child Protection, Adult Protection and suicide prevention.

PCR Performance

The majority of our staff use 'Supervision' to monitor performance in line with Social Work and Social Care professional practice standards. PCR is available to support staff, with the facility to record this on GOLD. Personal development and career development opportunities are actions included within the HSCP Workforce Plan.

Statutory and Mandatory Training and KSF/PDP

For NHSGGC staff, to ensure the provision of a continuously improving, safe and person centred working environment, all employees should undertake statutory and mandatory training appropriate to their role on entry to the organisation (Induction) and at regular intervals during their career. Compliance with statutory and mandatory training and HSE training requirements are a priority for the HSCP.

The completion of KSF reviews for staff continues to be a priority for the HSCP. Learning and development of health staff should be discussed and reviewed with line managers or supervisors throughout the year and at the annual Personal Development Planning and Review conversation. The PDP&R process enables staff to discuss what matters to them in their role, be clear about what's expected of them and receive feedback, as well as having the opportunity to review any learning, development and support required.

Attendance Management

Training for managers will continue as part of the ongoing HR Training Programme, which will help support managers' development, build confidence and improve their skills in effectively managing staff attendance across health and social work staff. Further training will be explored to give managers and staff a variety of options and to improve the accessibility of training. In addition, the implementation of new robust measures that aim to address concerning absence trends of short and long-term absence, will be an HR priority, whilst promoting a coaching and wellbeing culture across the HSCP.

Further development of online Support Hubs for each staff group will continue, which will provide a central point of access for managers and staff to a range of guidance and resources relating to Attendance and Staff Mental Health and Wellbeing. Improvements to management information on absence performance trends will continue to be provided to senior managers, to ensure service area action plans and priorities, including HR support, remains focussed on the persistent areas of concern.

Staff Health Initiatives

The HSCP's Staff Mental Health and Wellbeing Working Group will continue to support the priorities within the GHSCP Action Plan and promote interventions and initiatives that relate to the 4 key principles:

1. Staff mental health becomes part of the HSCP's local strategies and action plans
2. Staff mental health and wellbeing is everybody's responsibility
3. All staff deserve to work in a mentally healthy workplace where discussions about mental health and wellbeing are valued and met with kindness and compassion
4. All staff have the opportunity to talk about mental health and wellbeing with their manager to ensure they receive the appropriate supports

As part of the HR Staff Health and Wellbeing Action Plan, further interventions will also be explored to tackle the main reasons for absence ie. Psychological – Stress absences; and Musculoskeletal – Back Pain absences. These will aim to reduce the days lost due to these absences and focus on additional supportive measures and robust processes to achieve improvements.

Work/life Balance Provision

The HSCP recognises that our employees are our greatest asset and it is through them that our services are delivered and continually improved. GCC and NHSGGC continue to promote the Work Life Balance Policy and Flexible Working Procedure, to enable us to have reasonable influence and flexibility over when, how and where we work, allowing us to combine our working life with our social, health, family, caring and other responsibilities. This policy also promotes gender equality across the workforce.

5. Benchmarking, Inspection and Equalities

5.1 Benchmarking

Benchmarking is part of Best Value requirements and is one way that Council Services can demonstrate that they provide Value for Money. Comparisons between Glasgow City HSCP and other areas can be made using a number of national datasets, including the following:

i) National Integration Indicators

The Core Suite of 23 National Integration Indicators were published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development. The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland; and provide trends over time where available.

a. Scottish Health and Care Experience Survey (2021/22)

Information on 9 of the National Integration Indicators is derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. Results from the latest **Health and Care Experience Survey (2021/22)** are summarised below:

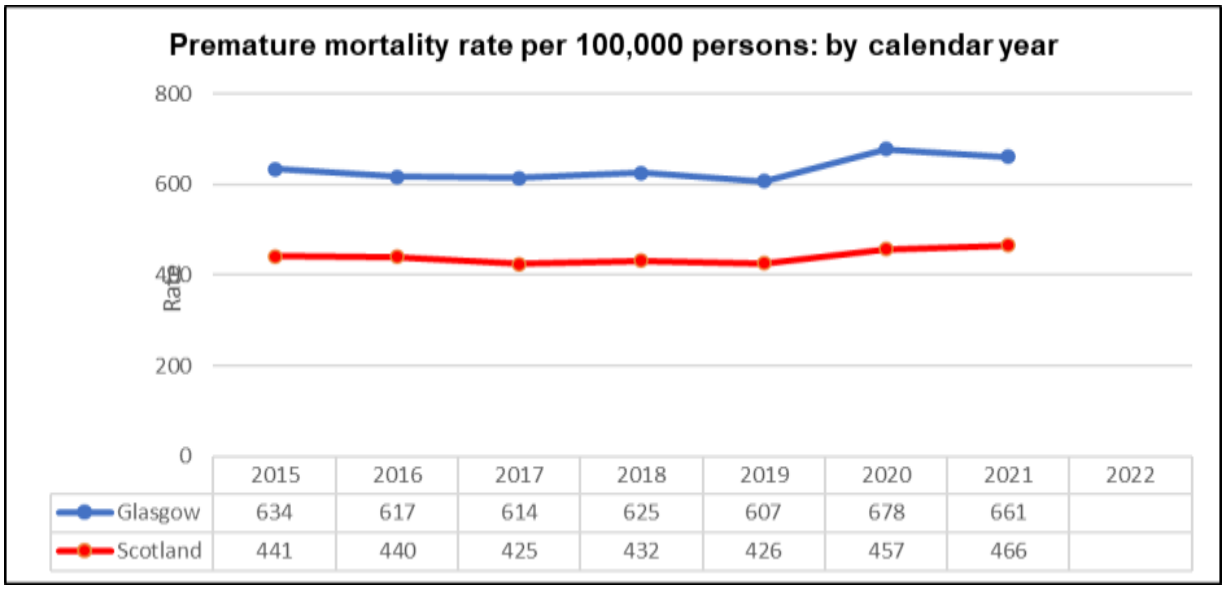
National Integration Indicator	2021/22 Survey Results (19/20 results shown in brackets)				Direction of Travel Since Last Survey (19/20)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above ✅ Below 🛑	
1. % adults able to look after their health very well or quite well	1	**88.1%** (89.7%)	**90.9%** (92.9%)	🛑	▼
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	**80.3%** (81.5%)	**78.8%** (80.8%)	✅	▼
3. % adults supported at home who agreed that they had a say in how their help, care or support was provided	3	**71.1%** (75.5%)	**70.6%** (75.4%)	✅	▼
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	**70.1%** (74.8%)	**66.4%** (73.5%)	✅	▼
5. % adults receiving any care or support who rate it as excellent/good	3	**74.9%** (78.9%)	**75.3%** (80.2%)	🛑	▼

National Integration Indicator	2021/22 Survey Results (19/20 results shown in brackets)				Direction of Travel Since Last Survey (19/20)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above Below	
6. % people with positive experience of the care provided by their GP practice	3	**71.4%** (83.1%)	**66.5%** (78.7%)		▼
7. % adults supported at home who agree that their services/support had impact on improving /maintaining their quality of life.	4	**79.6%** (79.2%)	**78.1%** (80.0%)		▲
8. % carers who feel supported to continue in their caring role	6	**33.7%** (35.8%)	**29.7%** (34.3%)		▼
9. % adults supported at home who agreed they felt safe	7	**81.0%** (81.6%)	**79.7%** (82.8%)		▼

b. Operational Performance Indicators

Graphs showing performance in relation to National Integration Indicators 11-19 for Glasgow and Scotland are shown below:

*National Integration Indicator 11**

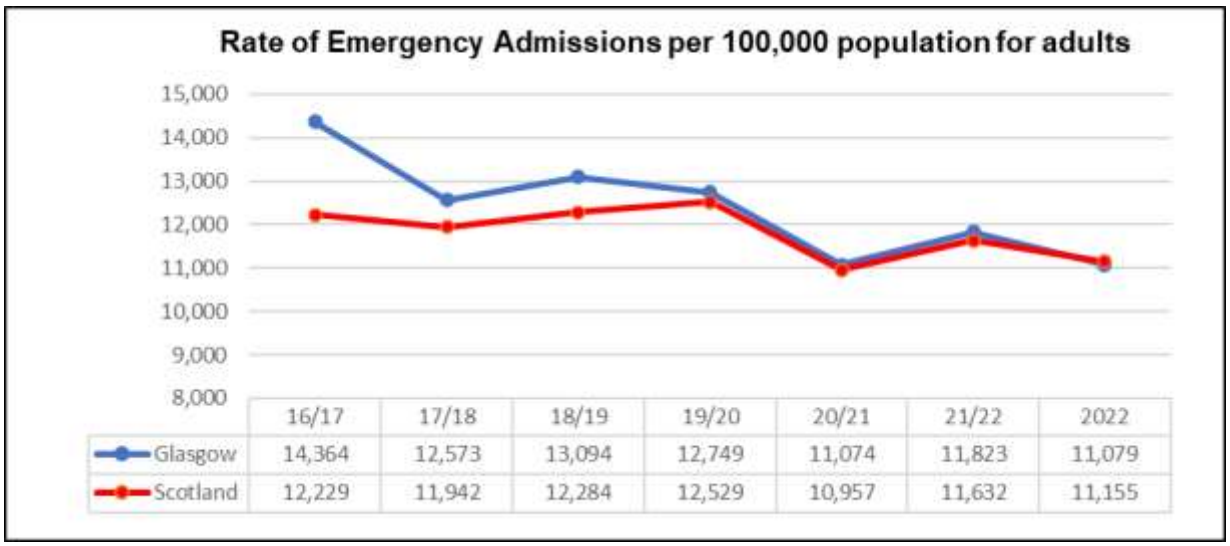


	2015	2016	2017	2018	2019	2020	2021	2022
Glasgow	634	617	614	625	607	678	661	
Scotland	441	440	425	432	426	457	466	

*Information for 2022 is still to be published.

- Glasgow consistently higher than the Scottish average
- Decrease in 2021 in Glasgow after an increase in 2020

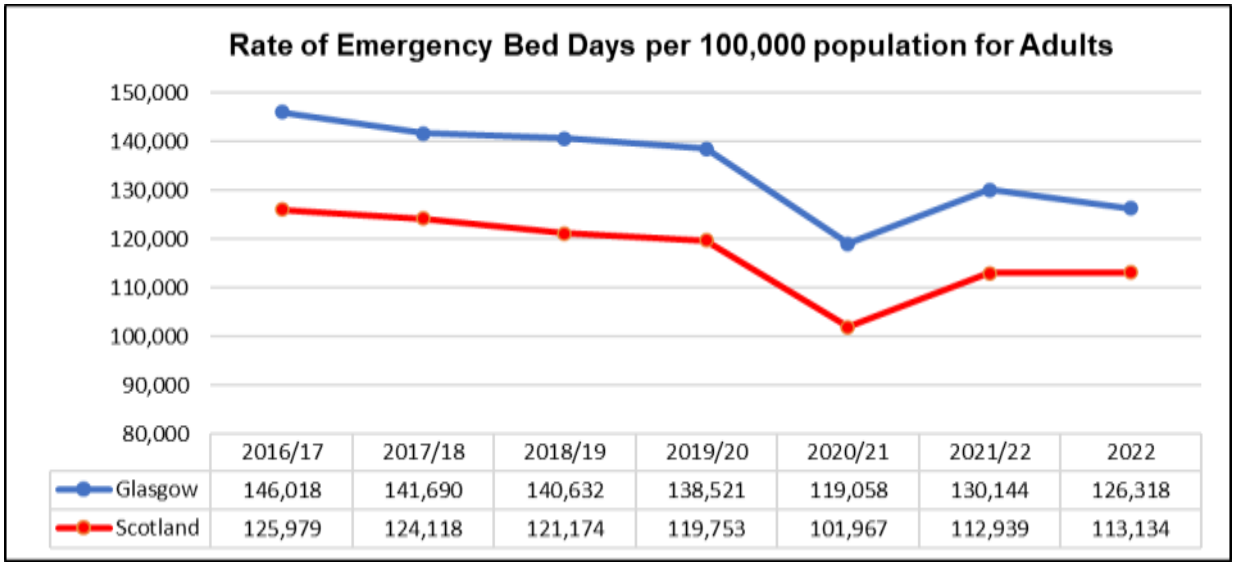
National Integration Indicator 12



	16/17	17/18	18/19	19/20	20/21	21/22	2022
Glasgow	14,364	12,573	13,094	12,749	11,074	11,823	11,079
Scotland	12,229	11,942	12,284	12,529	10,957	11,632	11,155

- Reduction over the period shown. After an increase in 21/22, the rate decreased again in the last year in both Glasgow and nationally.
- Glasgow now slightly below the Scottish average having been above in the period up until 2022.

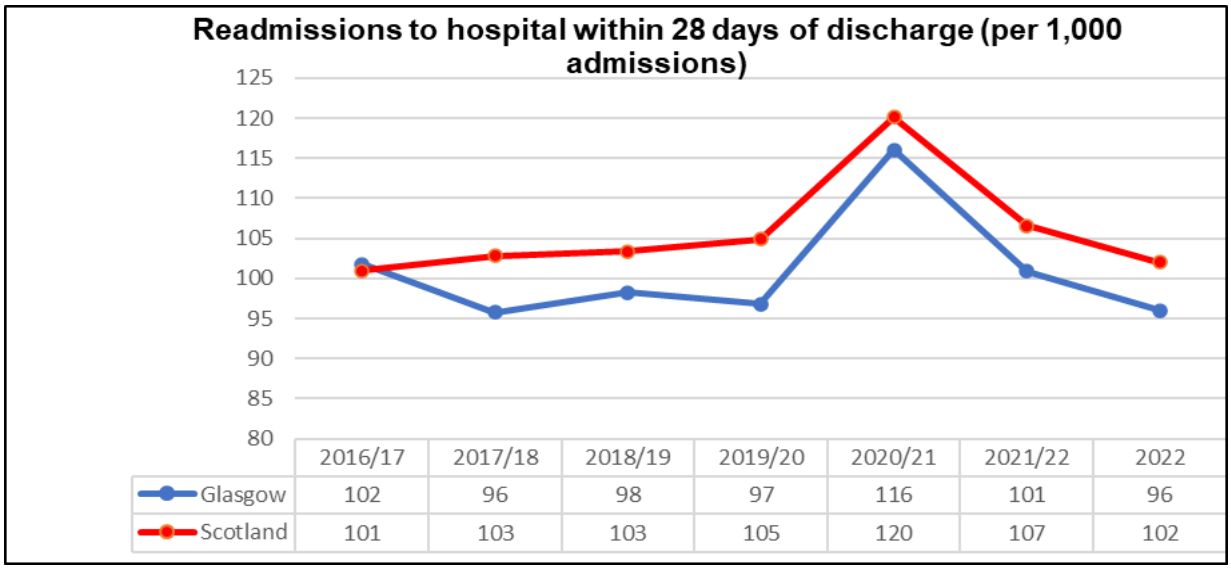
National Integration Indicator 13



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	146,018	141,690	140,632	138,521	119,058	130,144	126,318
Scotland	125,979	124,118	121,174	119,753	101,967	112,939	113,134

- Reduction over the period shown. Rate decreased again in the last year in Glasgow after an increase in 2021/22.
- Glasgow continues to be higher than the Scottish average although the gap has narrowed over the period shown.

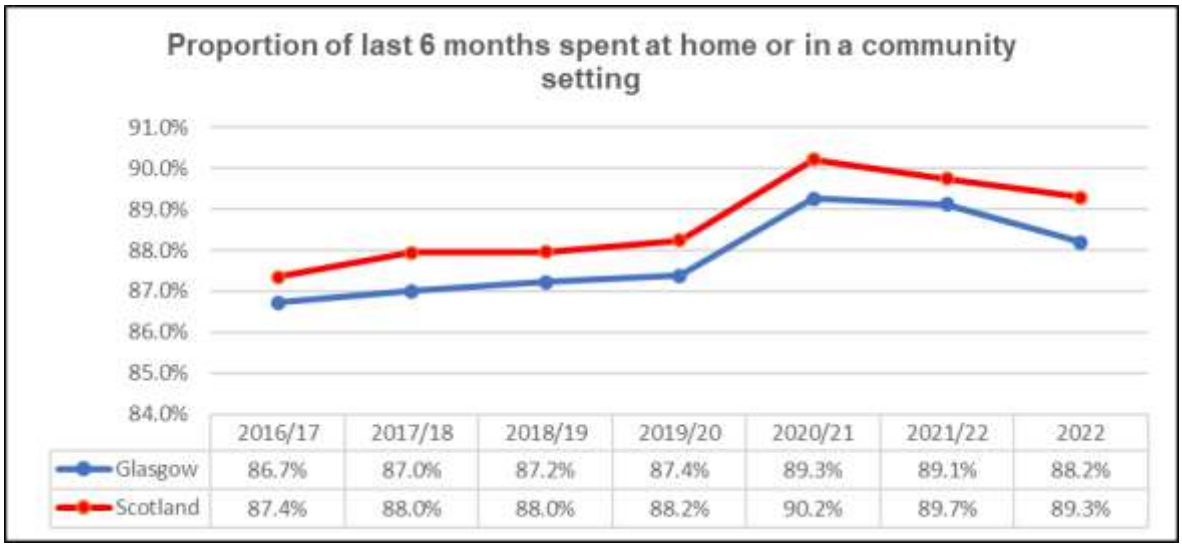
National Integration Indicator 14



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	102	96	98	97	116	101	96
Scotland	101	103	103	105	120	107	102

- Decrease in the last two years after a large increase in 2020/21 in both Glasgow and nationally. Now below levels of 2016/17 in Glasgow.
- Glasgow has remained lower than the Scottish average since 2017/18

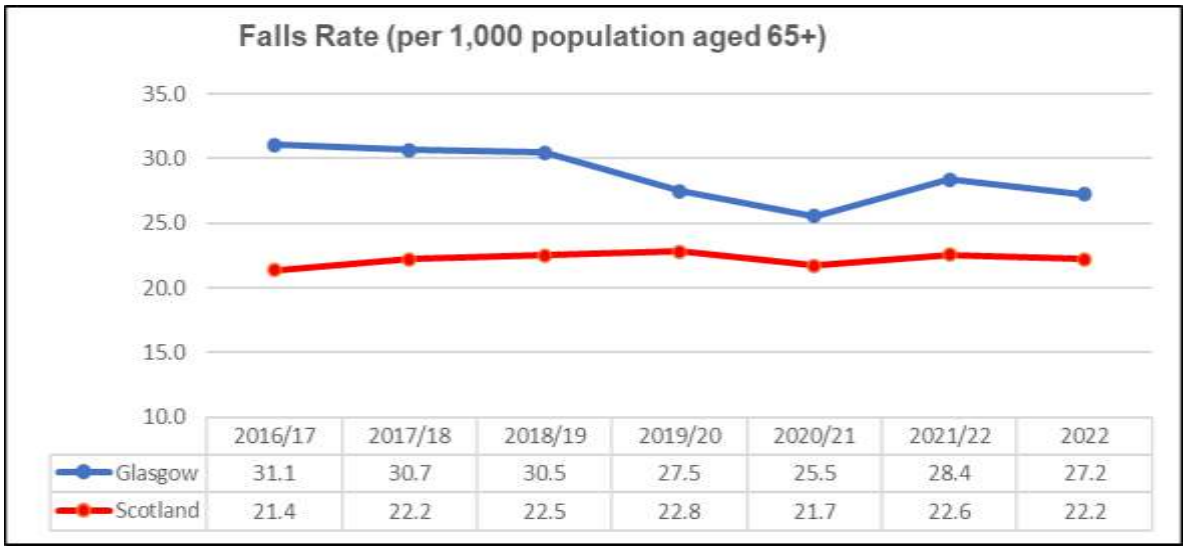
National Integration Indicator 15



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	86.7%	87.0%	87.2%	87.4%	89.3%	89.1%	88.2%
Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	89.3%

- Increase over the period shown in Glasgow and Scotland although there was a decrease in the last two years in Glasgow and nationally.
- Glasgow slightly lower than the Scottish average over the period shown.

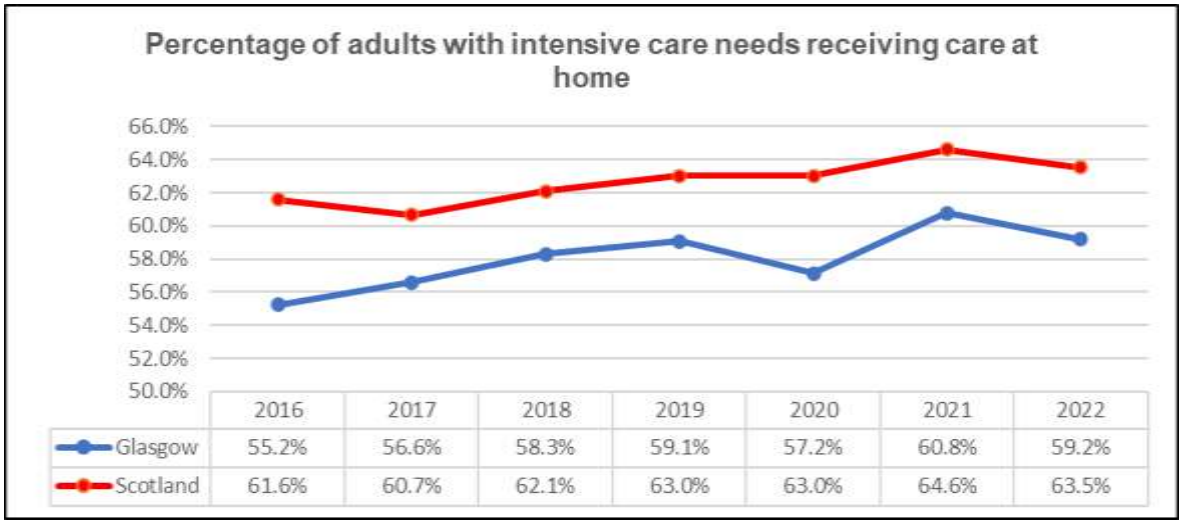
National Integration Indicator 16



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Glasgow	31.1	30.7	30.5	27.5	25.5	28.4	27.2
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.2

- Reduction over the period shown in Glasgow while the figure for Scotland has increased slightly.
- Glasgow higher than the Scottish average over the period shown although the gap has reduced.

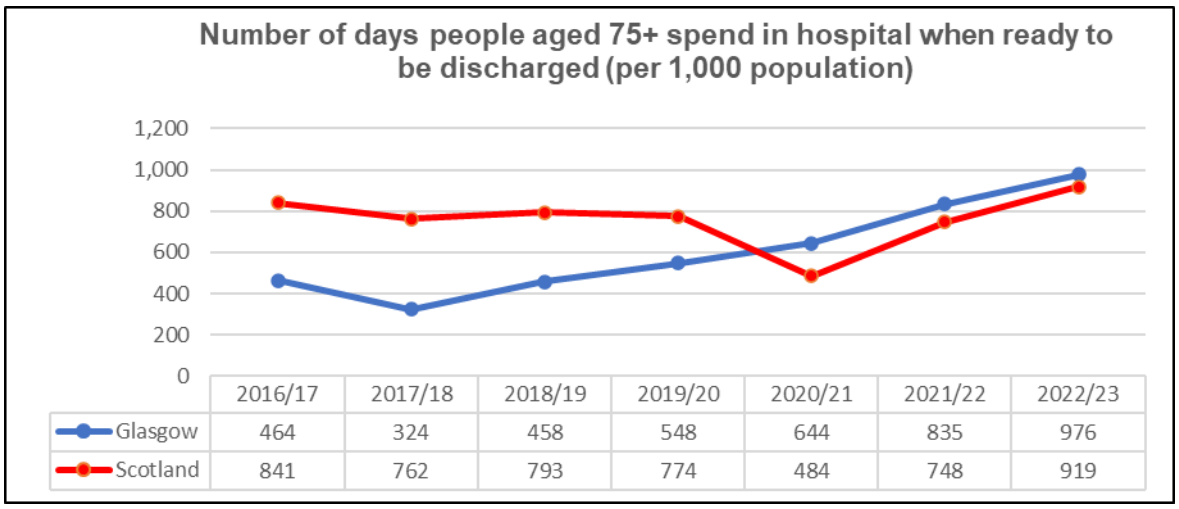
National Integration Indicator 18



	2016	2017	2018	2019	2020	2021	2022
Glasgow	55.2%	56.6%	58.3%	59.1%	57.2%	60.8%	59.2%
Scotland	61.6%	60.7%	62.1%	63.0%	63.0%	64.6%	63.5%

- Increase over the period shown in Glasgow and nationally. There has been a slight decrease for both in the last year.
- Glasgow lower than the Scottish average over the period shown.

National Integration Indicator 19



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Glasgow	464	324	458	548	644	835	976
Scotland	841	762	793	774	484	748	919

- Significant increase in Glasgow over the period shown with Scotland wide figures also going above their 2016/17 levels in the last year.
- Glasgow higher than the Scottish average since 2020/21 having been lower prior to that for the period shown.

Note

Please note that calendar year 2022 is used for indicators 12-16, as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Indicators 11 and 18 are routinely reported by calendar year.

ii. Scottish Local Government Benchmarking Framework Indicators

The Local Government Benchmarking Framework is used by Audit Scotland to compare all 32 Scottish local authorities against a suite of statutory performance measures to understand how the Council is performing in its duty to deliver Best Value.

A number of indicators from the Vulnerable Children and Adult Social Care Themes of the Local Government Benchmarking Framework are relevant to the business of the Health and Social Care Partnership. Data for 4 Adult/Older People Social Care and 5 Children's Services indicators are provided below, which enable comparisons to be made with Scotland and Glasgows Family Group Average. Family Groups are councils that have been classified as similar in terms of the type of population they serve (e.g. relative deprivation and affluence) and the type of area in which they serve them (e.g. urban, semi-rural, rural). Some of the National Integration Indicators described above are also included in the LGBF but have not been included here to avoid duplication.

Adult/Older People Social Care (2021/22)

Indicator	Glasgow	Family Group Average	Scotland
Home Care Costs per Hour for People Aged 65 and Over (SWO1)	£39.57	£35.92	£28.64
Residential costs per week per resident for people aged 65 or over (SWO4b)	£722	£652	£653
Spend on direct payments or personalised managed budgets as a % of total adult social work spend (SWO2)	14.2%	9.1%	8.4%
% of people aged 65+ with long term care needs who are receiving personal care at home (SWO3a)	60.1%	64.5%	61.9%

Children's Services (2021/22)

Indicator	Glasgow	Family Group Average	Scotland
Gross costs of 'Children Looked After' in residential based services (£ per child per week) (CHN08a)	£6,201	£4,973	£4,698
Gross costs of 'Children Looked After' in a community setting (£ per child per week) (CHN08a)	£364	£327	£402
Proportion of children being looked after in the community (CHN09)	93%	90%	89.8%
Proportion of Child Protection Re-registrations within 18 months (CHN22)	8.9%	13.3%	15.9%
Proportion of 'Children Looked After' with more than one placement in the last year (CHN23)	1.9%	8.4%	8.0%

5.2 Inspection

HSCP Registered Services – Care Inspectorate

Between April and December 2022, the Care Inspectorate undertook 10 unannounced inspections of HSCP services. The following tables details the individual services inspected during this period, the care grades achieved across each Standard and the number of requirements made. Full details of these inspections can be accessed from the Care Inspectorate Website and via the individual links provided in the table.

Older People

Please note that in 2020 the Care Inspectorate revised their inspection methodology for Older People Care Homes, developing 'Key Question 7' (*How good is our care and support during the COVID-19 pandemic?)*, which augmented their quality framework for care homes for older people and was implemented to meet the statutory duties outlined in the Coronavirus (Scotland) (No.2) Act and subsequent guidance. During 2022/23 the inspection schedule in 2022/23 has seen a return to the standard inspection methodology as evidenced by the absence of this 'Key Question 7' within inspections.

UNIT (DATE OF INSPECTION)	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our setting?	How good is our Staffing?	How good is our leadership?	How good is our Care and Support during the COVID-19 pandemic?	No. of Requirements
CARE HOMES (OLDER PEOPLE)							
Hawthorn House (10/06/22)	4	Not assessed	Not assessed	Not assessed	4	Not assessed in 22/23	0
Riverside House (19/05/22)	4	4	5	4	4	Not assessed in 22/23	0

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

Children

Inspections of Children's Residential Services is underpinned by the Quality Framework for Care Homes for Children and Young People. From 1st April 2022, a new question Key Question 7 was introduced: *How well do we support children and young people's rights and well-being?* This question was introduced to produce a more regulatory footprint and prioritise the quality of relationships experienced by children and young people in line with the aspirations of *The Promise*. This was the only question assessed during 2022/23.

Children's House	Date of Inspection	Key Question 7: How well do we support children and young people's rights and wellbeing?	No. of Requirements
Kempsthorn RCU	08/06/22	2	5
Newlands Road RCU	23/06/22	3	2
Hinshaw Street RCU	09/08/22	4	0
Wellhouse RCU	06/09/22	4	0
Plenshin Court	13/10/22	4	0
Dalness RCU	19/10/22	4	0
Broomfield Crescent RCU	01/12/22	5	0
Norse Road	20/12/22	2	2

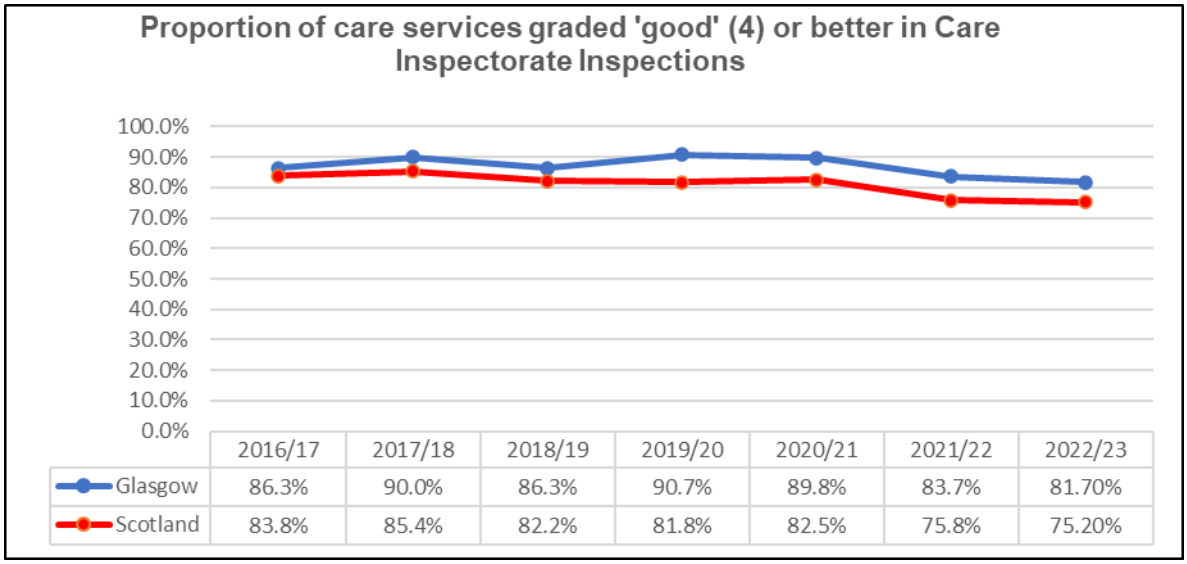
Key to Grading: 1 – Unsatisfactory**, 2 –** Weak**, 3 –** Adequate**, 4 –** Good**, 5 –** Very Good**, 6 –** Excellent

Care Inspectorate grades are regularly reviewed by the IJB Finance, Audit and Scrutiny Committee. Reports for 2022/23 were presented in February 2023, giving details of inspections by care group and details of Requirements and Areas for Improvement. These can be accessed on the HSCP website via the following links:

Children's Residential Services Care Inspectorate Activity and Update Report 2022

Older Peoples Residential and Day Care Services - Care Inspectorate Inspection Outcome

National Integration Indicator Number 17 (Care Inspectorate Grades) shows Glasgow's performance over time and in comparison to the overall figure for Scotland. Glasgow is higher than the Scottish average over the period shown below, with the gap increasing since the baseline year (15/16).



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Glasgow	86.3%	90.0%	86.3%	90.7%	89.8%	83.7%	81.70%
Scotland	83.8%	85.4%	82.2%	81.8%	82.5%	75.8%	75.20%

Mental Welfare Commission Local Visits

The Mental Welfare Commission (MWC) undertake local visits, either announced or unannounced, which involve visiting a group of people in a hospital, care home or prison service. These visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the MWC have concerns; and provide information, advice, and guidance to people they meet with. Local Visits are not inspections, however the Commission details findings from the visit and provide recommendations, with the service required to provide an action plan within three months.

During 2022 the Mental Welfare Commission made Local Visits in Glasgow to a range of adult inpatient wards, older adult inpatient wards, intensive psychiatric care units (IPCU), and rehabilitation wards. 23 reports have been published for local visits in Glasgow undertaken in 2022 and the reports from 8 other visits will be published in due course. Details of the sites visited, and the recommendations and good practice noted during these visits, was presented to the IJB in February 2023.

5.3 Equalities

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, list the following specific duties which the IJB is required to undertake:

- Report progress on mainstreaming equality
- Publish equality outcomes and report on progress in relation to them
- Assess and review policies and practices in respect to equality
- Consider award criteria and conditions in relation to public procurement
- Publish equality information in an accessible manner

Glasgow City HSCP Equalities Working Group oversees the programmes of work related to the Equalities and Fairer Scotland Duties to further advance equalities practice across all our business areas. During 2022/23, activity has included:

- The completion of 20 EQIAs (Equality Impact Assessments). These provide a key way for us to design and deliver services that are responsive and appropriate to protected characteristic groups and intersectionality.
- Introducing monthly equality training communications to promote the learning opportunities available to staff and to encourage everyone to keep their knowledge in this area up to date. Regular equality training is important in giving staff a sound understanding of equality, diversity and human rights and providing examples of good practice to support how they interact with service users and each other.
- Working with partners to establish an HSCP Equality Peer Support Network to share good practice and improve collaborative working to advance equalities practice.
- Working in partnership with Intercultural Youth Scotland's (IYS) Mental Health Service and other local partners, to hold a Conversation to Action event in February - '*Culturally Informed, Anti-Racist Mental Health Care'*. The event followed on from the report 'Mental health and wellbeing of black and minority ethnic children and young people in Glasgow', which we produced as part of the Scottish Government's Community Mental Health and Wellbeing Supports and Services Framework. A short animated version is also available.
- Undertaking an evaluation of our Gender Friendly Nurseries Project which aims to embed gender equality in early years settings in Glasgow (see also chapter 3). Zero Tolerance worked with us to produce a briefing to highlight the evaluation's main findings, which will provide vital learning to help embed gender equality into practice in early years settings in Glasgow and beyond.
- With NHS Lothian and Public Health Scotland, we undertook an LGBT+ Health Needs Assessment. This research recognised that there are gaps in knowledge about the health and wellbeing of LGBT+ groups and sought to better inform public health approaches for LGBT+ people across the Greater Glasgow & Clyde and Lothian areas.
- Produced our latest Equalities Progress report which provides full details of the actions and progress to date against our Equality Outcomes.

Feedback

Let us know what you think about our Annual Business Plan.

What did you like? How do you think it could be improved?

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