Appendix 1

Social Work Services / Glasgow City Health and Social Care Partnership ASPIR

2022

1. Introduction

1.1 Background

The Social Work Services Annual Service Plan and Improvement Report (ASPIR) 2021 - 2022 is the eleventh report to be produced by the service. It is the sixth ASPIR since 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 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**.

ASPIR's are intended to reflect on progress and set out future plans in respect of delivery of the Council Strategic Plan, the city Community Plan, and the key operational priorities of Council services. This ASPIR should, however, be read within the context of health and social care integration, as described above. Within it we reflect, therefore, on 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 describe how we have supported the delivery of the Council's Strategic Plan in the last 12 months, focusing on the 'Healthy City' theme, for which we are the strategic lead. An update of progress over the course of 2021/22 in relation to this theme is provided. Future Commitments, linked to the new Council Strategic Plan, are also discussed. Contributions to the Community Plan, through the Thriving Places activities being progressed in 10 areas of the city are also described. Financial plans for 2021/22, including budget changes and capital investments are then outlined.

In chapter 4 we focus on the local priorities of the HSCP, setting out our vision and strategic priorities, as outlined within the **Glasgow City HSCP Strategic Plan (2019-22)**. We also discuss the key actions which are being progressed from this Plan and then focus on our key achievements over the last 12 months reported within our **Annual Performance Report** (APR). Finally, we reflect upon the impact of the COVID-19 pandemic, our response, and our learning from it.

In chapter 5 we draw upon a range of available information sources with which we can benchmark the performance of the Partnership including the National Integration Indicators which the HSCP is required to report against. We also list the inspections that have been undertaken over the last year and the outcomes of these and provide a summary of the audits/self evaluations and equalities work undertaken over the last 12 months.

In chapter 6 we describe the performance management arrangements in place within the HSCP and the range of performance reports that are produced on a quarterly and annual basis. We then highlight the key performance improvements which have been achieved during 2021/22 and discuss the areas for improvement and the actions we will be taking to achieve these over the next twelve months.

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 September 2022 Social Work Services had a workforce of **7,482** (6,220 Whole Time Equivalent WTE). In addition, within Glasgow HSCP there are **5,367** (4,736 WTE) employed by NHS Greater Glasgow and Clyde, making a total combined workforce of **12,849** (10,956 WTE). The breakdown of staff across care groups and between Council and Health Board is shown in the table below.

Workforce Numbers - NHS & Social Work

Breakdown by Care Groups						
Staff Group	**Head Count**		**WTE**		**Totals**	
	Council	**NHS**	**Council**	**NHS**	**Head**	**WTE**
Adult	469	2690	440	2456	3,159	2,896
Care Services	3972	n/a	3070	n/a	3,972	3070
Older People	315	1132	297	967	1,447	1,267
Primary Care	n/a	286	n/a	240	286	240
Children	1073	1077	999	928	2,150	1,927
Public Protection and Complex Care	655	n/a	602	n/a	655	602
Resources / Other	998	182	812	145	1,180	957
Totals	**7,482**	**5,367**	**6,220**	**4,736**	**12,849**	**10,956**

Council Workforce – Sex, Ethnicity and Disability

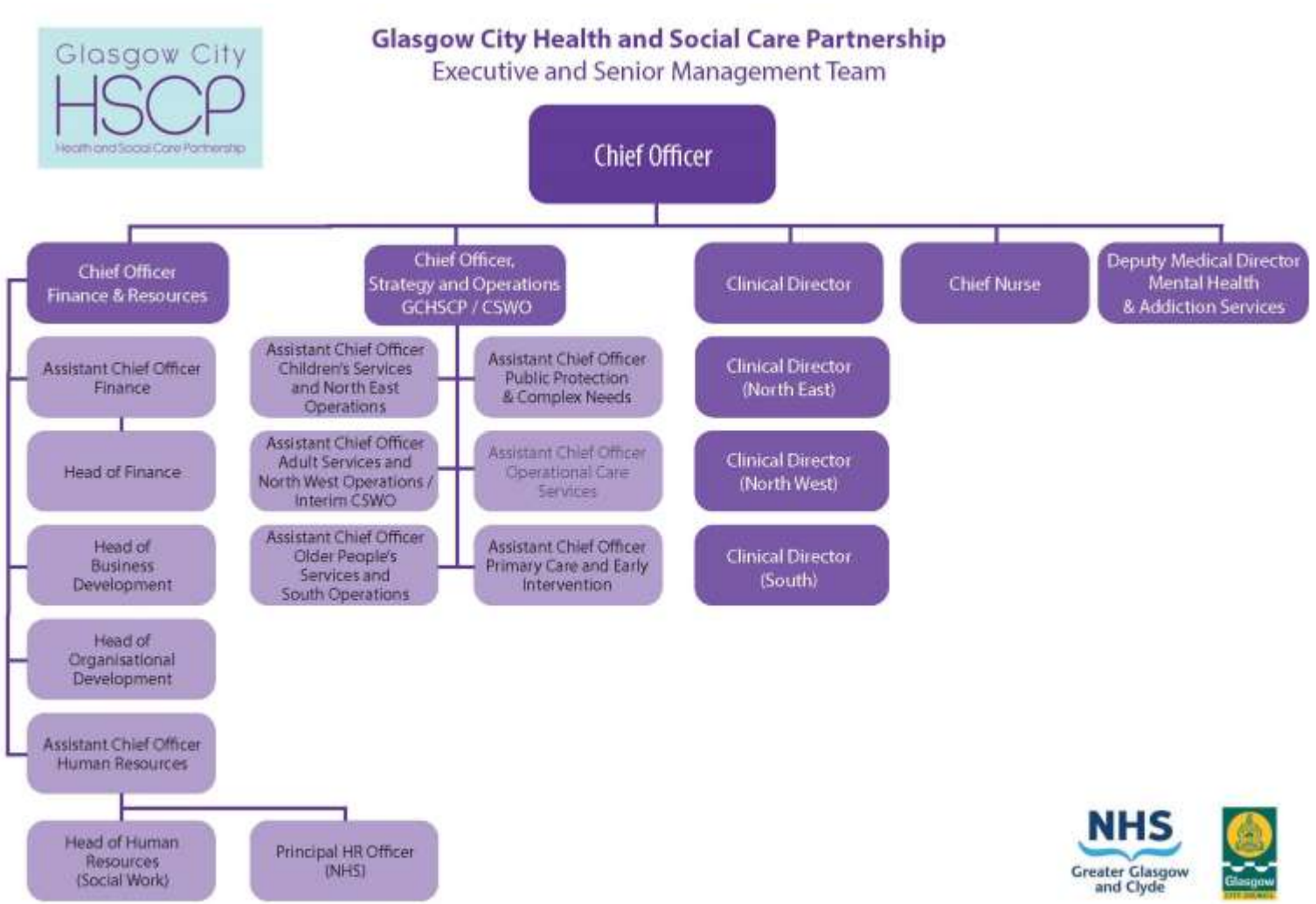
A breakdown of the Social Work Services workforce by sex and ethnicity, where known, is shown below split by Grade. The numbers of employees recorded with a disability is also shown, split by grade.

HEAD-COUNT	**SEX**						**ETHNICITY**				**DISABILITY**	
	MALE		**FEMALE**		**Total**		**WHITE**		**ETHNIC MINORTY**			
GRADE	**NO**	**%**	**NO**	**%**	**NO**	**%**	**NO**	**%**	**NO**	**%**	**NO**	**%**
1 - 4	473	6.32%	3626	48.46%	4099	54.78%	1418	18.95%	1838	24.57%	96	1.28%
5 - 7	734	9.81%	2210	29.54%	2944	39.35%	2018	26.97%	406	5.43%	108	1.44%
8	101	1.35%	231	3.09%	332	4.44%	254	3.39%	37	0.49%	11	0.15%
9 - 14	27	0.36%	75	1.00%	102	1.36%	69	0.92%	12	0.16%	2	0.03%
Non PGS*	2	0.03%	3	0.04%	5	0.07%	4	0.05%	1	0.01%	0	0.00%
TOTAL	**1337**	**17.87%**	**6145**	**82.13%**	**7482**	**100.00%**	**3763**	**50.29%**	**2294**	**30.66%**	**217**	**2.90%**
							Not Declared		**1425**	**19.05%**		

***Non-Pay & Grading Structure

2.3 Structure

The Glasgow City HSCP Service Structure Chart is shown below:



2.4 Budgets

The total financial resources available to the Partnership for 2020-21 and 2021-22 are outlined below. The Council's contribution to the overall budget for the Glasgow City Integration Joint Board for 2021/22 is £441,219,800.

Client Group	2020/21 Net Expenditure Budget	2021/22 Net Expenditure Budget	Movement
	£000's	£000's	£000's
Children and Families	160,058	157,688	-2,370
Adult Services	294,492	305,984	11,492
Older People Services	306,963	315,821	8,858
Resources	50,929	51,810	881
Criminal Justice	14,581	14,849	268
Primary Care	338,569	359,209	20,640
Set Aside	236,835	235,618	-1,217
TOTAL	**1,402,427**	**1,440,979**	**38,552**

Notes
* 20/21 and 21/22 budgets are opening budgets for the HSCP.
**Set Aside updated to reflect actual activity levels.

Outturn

An operational underspend of £18.2m was delivered during 2021-22. 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 (£94.2m). 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. This is higher than normal and reflects the additional funding which has been secured during the year to implement national policy commitments. It is also reflective of the timing of when this funding was received and the difficulty in securing full spend before the financial year end.

The IJB agreed to earmark the full £112.4m underspend for specific commitments in 2021/22. Details can be found **here**.

3. Delivering our Council Strategic Plan Commitments

3.1 Council Strategic Plan

We have continued to support the Council's Strategic Plan in the last 12 months, focusing on the 'Healthy City' theme, for which we are the strategic lead. An update of progress over the course of 2021/22 in relation to this theme is provided at the following **link.**

During 2022 a new **Council Strategic Plan (22-27)** was developed. This plan sets out the Council's 4 Grand Challenges along with the Missions and Commitments which seek to address those Challenges. The HSCP supports the delivery of the Mission to *Improve the health and wellbeing of our local communities* and its associated Commitments.

Work is being undertaken on the HSCP's new Strategic Plan and the HSCP's Council Plan Commitments will be reviewed once this is completed and following the conclusion of the Council's 23/24 Budget Setting process.

3.2 Thriving Places

A key part of the **Community Empowerment (Scotland) Act 2015** is that local people have the right to be involved in local decision making. Councils and other public sector organisations also have a duty to improve outcomes in areas disadvantaged by inequalities. HSCP staff, in particular Health Improvement staff, continue to take a focused neighbourhood approach in recognition of persistent inequalities which exist within and between communities and they support over 300 partnerships in the city. Much of this work is aligned with the **Community Planning Thriving Places** approach, which aims to find a better way of working between organisations and communities, to make better use of existing resources and assets, and improve outcomes.

Thriving Places activity is taken forward in **10 neighbourhoods** across Glasgow (3 North East, 3 North West and 4 South) which are all particularly deprived in comparison to the rest of the city. The Thriving Places programme currently funds a Community Connector in each of the 10 neighbourhoods to bring stakeholders together to address local priorities. HSCP Health Improvement staff play a key role in Thriving Places activity by supporting and facilitating local partnerships, providing guidance and support around monitoring and evaluation, and enabling access to funding streams.

Thriving Places activity has continued to be severely impacted by the COVID-19 pandemic with activity focussed on connecting people with services and support. Social media has also been used extensively to interact with members of the local community and share information about a range of support available including:

- Food, mental health, addiction, finance, and energy efficiency
- Employability support and job vacancies
- Funding support
- Online activities and events

3.3 Revenue and Capital Budget Change in 2022/23

The IJB approved the following changes to the budget for Council services for 2022/23 on 23 March 2022.

Revenue Budget Change Summary 2022/23

Ref	Title of Budget Change	**Reason for Change** (Investment, Income Maximisation, Service Review, Resource Redirection)	**Financial Impact (£000s) 2022/23**
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), Carers Act, Winter Pressure, Social Care Workforce, Scottish Disability Allowance, MHO Capacity	Additional funding from Scottish Government to meet new responsibilities and commitments including full year impact of 21/22 funding	-64,903
3	Inflationary Pressures – Pay, Auto Enrolment, National Insurance Uplift	To meet estimated liability	9,324
4	Scottish Living Wage and National Care Home Contract – full year 21/22 and 22/23	Investment – meet Scottish Government Commitment	27,414
5	Free Personal Care Uplift	Investment – meet Scottish Government Commitment	647
6	Carers Act Implementation	Investment – meet Scottish Government Commitment	2,315
7	Winter Pressures	Investment – meet Scottish Government Commitment	16,070
8	Mental Health Officer Capacity	Investment – meet Scottish Government Commitment	419
9	National Trauma Training	Investment – meet Scottish Government Commitment	50
10	Scottish Disability Allowance - Admin	Investment – meet Scottish Government Commitment	455
11	Social Work Workforce	Investment – meet Scottish Government Commitment	2,434
12	Demographic Pressures	Investment	6,411
13	Uplift Children and Families Providers for Scottish Living Wage	Investment to bring parity with Adult Social Care Providers	1,483
14	Mental Health	Investment	1,000
15	Uplift of Kinship and Foster Care Payments	Investment	522
16	Extension of Family Support Tender	Investment	478
17	Homelessness Housing Options	Investment	1,000
18	Savings – Children and Families Transformation Programme	Maximising Independent Living Programme	-1,000
19	Savings – Review of Purchased Services including SDS and Direct Payments in Adult and Older People	Maximising Independent Living Programme	-2,000

Ref	Title of Budget Change	Reason for Change (Investment, Income Maximisation, Service Review, Resource Redirection)	Financial Impact (£000s) 2022/23
20	Savings – Reduction in Care Home Budget to Reflect Recent Activity	Service Review	-1,200
21	Savings – Review of Supported Living Budget Provision	Service Review	-500
22	Savings – Income Increase at 2%	Increase in Charges	-32
23	Savings – Income Maximisation – Recovery of Client Contributions	Re-alignment of Budget	-200
24	Savings – Homeless Decommissioning of Services	Service Review	-89
25	Savings – Review of Finance Staffing	Service Review	-52
26	Savings – Review of Business Support	Service Review	-46

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

Investment plans are well underway and key updates are highlighted below:

- Scottish Living Wage – the Council has approved an increase for providers who have confirmed that they are paying their staff the Scottish Living Wage.
- Carers Act – spending plans have been approved by the IJB to support the implementation of the Act and are being progressed.
- Demographic Pressure – budgets have been increased and demand is currently being managed within budgets set. This continues to be closely monitored.
- Winter Pressures – recruitment and spending plans are well underway. Impact of plans being closely monitored by Scottish Government
- Uplift of Kinship and Foster Carers – complete
- Mental Health, MHO Capacity, National Trauma Training, Scottish Disability Allowance, Social Work Workforce – recruitment and spending plans are well advanced
- Extension of Family Support Tender – tender specification currently being drafted
- Investment in Homelessness – deferred at this stage due to demand pressures within the budget, options for spend to save being developed.

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 £5.7m for 2022-23, details of which can be found below: -

Capital Investment		
Ref.	**Option**	**Investment (£m)**
1	Homeless-Hostel Closure	0.034
2	Rowan Business Park	0.007
3	Children's Residential Strategy	0.466
4	Local Authority Care Homes	0.524
5	careFirst Upgrade - Version 6	0.084
6	MPLS Solution - Pilot Costs	0.074
7	Replacement Services for Homelessness Provision	0.141
8	Children's Residential Strategy Phase 2	2.510
9	Rodney Street - Extension	0.473
10	Rodney Street Permanent Extension	1.100
Total Investment (£m)		**5.741**

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 HSCP Strategic Plan (2019-22)** sets out our agreed vision and priorities for health and social care services in Glasgow, as outlined in section 4.1 below.

Our **IJB's current Strategic Plan** was initially agreed to cover the period 2019 - 22, however due to a number of factors that have recently impacted the health and social care sector, the IJB decided at its **May 2021** meeting to extend it for a further year and begin work over an extended period to review and develop a new plan for the period 2023-26. Updates on the review and development of the new plan, including how people can get involved, can be found **on the HSCP website.**

4.1 Future Plans

i. Our Vision

We believe that the City'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. We believe that stronger communities make healthier lives.

Over the next 10 years we will do this by:

- Focusing on being responsive to Glasgow's population and on reducing health inequalities
- Supporting and protecting vulnerable people and promoting their independence and social well-being
- Working with others to improve physical, mental, and social health and wellbeing and treating people fairly
- Designing and delivering services around the needs, talents, aspirations and contributions of individuals, carers and communities using evidence from what we know works
- Showing transparency, equity and fairness in the allocation of resources and taking a balanced approach by positively allocating resources where health and social care needs are greatest; with decisions based on evidence of what works; innovative approaches focused on outcomes for individuals; and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- Developing a competent, confident and valued workforce
- 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 are meeting the needs of communities
- Developing a strong identity
- Focussing on continuous improvement within a culture of performance management, openness and transparency.

ii. Our Priorities

The five key strategic priorities of the IJB/Partnership for health and social care in Glasgow 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

iii. Key Actions

Within the **HSCP Strategic Plan** we highlight key actions to deliver on the priorities noted above and to support delivery of the nine National Health and Wellbeing Outcomes (see **Appendix C**). The Plan also describes the longer-term Transformation Programmes which have been developed for each of the HSCP's main care groups, which will transform the way in which services are planned and delivered in the city.

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 HSCP's Strategic Plan. Key achievements over the period 21/22 which are highlighted within the latest APR include the following:

- Produced **cervical cancer screening awareness videos** with **Jo's Cervical Cancer Trust** and **Enable Scotland** to encourage women with learning disabilities to be screened, in response to evidence of their lower attendance rates.
- Launched an **updated Family Support Strategy** and awarded a tender for new Family Support services, which aim to support children to remain within their families and local communities and reduce the need for statutory social care intervention.
- Published **'Glasgow's Promise' (2021-24)**, which identifies how we will implement the Scottish Government's **Promise** locally, in order to improve the care system for children and young people in Glasgow.
- Introduced the **'Improving Modern Apprenticeships Programme' (IMAP)** which seeks to improve the transition into Modern Apprenticeships for young people with autistic spectrum conditions.
- Received final approval to **build a new Health and Care Hub in Parkhead**. This will be the largest primary health care facility in Greater Glasgow and Clyde and Scotland's first net zero carbon health and social care facility.
- Expanded the support available for GP patients in relation to a range of issues which may be affecting their mental health and wellbeing such as money, housing, or social isolation, by extending the **Community Link Worker** and **Welfare Advice Health Partnership** initiatives.
- Continued to adapt the way we support people through the **Maximising Independence** approach, which aims to ensure that people live independently, safely and in good health for as long as possible.
- Expanded, to cover 16/17 year olds, the **Compassionate Distress Response Service**, which provides a rapid and more effective response to people experiencing emotional distress, and introduced a **service to support their parents and carers**.
- Progressed the **Homelessness Rapid Rehousing Transition Plan**, including the delivery of 3,505 settled lets in 21/22 (a rise of 14%) and secured an additional 50 settled tenancies for people with complex needs through the **Housing First** programme.
- Established a Crisis Outreach Team to tackle drug related deaths (DRD's) and non-fatal overdoses (NFOD) in the city.

- Launched a **specialist Complex Needs service** to provide a range of support to individuals with multiple and complex health and social care needs who find it difficult to engage with mainstream services.
- Introduced a Youth Court in an effort to improve the effectiveness and outcomes of community sentences for young people.

4.3 COVID-19 and the HSCP Response

The HSCP has been actively responding to COVID-19 since early 2020. Throughout this period, we have had business continuity and planning structures in place to respond to the initial impact of COVID-19 and to plan for the recovery and renewal of services. As part of the recovery process, services across the HSCP have identified where there may be opportunities to consolidate some of the most effective practices adopted during the pandemic and incorporate these going forward within mainstream service delivery in order to offer greater flexibility for service users and improve service efficiency.

4.4 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. A draft was submitted to the IJB in **June 2022** and following feedback from the IJB and Scottish Government, a revised, final **Workforce Plan 2022-2025** was presented to the IJB at the end of November. 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 2022, the HSCP achieved a response rate of 50% (equating to almost 6,000 respondents), compared to 53% in 2021. An overall HSCP Employee Engagement Index (EEI) score of 77 was recorded which was the same as in 2021 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 2022/23 is £130k – 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. Performance and development is an area included within the Workforce Plan.

Attendance Management

HR Teams have updated Wellbeing and Attendance Action Plans to implement a more robust, consistent and effective approach to Maximising Attendance, incorporating HR priorities within the GHSCP Staff Mental Health & Wellbeing Action Plan. An HR Training Programme for Managers is being rolled out, which will initially focus on a manager's role in maximising attendance and creating a wellbeing culture within their service area, using MIND action planning tools to encourage wellbeing conversations.

Wellbeing & Attendance Support Hubs have been developed on digital platforms, for all managers and staff. This is a one-stop shop for all guidance, supports and resources relating to wellbeing and attendance. Over time, service specific information will also be included, making documents and information easily accessible to each staff group. Support is also provided to management teams to access and analyse attendance data, identifying trends and areas of concern and updating local staff group action plans and priorities.

Staff Health Initiatives

Increasing the network of Wellbeing Champions across GCHSCP is ongoing and is fundamental in trying to achieve a wellbeing culture, where local Champions will work closely with HR Champions to organise and promote staff mental health and wellbeing initiatives that are relevant, interesting and accessible to each staff group.

Further interventions for Psychological – Stress absences and Musculoskeletal – Back Pain absences will be developed, to try and reduce the duration of these absences and focus on additional supportive measures and robust processes, in order to achieve improvements.

Work/life Balance Provision

Glasgow City Council recognise that our employees are our greatest asset, and it is through them that our services are delivered and continually improved. Our Work Life Balance Policy and Flexible Working Procedure enables 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. It also promotes gender equality across the council.

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, as described below:

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. Provisional results from the latest **Health and Care Experience Survey (2021/22)** are summarised below:

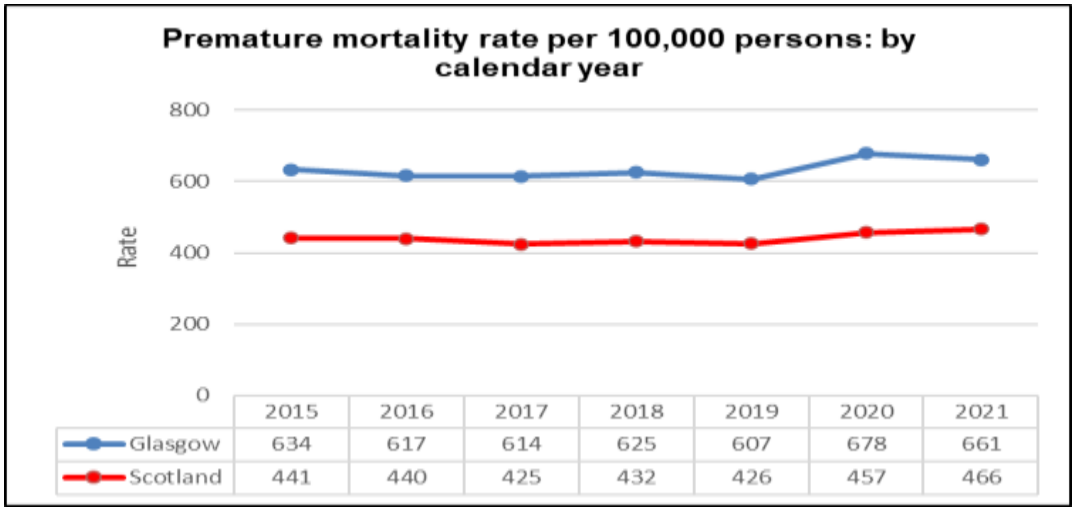
National Integration Indicator	2021/22 Survey Results (19/20 results shown in brackets)				Direction of Travel Since Last Survey (19/20)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above / Below	
1. % adults able to look after their health very well or quite well	1	**88.1%** (89.7%)	**90.9%** (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

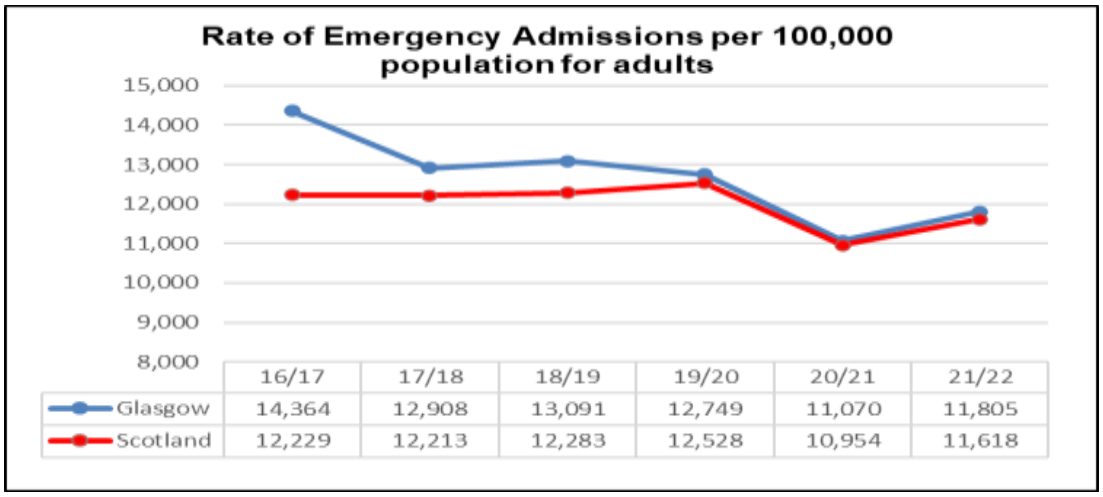
Graphs showing performance in relation to National Integration Indicators 11-19 for Glasgow and Scotland are shown below, covering the period to 2021/22 where available.

National Integration Indicator 11



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

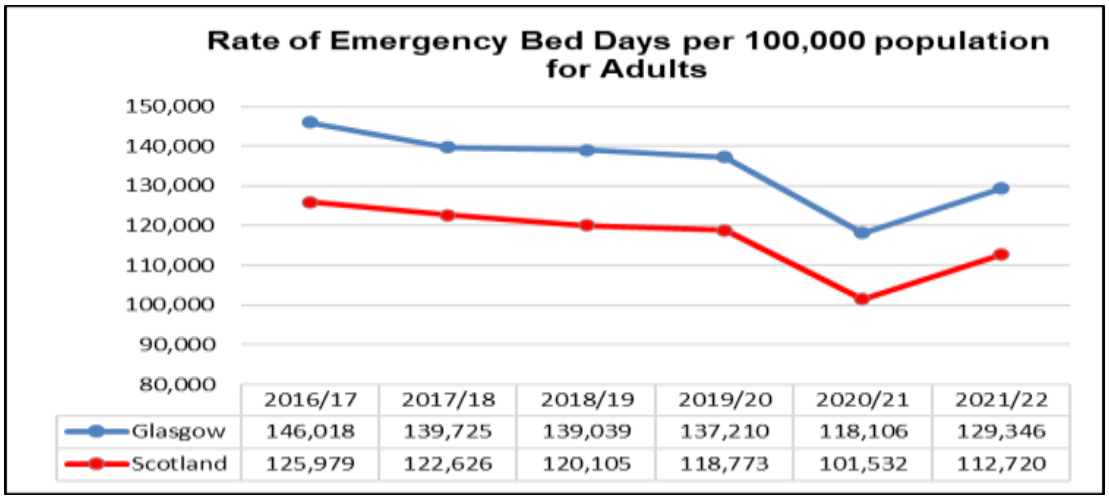
National Integration Indicator 12



	16/17	17/18	18/19	19/20	20/21	21/22
Glasgow	14,364	12,908	13,091	12,749	11,070	11,805
Scotland	12,229	12,213	12,283	12,528	10,954	11,618

- Reduction over the period shown in Glasgow and nationally although increased in the last year in both
- Glasgow similar to the Scottish average having been considerably above at the start of the period shown

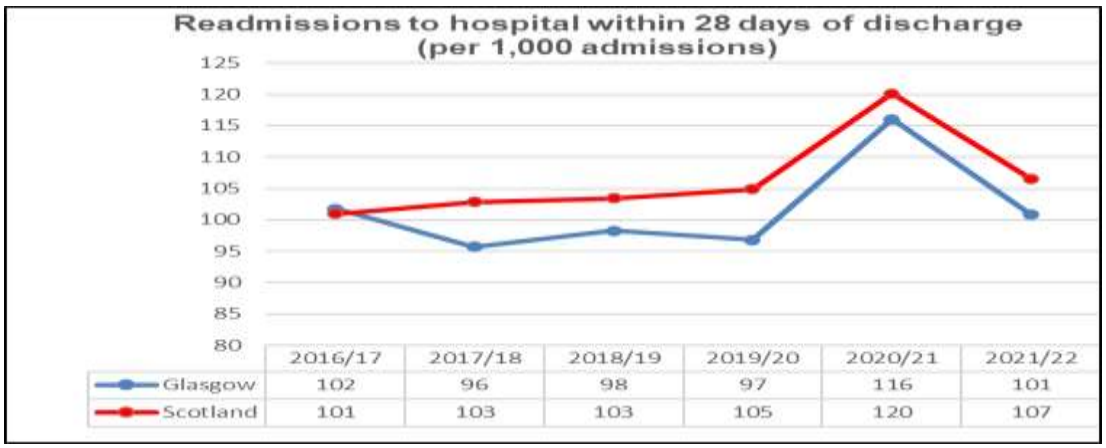
National Integration Indicator 13



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Glasgow	146,018	139,725	139,039	137,210	118,106	129,346
Scotland	125,979	122,626	120,105	118,773	101,532	112,720

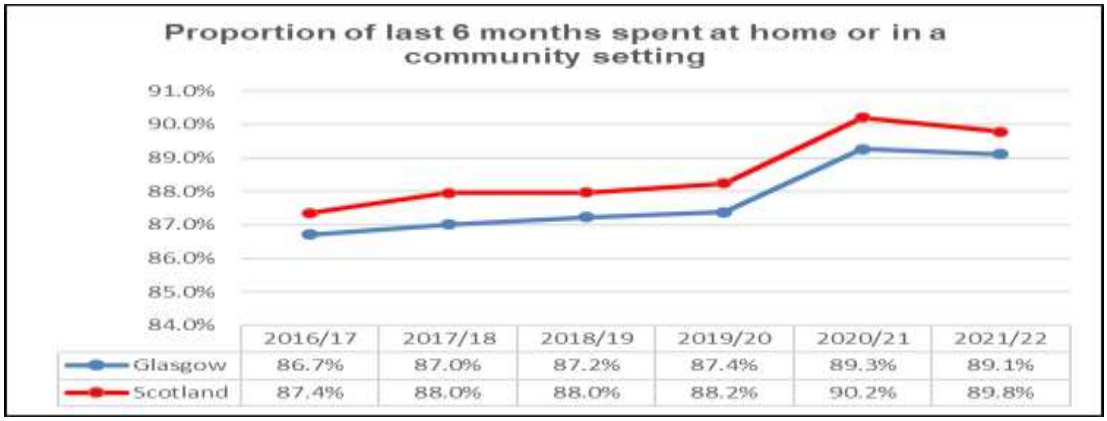
- Reduction over the period shown in Glasgow and nationally although increased in the last year in both
- Glasgow continues to be higher than the Scottish average

National Integration Indicator 14



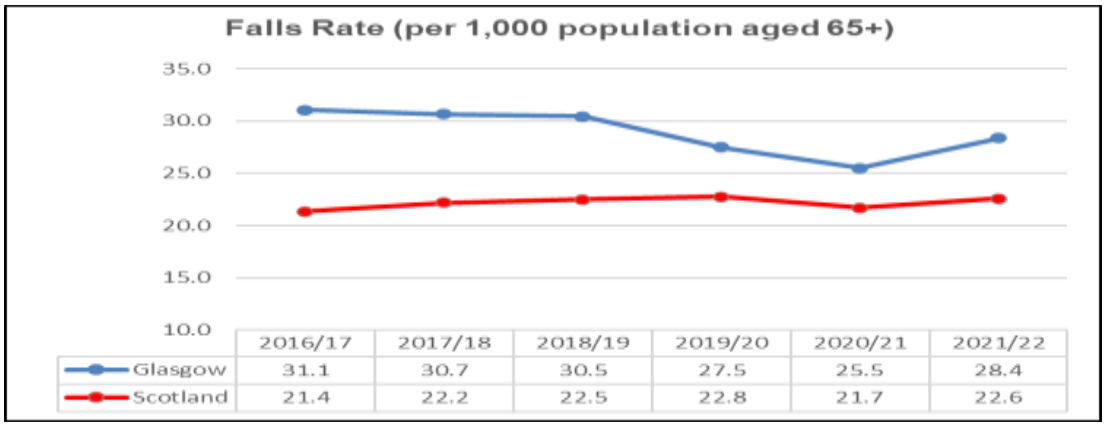
- Decrease in 2021/22 in Glasgow and Scotland after a large increase in 2020/21
- Glasgow has remained lower than the Scottish average since 2017/18

National Integration Indicator 15



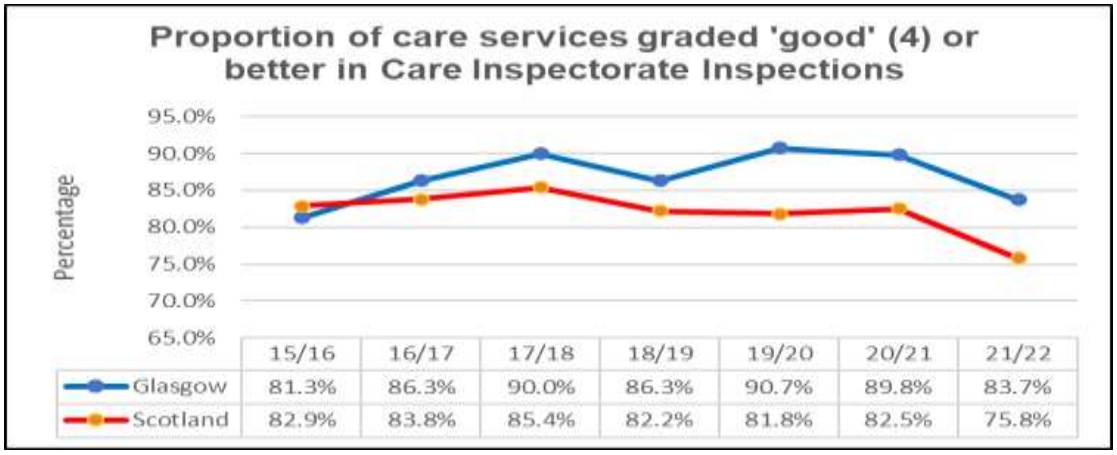
- Increase over the period shown in Glasgow and nationally although there was a decrease in the last year for both
- Glasgow lower than the Scottish average over the period shown

National Integration Indicator 16



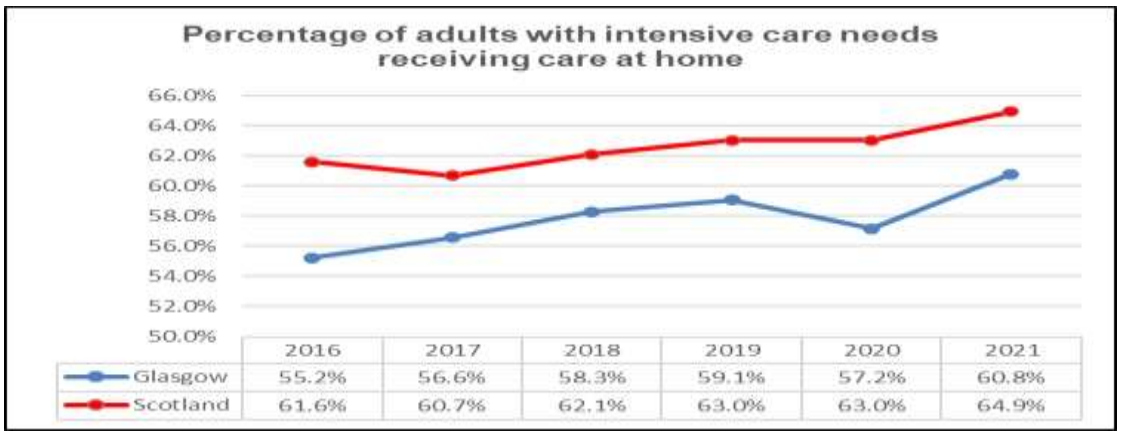
- Reduction over the period shown in Glasgow although there was an increase in the last year
- Glasgow higher than Scottish average although the gap has narrowed over time

National Integration Indicator Number 17



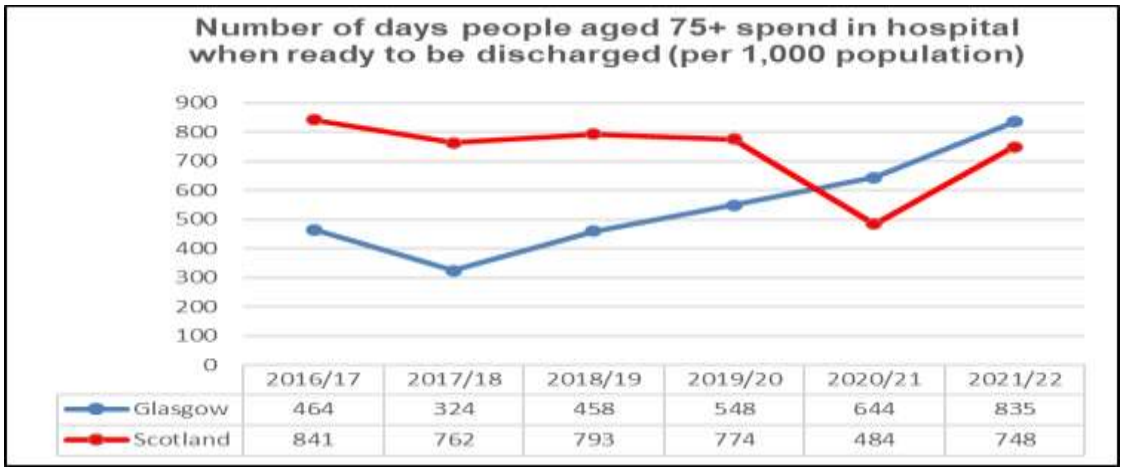
- Increase over time in Glasgow although decreased in 2021/22 in Glasgow and nationally
- Glasgow higher than the Scottish average since 2016/17

National Integration Indicator 18



- Increase over the period shown in Glasgow and nationally
- Glasgow remains lower than the Scottish average

National Integration Indicator 19



- Increase in Glasgow over the period shown
- Glasgow higher than the Scottish average since 2020/21

ii. Scottish Local Government Benchmarking Framework Indicators

The Local Government Benchmarking Framework (LGBF) 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 Children's Services 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 Edinburgh, Dundee, Aberdeen, Renfrewshire, North and South Lanarkshire and Scotland.

Adult/Older People Social Care (2020/21)

Indicator	Glasgow	Edinburgh	Renfrew-shire	Dundee	Aberdeen	N. Lan	S. Lan	Scotland
Spend on providing care to support older people to live at home (£ per hour)	£37.21	£23.98	£26.38	£27.26	£20.89	£29.27	£25.50	£28.35
Spend on providing residential care for older people (£/person per week)	£758	£725	£464	£633	£1069	£613	£659	£654
The proportion of social care funding allocated using direct payments or personalised managed budgets	16.5%	11.0%	4.5%	2.5%	3.0%	27.3%	3.8%	8.1%
% older people with long-term needs supported so that they can remain at home	61.9%	57.7%	53.5%	60.5%	52.4%	68.1%	63.9%	61.7%

Children's Services (2020/21)

Indicator	Glasgow	Edinburgh	Renfrew-shire	Dundee	Aberdeen	N. Lan	S. Lan	Scotland
Spend on providing residential accommodation for looked after children (£ per child per week)	£5,967	£4,433	£4,916	£4,900	£4,191	£5,269	£3,650	£4,495
Spend on providing foster/family placements for looked after children (£ per child per week)	£364	£546	£389	£618	£629	£275	£277	£392

% of looked after children cared for in foster/family placements rather than residential accommodation	93.2%	90.1%	92.5%	88.5%	88.9%	96.5%	90.4%	90.3%
% of child protection registrations where child was re-registered within 18 months	6.4%	5.6%	11.7%	9.7%	2.2%	11.6%	6.5%	7%
% of looked after children with more than one placement in the last year	11.5%	20.4%	15.8%	18.1%	21.2%	4.4%	14%	16.8%

5.2 Inspection

i. Care Inspectorate Inspections of HSCP Registered Services

Care Inspectorate Inspections during 2021/22 were targeted at areas of higher risk in order to assess care and support during the ongoing COVID-19 pandemic. In 2020 the Care Inspectorate introduced an additional new Standard for Older People Care Homes in addition to the 5 existing ones: *How good is our care and support during the COVID-19 pandemic?* This standard was added to robustly assess care home arrangements in response to the COVID-19 pandemic, with a focus on infection prevention and control (IPC), personal protective equipment (PPE) and staffing. This was implemented to meet the statutory duties outlined in the **Coronavirus (Scotland) (No.2) Act** and subsequent guidance.

Between April 2021 and March 2022, the **Care Inspectorate** undertook 9 unannounced inspections of services provided by Glasgow City HSCP. The following table 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 following table.

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)							
Meadowburn Care Home (29/04/21)	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	3	0
Victoria Gardens (7/10/21)	4	Not Assessed	Not Assessed	Not Assessed	Not Assessed	4	0
Orchard Grove (24/02/22)	4	Not Assessed	Not Assessed	Not Assessed	Not Assessed	4	0
CHILDREN'S RESIDENTIAL HOUSES							
Wellhouse RCU (14/07/21)	2	2	3	2	2	Not Applicable	8

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 Require ments
Kempsthorn RCU (27/08/21)	4	4	5	4	2	Not Applicable	4
Hinshaw Street (21/10/21)	3	3	3	3	3	Not Applicable	3
Norse Road (22/02/22)	3	2	3	3	3	Not Applicable	6
Balmore RCU (31/03/22)	4	3	5	4	5	Not Applicable	1
DAY CARE (OLDER PEOPLE)							
Meadowburn Day Care (17/03/22)	4	Not Assessed	Not Assessed	4	Not Assessed	Not Applicable	0

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 2021/22 were presented in April 2022, 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:

Care Inspectorate Activity Within Directly Provided Children's Residential Services (2021)

Care Inspectorate Activity Within Directly Provided Older People's Residential Services (2021)

ii. Mental Welfare Commission

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 2021/22 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. 13 reports have been published for local visits undertaken and the reports from 5 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 **April 2022.**

5.3 Audit/Self Evaluation

In addition to external inspections, the Partnership has an ongoing planned programme of audit and self-evaluation to give quality assurance across all service areas. Practice Audit and Evaluation activity carried out between April 2021 and March 2022 is listed in the following table.

Practice Audit and Evaluation Activity 2021/22
ASP (Adult Support and Protection) Duty System audit
Occupational Therapy evaluation
Glasgow City Council's Interpreting Service evaluation
Linguistics Service User evaluation
Justice Social Work: Your Voice evaluation
Social Care Direct audit
Separated and Unaccompanied Child Refugees/Asylum seekers: HSCP Campus evaluation
Older People Care Homes Discharge to Assess (D2A) evaluation/survey
Survey of vulnerable people who received a COVID payment
Kinship BAME (Black, Asian and minority ethnic) audit
Devolved Decision-Making Pilot evaluation (Child Protection - related to young people being trafficked)
Evaluation of the Care Home Review Programme
Abstinence Residential Addiction Service audit
Complex Needs Team audit
Thematic Review: The increase in Mental Health Officer detentions during COVID-19
Case File Review - Participation of children and young people in child protection processes

5.4 Equalities

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, lists 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 Equalities and **Fairer Scotland Duties** and reports upon progress. During 2021/22, activity undertaken to further advance equalities practice across all our business areas included:

- Participation for the first time in the **Employers Network for Equalities and Inclusion** (enei) Talent Inclusion and Diversity Evaluation (TIDE). The TIDE mark allows organisations to assess their status in equalities and inclusion across eight mainstreaming domains. Glasgow City HSCP was awarded a Bronze TIDE award.
- Equality Impact Assessments (EQIAs) – undertaking EQIAs are a key way for us to design and deliver services that are responsive and appropriate to protected characteristic groups and intersectionality. During the reporting period, a total of 18 **Equalities Impact Assessments** were undertaken and published.
- Achieving a good practice charter marker. Child and Adolescent Mental Health Services (CAMHS) have joined the Youth Health Service and Sandyford Sexual Health Services in achieving the LGBT Youth Charter Mark award, demonstrating and reassuring our young LGBT community members that services are sensitive to their needs.

- Delivered an **Equalities Progress Report** to the IJB on progress made in delivering against our agreed Equality Outcomes as set out within our second **Equalities Mainstream Report (2020-24)**. This **Progress Report** indicates substantial progress has been made and provides full details of the actions and progress to date.

6. Past Performance and Improvement Priorities

6.1 Performance Management Arrangements

Performance reporting for Social Work Services is now encompassed within the HSCP's routine performance management arrangements. A detailed **Quarterly Performance Report** is produced which includes a wide variety of Key Performance Indicators, from across HSCP health and social work services. Within this report, performance is presented at both citywide and locality levels and a RAG rating is used to classify performance. This Performance report is then shared with and scrutinised by HSCP Senior Management; Core Leadership Groups; and Locality Management Teams. It is also presented to the IJB's Finance, Audit and Scrutiny Sub-Committee.

In addition to these Corporate Performance reports, an Annual Performance Report (APR) is required by the Public Bodies (Joint Working) (Scotland) Act 2014. These APRs report on a smaller, more strategic set of KPIs and the reports produced by the HSCP since it was established in 2016 are available at the following link: **Annual Performance Reports**.

6.2 Performance against Key Indicators

A summary of the Red, Amber, and Green (RAG) status of HSCP performance in relation to the key indicators reported in the HSCP's **Annual Performance Report (2021/22)** is shown in the following table. A detailed performance table showing performance trends over time along with a description of the Council's RAG rating system is provided in **Appendices A and B**.

RAG Rating	2020/21	
	Number	%
GREEN	24	57.1%
AMBER	1	2.4%
RED	17	40.5%
Total indicators	**42**	**100%**

6.3 Key Performance Improvements

The table below highlights where performance has shown the greatest improvement during 2021/22 in relation to those KPIs reported in the HSCP's Annual Performance Report.

INDICATOR	BASELINE (YEAR END 20/21)	YEAR END 21/22
Older People and Carers		
Percentage of service users who receive a reablement service following referral for a home care service: Hospital discharges	70.9%	71.7%
Number of New Carers identified during the year that have gone on to receive a Carers Support Plan or Young Carer Statement	1,928	2,391
Has the Carer's Service improved your ability to support the person that you care for?	90%	97%
Telecare: Standard	2,326	2,771
Telecare: Enhanced	444	672

Unscheduled Care		
Number of Unscheduled Hospital Bed Days – Mental Health (18+)	170,093	163,455 (provisional)
Children's Services		
Children with disabilities in receipt of a personalised social care service	291	382
Adult Services		
Adult service users in receipt of a personalised social care service	3,063	3,244
Health Improvement		
Alcohol Brief Intervention Delivery	4,269	7,749
Criminal Justice		
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	76%	87%
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days	85%	93%

6.4 Areas for Improvement

Specific areas where we would like to improve performance during 2022/23 include the following:

INDICATOR	Target	Actual
Older People		
Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP	800 **Conversations** 200 **Summaries**	208 **Conversations** 50 **Summaries**
Intermediate Care: Percentage of service users transferred home	>30%	15%
Unscheduled Care		
Total number of Older People Mental Health (OPMH) patients delayed (Excluding AWI)	0	19
Number of Unscheduled Hospital Bed Days - Acute (18+)	453,866	517,348
Total number of Acute Delays and Bed Days Lost to Delays (All delays and all reasons 18+)	**Delays** 0 **Bed days** 39,919	**Delays** 136 **Bed days** 64,853
Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+)	1,910	16,209
Children's Services		
Access to specialist Child and Adolescent Mental Health Services (CAMHS)	100%	59.4%
Adult Mental Health		
Total number of Adult Mental Health delays	0	26
Homelessness		
Number of households reassessed as homeless/ potentially homeless within 12 months	<480 per annum	526

Health Improvement		
Exclusive Breastfeeding at 6-8 weeks (general population)	33%	28%
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	24.4%	20.6%
HR		
Sickness Absence Rates (Health and Social Work)	**NHS** < 4% **Social Work** < 10.2 ADL (average days lost)	**NHS** 6.39% **Social Work** 19.7 ADL (average days lost)

Feedback

Let us know what you think about our ASPIR.

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

Contact Details
Performance and Business Intelligence Team
Glasgow City Health and Social Care Partnership
Commonwealth House
32 Albion Street
Glasgow G1 1LH

Telephone
0141 287 0398

Email
Duncan.Goldie@sw.glasgow.gov.uk
Janice.Smith@glasgow.gov.uk

Appendix A
Key for RAG Rating System

KEY TO PERFORMANCE STATUS		
	**RED**	Performance misses target by 5% or more
	**AMBER**	Performance misses target by between 2.5% and 4.99%
	**GREEN**	Performance is within 2.49% of target
	**GREY**	No current target and/or performance information to classify performance against.
DIRECTION OF TRAVEL		
▲		Improving
▶		Maintaining
▼		Worsening

Appendix B
Performance in relation to Key Indicators

Within the following table, Performance Status has been classified as Red, Amber or Green (RAG). The key at **Appendix A** describes these categories. The **Status** is provided for the end of 2021/22, the previous 2 years, and the baseline (2015/16). The **Direction of Travel** details whether the current figure (2021/22) is better or worse in comparison with **i)** the Baseline (2015/16) and **ii)** the previous year 2020/21.

INDICATOR (Health & Wellbeing Outcome)	2021/22 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2020/21
PREVENTION, EARLY INTERVENTION AND HARM REDUCTION							
Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks. (Outcome 4)	95%	NE 95% ✓ NW 93% ✓ South 96% ✓	NE 98% ✓ NW 95% ✓ South 96% ✓	NE 96% ✓ NW 96% ✓ South 99% ✓	NE 97% ✓ NW 97% ✓ South 97% ✓	NE ▲ NW ▲ S ▲	NE ▲ NW ▲ S ▼
Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks (Outcome 9)	100%	100% ✓	51.9% ●	60.8% ●	59.4% ●	▼	▼
Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months) (Outcome 1)	95%	94.6% ✓	93.2% ✓	94.2% ✓	93.01% ✓	▼	▼
Mumps, Measles and Rubella (MMR) Vaccinations: (% Uptake at 5 years) (Outcome 1)	95%	95.9% ✓	96.5% ✓	96.3% ✓	94.84% ✓	▼	▼
Psychological Therapies: % of people who started treatment within 18 weeks of referral. (Outcome 9)	90%	n/a	NE 69.9% ● NW 90.3% ✓ S 80.3% ●	NE 56.6% ● NW 93.6% ✓ S 91.4% ✓	NE 46.3% ● NW 92.4% ✓ S 81.2% ●	**N/A**	NE ▼ NW ▼ S ▼

INDICATOR (Health & Wellbeing Outcome)	2021/22 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2020/21
% of service users commencing alcohol or drug treatment within 3 weeks of referral (Outcome 7)	90%	97%	98%	99%	95%	▼	▼
Alcohol Brief Intervention Delivery (Outcome 4)	5,066 per annum	5,643	4,394	4,269	7,749	▲	▲
Smoking Quit Rates at 3 months from the 40% most deprived areas. (Outcome 5)	Year End Target 1,217	1,229	1,389	1,280	1260	▲	▼
Women smoking in pregnancy (general population) (Outcome 1)	<12%	n/a	9.8%	8.2%	9.5%	**N/A**	▼
Women smoking in pregnancy (most deprived quintile) (Outcome 5)	<17% from 19/20	n/a	14.6%	12.4%	16.7%	**N/A**	▼
Exclusive Breastfeeding at 6-8 weeks (general population) (Outcome 1)	Target to achieve by Year End 31.4% (19/20) 32.2% (20/21) 33% (21/22)	n/a	31.8%	29.6%	28%	**N/A**	▼
Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones). (Outcome 5)	Target to achieve by Year End 22.4% (19/20) 23.4% (20/21) 24.4% (21/22)	n/a	24.9%	21.9%	20.6%	**N/A**	▼
PROVIDING GREATER SELF-DETERMINATION AND CHOICE							
Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP (Outcome 2)	ACP conversations held 800	n/a	530	264	208	**N/A**	▼
	Summaries completed and shared with GPs 200	n/a	130	69	50	**N/A**	▼
% of young people receiving aftercare service known to be in employment, education, training (Outcome 4)	75%	67%	68%	80%	80%	▲	▶

INDICATOR (Health & Wellbeing Outcome)	2021/22 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2020/21
SHIFTING THE BALANCE OF CARE							
Children							
Number of out of authority placements (Outcome 4)	40 (year end 20/21) 30 (year end 21/22)	126	46	34	31	▲	▲
A&E Attendances							
New Accident and Emergency attendances (18+). MSG 3 (Outcome 9)	153,791	153,791	159,916	113,513	139,920	▲	▼
Emergency Admissions and Bed Days							
Number of Emergency Admissions (18+) MSG 1 (Outcome 9)	66,624	70,133	63,324	54,947	59,194	▲	▼
Number of Unscheduled Hospital Bed Days - Acute (18+) MSG 2 (Outcome 9)	453,866	493,371	497,641	438,871	517,348	▼	▼
Number of Unscheduled Hospital Bed Days- Mental Health (18+) MSG 2 (Outcome 9)	181,371	190,791	189,139	170,093	163,455 (provisional)	▲	▲
Delayed Discharges							
Total number of Acute Delays (Outcome 9)	0	N/A	77	103	136	**N/A**	▼
Total number of Bed Days Lost to Delays (All delays and all reasons 18+). MSG 4 (Outcome 9)	39,919	41,582	45,318	49,902	64,853	▼	▼
Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (65+). (Outcome 9)	1,910	10,715	6,571	11,163	16,209	▼	▼

INDICATOR (Health & Wellbeing Outcome)	2021/22 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2020/21
Total number of Adult Mental Health delays (Outcome 9)	0	17	19	25	26	▼	▼
Total number of Older People Mental Health patients delayed (Excluding AWI) (Outcome 9)	0	11	15	9	19	▼	▼
Intermediate Care							
Intermediate Care: % users transferred home. (Outcome 2)	>30%	25%	19%	25%	15%	▼	▼
ENABLING INDEPENDENT LIVING FOR LONGER							
Number of Clustered Supported Living tenancies offered to Older People (Outcome 2)	75 per annum	N/A	N/A	N/A	84 New KPI from 21/22	**N/A**	**N/A**
Percentage of service users who receive a reablement service following referral for a home care service. (Outcome 2)	**Hospital discharges** 70%	83%	68.9%	70.9%	71.7%	▼	▲
	Community referrals 70%	79%	75.5%	81.5%	72.5%	▼	▼
Has the Carer's Service improved your ability to support the person that you care for? (Outcome 6)	70%	N/A	87%	90%	97%	**N/A**	▲
Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement (Outcome 6)	1,900 per annum	N/A	1,932	1,928	2,391	**N/A**	▲
Telecare: Standard (Outcome 2)	2,750 **(19/20 & 20/21)** 2,000 **(21/22)**	N/A	2,723	2,326	2,771	**N/A**	▲

INDICATOR (Health & Wellbeing Outcome)	2021/22 TARGET	2015/16 BASELINE	2019/20 YEAR END	2020/21 YEAR END	2021/22 YEAR END	Direction of Travel since 2015/16	Direction of Travel since 2020/21
Telecare: Enhanced (Outcome 2)	1,500 **(19/20 & 20/21)** 500 **(21/22)**	N/A	1,565	444	672	**N/A**	▲
PUBLIC PROTECTION							
Number of households reassessed as homeless/ potentially homeless within 12 months. (Outcome 4)	<480 per annum	395	437	420	526	▼	▼
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence (Outcome 9)	80%	64%	76%	76%	87%	▲	▲
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days (Outcome 9)	85%	94%	85%	85%	93%	▼	▲
STAFF DEVELOPMENT AND ENGAGEMENT							
NHS Sickness Absence rate (%) (Outcome 1)	<4%	6.3%	6.37%	5.1%	6.39%	▼	▼
Social Work Sickness Absence Rate (Average Days Lost) (Outcome 1)	ADL per employee per annum <10.2 ADL	9.9 ADL	15.7 ADL	15.9 ADL	19.7 ADL	▼	▼

Appendix C
National Health and Wellbeing Outcomes

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5	Health and social care services contribute to reducing health inequalities
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7	People using health and social care services are safe from harm
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services