

**Public Audit Committee**  
**Overview of Mental Health Services**  
**Submission from Glasgow City Council**

**Accessibility of mental health services**

***(a) What targets have you set for accessibility to services (including waiting times) and the quality of services in your area?***

Social Work Services in Glasgow have a target of 20 working days from referral to completed assessment. Together with their NHS colleagues Social Work services are developing a core performance dataset to enable reporting of comparative performance on a range of efficiency and effectiveness measures. It is being designed to reflect the expected pattern of services associated with the development of community and crisis services and the ways in which these might be expected to impact on patterns of inpatient bed use.

A particular priority will be the management of practice variances where these are inappropriate and demonstrate less effectiveness in service functioning across inpatient and community services.

Within the Council Social Work Services report on two performance indicators which directly relate the accessibility to services, these are:

***% of service-users assigned to a named care manager (% of CareFirst events assigned) Target 95%***

- Number receiving a service
- % assigned

***Reviews (Target 85%)***

***% of service users with a service package that has been reviewed in the past 12 months (target 85%)***

We are currently developing a performance framework in relation to the following:

***% of mental health service users with whom employment training opportunities have been discussed.***

Social Work Services works to the targets and timescales for completion of duties relating to the Mental Health (Care and Treatment) Act 2003, the Adults with Incapacity Act 2000. Social Work Services also work to comply and its compliance with the National Standards for Mental Health Officer services.

Purchased services work to service specifications which lay out targets for performance. Their performance is subject to evaluation and reviews as part the Council's Contract Management Framework.

Locally the Scottish Mental Health Framework has informed the development of health and social care services as part of the Modernising Mental Health Strategy in Glasgow.

Over the next year or so we intend to improve accessibility to and the quality of our services by:

- Further developing a recovery focus, which reduces dependency and enables individuals to live well in the presence or absence of illness and supports social inclusion
- Reconfiguring Supported Accommodation/Supported Living Services and associated care packages to achieve the optimum match between needs and service responses and which provides high levels of support focused on recovery, with an emphasis on rehabilitation and move-on to more independent living
- Developing and implementing proposals to ensure the full implementation of the primary care service specification and in particular development of group and population based responses
- Scoping and developing proposals to ensure an appropriate forensic care pathway to ensure care is provided in the least restrictive setting consistent with patient needs
- Reviewing the next steps to achieve further integration of operational practice
- Developing and implementing an inpatient and community rehabilitation care pathway and redesigning community services to support this
- Ensuring the use of comparative performance indicators/benchmarks is developed and used to influence operational practice

***(b) What action are you taking to address services with long waiting times?***

There are no substantial waiting times for access to statutory assessment and care management services. Similarly there are almost no delays in securing access to Mental Health Officer Services.

There are almost no delays in accessing nursing home or free personal care.

The longest waiting time for service is for supported accommodation. Community demand for these services has risen by nearly 70% between 2006 and 2008. We are exploring options for more effective use of services to facilitate move on and recovery. This will reduce waiting times for supported accommodation.

***(c) What are the current issues affecting vulnerable groups in your area - children and adolescents; minority ethnic groups; prisoners and ex-offenders; older people with dementia or Alzheimer's disease?***

The following are the current issues facing vulnerable groups:

**Young people**

This vulnerable group of service users is younger people who might have gone into long term hospital care in the past, but who have more complex needs, often involving drug and/or alcohol problems. In many cases, individuals have fallen into homelessness.

An emerging trend is the earlier onset of severe mental health difficulties amongst younger people in the 16-18 yrs age group. This has been attributed to concurrent substance misuse leading to drug induced psychosis or through early identification of psychotic illness via improved diagnostic routes; e.g. Children and Adolescent Mental Health Services (CAHMS) and Esteem, an early intervention service.

As a result there is a demand for continuing health and social care supports for a number of young people who may require longer-term supports into adulthood.

**Young People in Transition to Adult Services**

An emerging trend within mental health services is the earlier diagnosis of severe mental health difficulties amongst younger people. As a result there is a demand for continuing health and social care supports for a number of young people who require longer-term supports into adulthood. Current arrangements are on a case-by-case basis and supports are usually identified through liaison between Mental Health and Children and Families Commissioning Teams within Social Work. Activity in this area is premised by the aim of not bringing younger people further into the mental health system than necessary. Due to the level of support required for these clients and, in some cases, the inappropriateness of accommodating young people under 18 years in Adult Mental Health Supported Accommodation, individual packages of support are usually purchased as a single care package. Financial responsibility for these packages remains with Children and Families until the client reaches 19 years. However, these packages are difficult to sustain financially in Adult Mental Health Services and do not easily fit with the wider social care infrastructure.

**Forensic Provision**

The provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 for Forensic patients to appeal against detention in excessive security and the bed reduction programme at The State Hospital, Carstairs poses challenges for existing services in mental health. This is an area of increasing demand which requires to be scoped and a joint strategy

developed in partnership with NHSGG&C. No resource came to local authorities to meet this new demand.

### **People with Needs which cross Care Group Functions**

There is a small number of people whose needs are not well served by the boundaries which exist between different care group services. In some cases, situations could be resolved if two or more care group teams were able to work together to fund and design the required services.

In Mental Health the challenges are usually around people with Huntington's disease and Acquired Brain Damage where there are mental and physical health needs; people with addiction problems that may be difficult to manage in mental health settings; and, younger people with dementia.

Currently, such individuals are dealt with on a case-by-case basis.

### **Carers' Services**

Support to carers in Glasgow is provided through the generic Carers' Centres, mainly provided by The Princess Royal Trust for Carers. Glasgow Association for Mental Health [GAMH] operates two services: one for carers of people with mental health problems and one for young carers in families where an adult has a mental health problem. The service operates citywide but has limited capacity. The bulk of the support offered is in the form of groups, counselling or information and advice.

The National Schizophrenia Society's Charlie Reid Centre also provides services to carers of people with mental health problems in the form of telephone support, advice and information and operates a well-attended carers' support group as well as hosting occasional carers' events.

A key issue identified by carers and service users is the limited availability of respite services. Currently, there is only one service dedicated to the provision of community respite provision and the level of support is insufficient to meet demand. There is some limited use of a residential respite resource in Edinburgh.

### **Personalisation**

The audit report on Supported Accommodation/Supported Living Services indicated high levels of satisfaction amongst service users and that services operated a person centred approach to support planning. However, it is recognised that the resource is not flexible enough to allow for further personalisation in terms of more independent, individualised packages or budgets. There is a need to look at the opportunities for self directed care in supported environments linked to accommodation.

***(d) Are current levels of service for vulnerable groups adequate and what improvements, if any, are being planned?***

As you can see by the answer above there are vulnerable groups for whom existing service responses are not as developed as we would wish. Therefore as you can see different responses are being developed. The lack of funding associated with the changes in the forensic in-patient estate together with difficulties in meeting increased demand for continuing care in a social care setting restrict opportunities for the development of services as we would wish

In this context Glasgow City Council supports the current COSLA submissions which seek to modernise the Resource Transfer arrangements. Glasgow City Council supports its submission which argues that responsibility for care, financial risk and liability, the responsibility for future demand and demographic change should bring with it the financial resource. In reality the way Resource Transfer operates at present in many ways is similar to other forms of ring fenced funding which the Scottish Government chose to stop. We believe that the element of financial resource which funds the continuing care of adults should come to the local authorities as the major provider/purchaser of those forms of care.

Mental health service users are themselves a “vulnerable group”. In response to meeting the needs of this group and in order to assess adequacy of service response Glasgow City Council’s Social Work Service developed a “Functional Framework”. This framework allowed us to summarise the functions required of a comprehensive mental health service for all mental health needs and therefore provides a useful framework to assess the current state of “completeness” of local services against this framework. These functions were summarised as:

- Access and information
- Need for individual planning
- Meeting needs in crisis
- Need for treatment and support with mental distress
- Need for ordinary living and long term support
- Services to promote personal growth and development

While all of the functions prescribed by the Functional Framework already exist in the city, they have not been as equitably spread across the city as we would have liked. This has meant that the needs of service users cannot always be met in their local communities.

We carried out a review of the functional framework of mental health purchased social care provision in 2004. This was updated in 2008 and as a result, the definition of needs and social care service responses required to meet them were adopted and updated for the purpose of developing a commissioning strategy. The range of service responses required is summarised as:

- Information, Advice and Drop-In Services
- Community Opportunities, Meaningful Occupation, Employability
- Accommodation linked to support

- Supported Living (Floating Support) and/or Housing Support
- Assertive Outreach Approaches
- Supports during Crisis
- Peer Support
- Community and Residential Respite services for carers
- Advocacy

The main improvements under consideration or being planned to improve service responses include:

- Work with Mental Health Providers' Network to improve personalisation in services
- Use reconfigurations to identify opportunities and release funds to implement Individualised Budgets and other forms of Self Directed Care.
- The Mental Health Commissioning Team will work with Community Health and Care Partnerships and Community Mental Health Team staff to plan the spread of services and relocate where necessary.
- Work with forensic services to identify appropriate models of support
- Ensure the needs of people with mental health problems are reflected in the local housing investment plan
- Work with Strategic Employability Action Group to ensure high profile for the needs of people with mental health problems in local and national employment strategies while identifying the role required of wider social care supports in promoting employability.
- Work with Children and Family Services to develop new service models to respond to the mental health needs of young people through its Commissioning Strategy and reconfiguration of Children's Services programme
- Continue support for Mental Health Carers' Development Worker Post to improve access to Carers' Services and ensure that the needs of carers of people with mental health problems reflected in Departmental Working Group and Carers' Policy Implementation Group (PIG) while ensuring the views of carers are taken into account in the redesign of social care supports.
  - Ensure planning priorities take into account the mainstreaming of equalities, in line with NHSGG&C equalities scheme, Glasgow Social Work equality action plan and allied plans
  - Continue development for Glasgow Anti-Stigma Partnership, including implementation of anti-stigma training, Mosaics of Meaning (black and ethnic minority communities programme)

### **Delivery of mental health services**

#### ***(e) What is your performance against the four national health targets for mental health?***

This question is best addressed by NHS boards as these are in the main health targets.

This unbalanced vision does not assist improved joint working geared towards shared development and improvement in services

***(f) How helpful do you think these four targets are?***

As above this is best answered by the NHS Boards. We feel the national delivery plan targets are not sophisticated enough to translate easily to expectation for the performance of local authorities.

In this respect they are not helpful for the whole spectrum of providers. Perhaps even worse they do not obviously relate to the voluntary sector who are key partners of the local authority.

***(g) The suicide rate in Scotland is almost double the rate in England and Wales. What is the situation in your board area and what measures do you think will be effective in reducing the rate?***

The first part of the question is best answered by the NHS. A short answer is provided for the second part below:

Across the city, suicide rate varies from 1.5 in South West to 3.0 in North but uniformly shows no change from previous years.

In terms of positive mental health, reported levels across the city (83.7%) exceed the target (80%)

The key measures we are taking include:

- Glasgow City Council is an active participant in the Choose Life strategic group which seeks to offer strategic leadership in the area of suicide prevention in the city
- Continue to develop and implement appropriate actions targeted at suicide prevention
- Provide strategic support to suicide prevention initiatives e.g. Choose Life Programme
- Cooperate with Health Scotland and national Choose Life in developing new responses to suicide prevention in areas of multiple deprivation.
- Provide the main/only source of financial support to the Choose Life programme in the city to date.

***(h) There has been a fourfold increase in the prescribing of anti-depressants since 1993-94. What is the prescribing policy in your board area and how is it monitored?***

This question is best addressed by NHS boards.

***(i) What work are you doing locally looking at prescribing patterns to determine whether antidepressants are being prescribed appropriately and what other treatments are available to people with***



***depression, such as psychological therapies, increased social support etc?***

This question is best addressed by NHS boards.

***(j) There are currently few national outcome measures for mental health services. How are you monitoring and reviewing mental health services to ensure that your services are meeting local needs and have you included mental health issues in your single outcome agreement?***

Notwithstanding the limited existence of national outcome measures we have continued to monitor and review services locally to try to meet local needs as well as we can.

Recent developments over recent years within the city have called for the reconfiguration of social care infrastructure based on a baseline assessment of strengths and weaknesses, service gaps and investment priorities. The main developments are:

- The social care elements of the Modernising Mental Health Strategy have now been implemented.
- The introduction of the [Mental Health \[Care and Treatment\] \[Scotland\] Act 2003](#), which confers additional responsibilities and powers on local authorities to ensure access to a range of services in the least restrictive environment compatible with effective care.
- The development of five Community Health and Care Partnerships across the city through which integrated health and social work mental health services are delivered.
- The implementation of the [Disability Discrimination Act 2005](#) and its implications for the accessibility of existing services.
- Improved sets of standards and registration requirements set by the Scottish Commission for the Regulation of Care [Care Commission]
- Focus on outcome based approaches to the evaluation of services and an emphasis on recovery based models of provision and peer support.
- Focus on the further personalisation of services, including the development of individualised budgets.
- Focus on mental health and wellbeing, with an emphasis on social inclusion.

Following a more detailed analysis of the services we provide we identified specific areas where there were known pressures and service gaps i.e.:

- Supported Accommodation Provision
- Forensic Provision
- Housing
- Employment
- Young People in transition to Adult Services
- Homeless People
- Younger People with Dementia



- People with Needs which cross Care Group Functions
- Support to Carers

As outlined earlier in this response paper we are working to improve services in these key areas for vulnerable groups.

To ensure that our services are **inclusive**, Glasgow City Council is developing an approach which will make all of the services it provides sensitive to the needs of people with mental health problems. Within the 2009/10 Single Outcome Agreement (SOA) the Glasgow Community Planning Partnership has made a commitment to focus a significant proportion of the Fairer Scotland Fund on key priorities including mental and physical health and well being. Key targets include

- Increasing the numbers of adult social work users in work education, training or voluntary work,
- Increase the numbers of mental health service users receiving a physical health check at least once every 15 months.
- Contribute to the reduction of the suicide rate between 2002 and 2013 by 20%.
- Train 50% of key frontline staff in mental health and substance misuse services, primary care and in accident and emergency in suicide assessment tools/suicide prevention programmes by 2010.

Social Work Services will also ensure that the commissioning of social care services remains connected to the needs of communities, integrated into communities and will make full use of universal local authority services. We will achieve this by:

- Working through the Mental Health Providers' Network, and establishing the role of social care supports in contributing to the social inclusion agenda by encouraging services to use local authority community resources such as libraries, sports centres etc.
- Ensuring that housing strategies are mindful of the needs of people with mental health problems.
- Contributing to the Glasgow City Council Corporate approach to social inclusion.

Social Work Services have a well developed and robust Contract Management Framework which allows for systematic review of the effectiveness and efficiency of all commissioned services.

Social Work performance is reviewed strategically at a number of levels through a Performance Management Group and a Professional Governance Board.

Mental Health services are currently being scrutinised and reviewed by politicians through a sub group of the Councils Policy Development and Scrutiny Committee.

***(k) How does partnership working in your area operate in practice and how effective is it?***

Over the last two years, we have made a number of changes to the way we organise and manage adult mental health services in the City. The services have been designed to further improve care for service users and their families. One of the key developments has been the creation of new Community Health and Care Partnerships that are responsible for overseeing the introduction of an integrated model of service delivery for adult mental health services in Glasgow City.

We have developed closer working links with health care services and our shared aim is to provide more streamlined, high quality care at home for people who need treatment and support.

There is evidence that the new partnership is working. For example increasing numbers of people in Glasgow are able to receive care at home, avoiding the need to go into hospital, or shortening the time spent in hospital.

Partnership working has supported the development of a broad range of aims and objectives to direct the delivery of its overall responsibilities across all community, primary, secondary and specialist settings. Below is a summary of the aims and objectives that are relevant to community-based provision in Glasgow City. It is hoped these developments move towards a greater emphasis on the social care dimensions of mental health as a balance to existing medical models of treatment and intervention.

***Improve Resource Allocation***

- Pursue the choice agenda for Glasgow's citizens by developing opportunities for self directed support through reconfiguration of commissioned services
- Review the impact and performance of community services in relation to the above
- Conduct a separate but similar exercise focusing on the use of supported accommodation and supported living in a Glasgow City Council context and to assess what contribution these services can make to the above
- Continue to review bed usage in mental health pan-Glasgow and review scope for further bed reduction consistent with national targets for shift in balance of care
- Review the impact and performance of local Community Health and Care Partnership community services in relation to the above
- Review the use of supported accommodation and supported living in a Glasgow City Council context and assess what contribution these services can make to the bed review;
- Develop the performance framework as a management tool that provides evidence of comparative effectiveness of local teams within the City

### ***Shift the Balance of Care***

- Reduce the numbers of supported accommodation and living places and increase floating support options
- Complete Contract Management reviews of commissioned community social care provision to assess effectiveness and efficiency of service;
- Review the degree to which the completion of the development of Crisis Resolution Teams and case and care management arrangements which deliver the Assertive Outreach function can better support people in their communities
- Assess whether these services demonstrate shifts in the pattern of acute bed usage, timely discharge to appropriate service settings and compliance with national targets

### ***Modernise Services***

- Improve the effectiveness of rehabilitation services across the system
- Ensure compliance with Scottish Government Mental Health Delivery Plan Implementation Indicators

### ***Improve Individual Health Status***

- Develop policies and services in line with *Towards a Mentally Flourishing Scotland – Policy and Action Plan* by the Scottish Government (May 2009), in particular:
  - Provide strategic leadership and capacity building to support Community Health and Care Partnerships in the development of health improvement activities which go beyond direct mental health service delivery;
  - Monitor progress on the implementation of Community Health and Care Partnership Development Plans, taking particular account of *Towards a Mentally Flourishing Scotland* and the 5 key goals of promotion, prevention, support, inequalities and the Mental Health Act section 25, 26 and 27 duties of local authorities
  - Improve job retention, employability and reduce worklessness for those suffering from mental health problems

The adult mental health service developments taking place in Community Health and Care Partnerships are consistent with the future policy direction for the provision of Community Care services in general. As a result, we are confident that our work can support the delivery of the overall Community Care strategic objectives for Glasgow.

We will continue to develop a network of comprehensive community services to shift the balance of care towards greater management of needs within community services and, as a result, reduce reliance on inpatient admissions.

Furthermore, in enhancing and redesigning our community-based provision, we have been shifting the emphasis away from meeting the needs of people with major long-term mental health problems who had

been in institutional care for long periods. We are now focusing significant attention towards developing services for younger people and people with more complex need, often involving drug and/or alcohol problems and homelessness issues. In doing so, we are aiming to provide personalised and flexible services designed not only to address each individual's mental health issues, but also to promote independent living and social inclusion through, for example, providing opportunities to enter employment.

Our ability to meet our objectives for community-based provision and the outcomes for people who use our services have been enhanced by the introduction of an integrated model of service delivery for adult mental health services, bringing together Health and Social Work staff as community-based integrated teams. This will make a major difference to service users and carers through better access to all of the services, support and information they require in their local area.

***(I) What mechanisms do you have to deliver joined-up services with clear referral processes for people with mental health problems?***

NHS Greater Glasgow and Clyde and Glasgow City Council have brought local health and social work services together with the third sector to create new local joint mental health teams. We have strengthened the existing links between community, hospital and specialist mental health services for adults. The component parts of the system work together to an agreed pathway of service provision which will include: integrated duty systems; integrated referral screening and allocation systems; specialist shared assessment; integrated care management; integrated multi disciplinary team review.

Under these partnership arrangements, each of the Community Health and Care Partnerships has a Head of Mental Health who is responsible for the day-to-day management of local mental health services within their locality. Local services include:

- Primary Care Mental Health Services and associated supports
- Community Mental Health Teams, including an Assertive Outreach function and including social work and social care service provision
- Crisis Resolution Services
- Access to a range of commissioned voluntary sector supports, including supported living and supported accommodation across the spectrum of services

This partnership working

- Ensures that mental health improvement issues and prevention work feature in programmes of community engagement, at city-wide and local levels.
- Established meaningful involvement with communities through the nexus of community engagement structures across the Council to inform on-going service planning and delivery.

- In conjunction with Council Departments, Community Health and Care Partnerships, health services and other relevant structures and partners, it is devising comprehensive responses to the national policy, *Towards a Mentally Flourishing Scotland*

***(m) How do you work to ensure that prisoners with mental health problems in your areas receive the support they need while in prison and appropriate referral to community services once they are released?***

Our main areas of work in relation to prisoners with mental health problems include:

- Developing Joint Forensic Provision Strategy
- Working with forensic services to identify appropriate models of support
- Reviewing Social Work component of Forensic Services
- Considering contribution of Addiction Services to Forensic Strategy
- Scoping and developing proposals to ensure an appropriate forensic care pathway to ensure care is provided in the least restrictive setting consistent with patient needs

The Glasgow City Council Criminal Justice Service provides a range of services responses for prisoners/ex-offenders. These are as follows:

- Through an Integrated Care Management process there is an opportunity to identify and address issues pre and post release, including mental health issues.
- Through MAPPA arrangements Criminal Justice Services work to facilitate appropriate accommodation and support for registered sex offenders/high risk offenders. It deals with the challenge of arranging appropriate, consistent services when the individual is in temporary accommodation. This becomes more complex when there are individuals with mental health problems which require specialist service provider support
- Criminal Justice Services in partnership with Addictions Services have commissioned a specialist service for women offenders delivered by Turning Point. This is a comprehensive service comprising residential and day care. It also has a range of social and health care responses it can draw upon, such as psychology, dietician, mental health practitioners, medical and nursing care. It is a service which focuses on the root cause of women's offending.
- An inclusive planning process facilitates closer working with community care, homelessness and mental health services to address the complex needs of offenders, including people with mental health problems who offend.

- Glasgow City Council has one prison within its boundary. MHP Barlinnie, and social work services and undertaken in collaboration with Scottish Prison Service staff based within the prison
- HMP Barlinnie receives male prisoners from courts mainly in the West of Scotland. We recognise that a significant proportion of the 1400 prisoners have addiction or mental health problems. We continue to have a dialogue with the Prison Governor about service levels and the delivery of Social Work services within the prison.
- We recognise that Criminal Justice Social Work only has statutory involvement with those released on license and there may be many more released with no license that have mental health problems. We rely on good operational links with prison staff to identify such prisoners and make appropriate referrals to both prison and community based services.

***(n) How do you work with educational psychology services to ensure that any issues with children's mental health are picked up in schools?***

Social Work Services and their Education Services colleagues operate within integrated planning structures. These structures have overseen the development of integrated service responses which address the mental health and well being of pupils.

This planning structure has overseen the implementation of an Integrated Assessment Framework where the care plan across agencies and disciplines which facilitates joint working between health, education and social work services, including educational psychology.

**Expenditure on mental health services**

***(0) How do you decide how much will be jointly spent on mental health services by the NHS boards and local authorities in your partnership?***

Both NHS Greater Glasgow and Clyde and Glasgow City Council have separate Budget and Service planning processes through which they set budgets for the component parts of their services.

Through planning processes there is sometimes agreement on a joint financial framework for some service areas around agreed areas of service development and agreed strategic plans.

***(p) Do you use pooled or aligned budgets to jointly manage mental health services in your area?***

The answer to this is that both approaches are used thus whilst most budgets are aligned there are services purchased through the pooling of budgets.

***(q) Are there barriers in the accountability or financial procedures that you feel prevent you from delivering better joined-up services?***

No

***(r) How do you decide how much NHS resources will be transferred to councils in your partnership and how do you know that such money is being spent on mental health services rather than being diverted to other services provided by the local council, such as education or housing?***

The Council does not decide how much NHS resource is transferred to the Council from the NHS. These formal decisions are taken by the NHS. There has been no further Resource Transfer agreement since early 2000's.

Glasgow City Council can confirm that the Resource Transfer it gets for adult mental health services are entirely spent on mental health services as per strategic agreements and the financial schedule set for the Resource Transfer applies. Glasgow City is not a housing provider. The City Council can confirm it does not divert this resource to housing or education services.

***(s) The Audit Scotland report highlighted that the total amount councils spend on mental health services is unknown. How do you know if you are meeting the needs of people with mental health problems if you do not know how much you are spending on these services?***

Glasgow City Council is aware of the amount it spends on dedicated mental health services within all of its Social Work Services care teams. The difficulty referred to relates to the spend within its care services that, whilst not mental health specific, make a significant contribution to improved mental health and well-being. In this context all of Glasgow City Council's spend on Social Work Services would be included as making such a contribution.

Glasgow City Council uses a variety of data sources to measure whether it is meeting need. It reviews unmet need for assessment and care management services and demand for purchased services.

As mentioned earlier in the report, as a result of this intelligence, a number of service developments have been undertaken or are planned.



Glasgow City Council also actively seeks the views of service users and carers about the effectiveness of its services and encourages purchased services to use assessment tools which are outcome focussed.

***(t) Over recent years more resources have been directed into community services. What information do you have on the cost of community services and the effectiveness of these services? How are you monitoring the shift in the balance of care?***

Together with NHS colleagues we have been able to review the shift from hospital based care to care in the community. We regularly review bed usage in hospitals jointly. Glasgow City Council monitors demand for its services as a result of this balance of care shifts and shares this data with NHS colleagues.

Glasgow City Council outsources all but its social worker assessment/ care management services, its Mental Health Officer Services and a small policy, governance, commissioning and contracting team. Those staff broadly delivers the Council's statutory duties. The rest of its service delivery is contracted from the voluntary and private sector. All of these services provide care Proposal Budgets which allow us to monitor and benchmark unit costs. The effectiveness and cost of services is subsequently reviewed every six weeks with the provider. We monitor usage of services as this is a proxy for effectiveness and service user satisfaction.

We also carry out audits of services. An example of this audit work was the 2006/2007 research undertaken by Social Work Services exploring the use and effectiveness of supported accommodation for people with mental health difficulties in Glasgow. A significant part of the process involved consulting with key stakeholders to ascertain their views of the services they provide or access.

The researchers found that satisfaction levels were extremely high among service users, whether asked about their current accommodation, its physical location, or the staff they engage with. As noted during interviews with service staff people accessing the services are also content with the availability of social opportunities where they live.

Service users were broadly happy with the extent to which they are able to make their own decisions about where the live.

What is clear from the interviews with both the service staff and users is that there are high overall levels of satisfaction with the way in which the services are providing support. Staff have identified a number of ways in which the services can, and need to, be improved to better support those in need. However, as referred to above service users are clearly very satisfied with the service they receive.

A second example of audit related to our performance in relation to Welfare Guardianship of vulnerable adults. This audit highlighted that there was significant evidence of effective outcomes for service users through the performance of social work staff in this area.

As part of the governance arrangements within Social Work Services there will continue to be ongoing audit activity looking at performance and effectiveness.