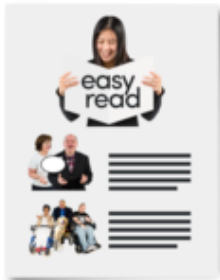


Glasgow City Integration Joint Board
Strategic Plan for Health and Social Care
2023 – 2026



In this Easy Read document, difficult words are in **bold**.

We explain what these words mean in the sentence after they have been used.



Some words are blue and underlined. These are links which go to another website which can give you more information.

About Health and Social Care Integration



There is a law that tells Councils and Health Boards to work together.

Councils and Health Boards have to work together when they are planning health and social care.



This law is called the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#).



Councils and Health Boards working together like this is called 'Health and Social Care **Integration**.'

Integration is when different things or people are brought together.

About Health and Social Care Integration



An organisation called the Integration Joint Board decides how services should be delivered.



The Glasgow City Health and Social Care Partnership (HSCP) deliver the services.



The HSCP is made up of staff from Glasgow City Council and NHS Greater Glasgow and Clyde.

About the services the Integration Joint Board makes decisions about.



Social care services for children.



Social care services for adults and older people.



Homelessness services.



Mental health services.

About the services the Integration Joint Board makes decisions about.



Alcohol and drug services.



GP services.



Dental services.

About the people who live in Glasgow City.



635, 640 people live in Glasgow City.

This is 11.6% of all the people who live in Scotland.



There are 111,512 (17.5%) children aged 0-17 years old.



There are 438,505 (68.9%) adults aged 18 – 64 years old.



There are 85,623 (13.5%) adults aged 65 years old or more.

About the people who live in Glasgow City.



88.5% of people who live in Glasgow are from a White background.



11.5% of people who live in Glasgow are from a **minority ethnic** group.

Minority ethnic people are people who live in places where most of the other people are a different race.

About the people who live in Glasgow City.



83.9% of school pupils who are **asylum seekers** in Scotland go to school in Glasgow.

An **asylum seeker** is someone who has had to leave their country and asks to live in a new country.



53.1% of all pupils who are **refugees** in Scotland go to school in Glasgow.

A **refugee** is someone who has had to leave their country because it was not safe for them. They can live in another country.

About the people who live in Glasgow City.



People in Glasgow do not live as long as people in the rest of Scotland.



In Scotland, men usually live until they are 76.8 years old.

In Glasgow, men usually live until they are 73.1 years old.



In Scotland, women usually live until they are 81 years old.

In Glasgow, women usually live until they are 78.3 years old.



50% more people in Glasgow die before the age of 75 than in the rest of Scotland.

This includes people who die because of drugs, alcohol, smoking and homelessness.

About the people who live in Glasgow City.



Glasgow City has 4 in 10 (20%) of Scotland's most **deprived areas**.

A **deprived area** is somewhere people do not have enough of important things like money or food.



More than 40% of people in Glasgow live in a **deprived area**.

About housing and homelessness



There are 295,671 **households** in Glasgow.

A **household** is all the people who live in the same house or flat.



5.3% of households are single parent households.



14.4% of households are older people living alone.



4% of households are **overcrowded**.

Overcrowded means there are too many people living in the house or flat.

About housing and homelessness



35.5% of **social housing** in Glasgow fails the **Scottish Housing Quality Standard**.



Social housing is a house or flat that a local council or housing association looks after.



The **Scottish Housing Quality Standard** means houses should be safe and in good condition.



1.8% of households in Glasgow were homeless or at risk of being homeless in 2020 – 2021.



About the health of people in Glasgow.



11% of people in Glasgow say their health is bad or very bad.



28.6% of people in Glasgow have a **limiting** long-term illness or condition.

Limiting means the illness or condition affects what the person can do from day to day.



More than 8000 people in Glasgow have dementia.



About 0.6% of people in Glasgow have a learning disability.

About the health of people in Glasgow.



Nearly 2.1% of people in Glasgow have a learning difficulty.



About 6,500 people in Glasgow have some kind of autism.



7.8% of people in Glasgow have a physical disability.



Nearly 2.5% of people in Glasgow have a visual impairment.



6.1% of people in Glasgow have a hearing impairment.

Deaf

About the health of people in Glasgow.



6.5% of people in Glasgow have a mental health condition.



22% of **adolescents** say they have emotional or mental illness.

An **adolescent** is someone who is between 10 and 19 years old.



14.4% of adults in Glasgow are unpaid carers.



2.5% of children under 15 years old in Glasgow are unpaid carers.

What we want to happen in Glasgow.



We want people to have the right health and social care support at the right time.



We think people who live in **strong communities** have healthier lives.

We think a **strong community** is somewhere people can have their say about what happens where they live.



Strong communities have places like libraries, community centres and parks.



Strong communities have local groups and activities that bring people together.

What we want to happen in Glasgow



People in strong communities should have access to information and chances to develop their skills.



The HSCP will listen to what the community think.



People should be able to take positive action themselves.

About our Strategic Priorities



Strategic priorities are the things we think are most important.



There are 5 strategic priorities for Glasgow City in 2023 – 2026.

About Strategic Priority 1- Prevention, early intervention and harm reduction.



We want people to have better health and wellbeing.



We will improve the physical health of people who live with severe mental illness.

About Strategic Priority 1- Prevention, early intervention and harm reduction.

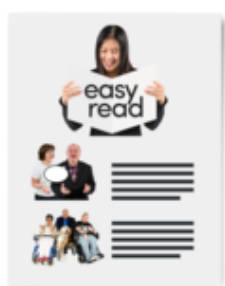


We will make sure people get the right support to stay independent.



We want people to get support before they reach a crisis.

About Strategic Priority 2- Providing greater self-determination and informed choice.



People will have the information they need to make decisions about their lives.



People who have used services before can tell us what would make them better.

About Strategic Priority 3- Shifting the balance of care.



People should be supported in their community instead of hospital if they can.



We will make sure communities have enough money to deliver services.

About Strategic Priority 4- Enabling independent living for longer.



We will help people to live healthy and happy lives in their community for as long as possible.



We will find new ways of providing services.

We will do this even if it is difficult or there might be risks.

About Strategic Priority 5- How we will keep people safe.



Some people might find it more difficult to keep themselves safe.



We will make sure people are safe from harm.



We understand that sometimes we will not be able to avoid **risks**.

A **risk** means it is possible something bad might happen.



We will make sure our staff know how to manage any risks that happen.



We want to strengthen, safeguard and protect vulnerable people.

About getting people involved.



We need to work together with other organisations and people.



Other organisations and people need to listen to each other.



Service users and carers should be able to talk to staff about how services will work.

This is called co-production.



People who have used services before should have a say in how they will work in the future.

About getting people involved.



Everyone should have the same chance to get involved.

Some people might need more help to get involved.

This is called equality.



People with disabilities should be involved in decisions that affect their lives.



The community should help to decide who should be involved in decisions.



We will make sure we communicate with people in a way that works for them.

About getting people involved.



We will make sure people get involved at the right time to make a difference to decisions.



We will explain what we can and cannot do.



We will tell people who have been involved about the decisions we have made.

