

# Flourishing Communities, Healthier Lives - Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care 2019 – 22

## Executive Version – The Five Priorities



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## About this document

This is a shortened executive version of Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care in the City of Glasgow which focusses on the five main priorities for health and social care in Glasgow.

This version of the Strategic Plan is intended to be a brief and accessible version of the full Strategic Plan designed to give the reader a flavour of what the full Plan contains. The full Plan is available at <https://glasgowcity.hscp.scot/strategic-plan-consultation>.

The full Strategic Plan contains detail about a large number of services and pieces of work which will be delivered in Glasgow over the next three years, and this executive version is designed to focus on the main themes which health and care services in Glasgow will be working on.

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## About Health and Social Care Integration in Scotland

The way in which health and social care services are planned and delivered across Scotland has changed in the last few years. Following laws passed in the Scottish Parliament, councils and health boards need to work together to make decisions about services. This way of working is referred to as 'Health and Social Care Integration' or simply 'Integration', and it is about making sure that people who use health and social care services get the right care and support, at the right time, in the right place (for example at home, in a health centre, in a hospital and so on).

The Glasgow City Integration Joint Board is responsible for all social care services and community health services in Glasgow.

The detailed arrangements for Health and Social Care Integration within Glasgow are outlined in Glasgow City's Integration Scheme, which is available on Glasgow City Health and Social Care Partnership's website at <https://glasgowcity.hscp.scot/integration-scheme>.

Services are delivered across three areas in Glasgow City, which are referred to as 'localities': North East, North West and South. North East and North West localities are divided by High Street in the City Centre, and South locality comprises of the area south of the River Clyde.

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## About Glasgow

Glasgow City has a population of around 615,000 people, this is around one tenth (10%) of the population of Scotland. Of these people:

- Around 18% are children aged 0-17
- Around 68% are adults aged 18-64
- Around 14% are older people aged 65 and over.

Glasgow's population is expected to continue to increase over the next few years and beyond. Estimates of population growth between 2016 and 2026 indicate an overall increase of just under 24,600 people. The biggest increases will be in the numbers of children and older people aged 65 and over.

Life expectancy, the average length of time a typical person is expected to live, is shorter for people born in Glasgow than the average for Scotland by about 3 to 4 years. The length of time someone is expected to live in good health is called healthy life expectancy, and is shorter in Glasgow by around 7 years. This means that people born in Glasgow on average live shorter lives than other Scottish people, but also that more of their life is spent in poor health.

- A third of Glasgow adults, more than 170,000, have a long-term illness or health condition
- Around 3,700 people in Glasgow have a learning disability, whilst almost 13,000 people have a learning difficulty
- It is estimated that around 6,400 people in Glasgow have a form of autism
- It is estimated that more than 100,000 people in Glasgow have a physical disability
- More than 57,000 Glasgow people are unpaid carers
- A fifth of Glasgow's population, more than 125,000 people, is prescribed drugs for anxiety, depression and psychosis. This is higher than the Scottish average
- Glasgow has more than 13,000 problem drug users, almost double the national average
- Over a fifth of Glasgow adults are estimated to drink harmful levels of alcohol.

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## Priorities

There are five key priorities for health and social care in Glasgow and all of the actions in the full Strategic Plan are intended to help deliver these priorities. They are:

### **1. Early intervention, prevention and harm reduction**

This means taking action to improve people's health and wellbeing, providing support to encourage people to manage their own health and wellbeing well, and to try and help to people to stay healthy for longer so that they need to use health and social care services less often and for less time.

Some examples of work planned over the next three years include:

- Providing support and information to carers, which allows them to continue caring
- Working closely with families to prevent children having to be taken into care
- Deliver programmes which help people manage their diet, weight and nutrition needs in a healthy way
- Support initiatives that help people understand and manage their alcohol use.

### **2. Providing greater self-determination and choice**

This means making sure that, as far as possible, people can make their own choices about how they live their lives and what they want to achieve.

Some examples of work planned over the next three years include:

- Review the advice and information given online about housing in Glasgow
- Ensure as many people as possible receiving end of life care are able to end their life at home if they wish to do so
- Reform day care services for people with a learning disability, to ensure people can live the lives they want
- Publicise the work of Recovery Communities, to ensure people trying to recover from alcohol and / or drug addiction can access them.

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### **3. Shifting the balance of care**

This means that more people will live and receive health and social care services in their own homes and communities, with less use made of other places such as care homes and children's units wherever possible.

Some examples of work planned over the next three years include:

- Expand teams which support GP practices, to ensure GPs spend less time doing tasks which can be done by other people and more time with patients who need to see their GP
- Increase use of family and community based support for children and young people, and reduce the need for children and young people to be placed in residential children's units which can often be expensive and not deliver the best outcomes for children and young people
- More services for older people being provided in their own homes, such as homecare services, and fewer admissions to care homes
- Delivering more mental health services in communities and fewer in hospitals
- Improve support for people who have been diagnosed with dementia to allow them to continue living in their own homes and communities for as long as possible.

### **4. Enabling independent living for longer**

This means supporting people to continue to live healthy, meaningful and more personally satisfying lives as active members of their own communities for as long as possible.

Some examples of work planned over the next three years include:

- Work with colleagues in housing to deliver services which help people to live independently and in their own homes and communities, including more use of technology around the home such as alarms people can use if they need help
- Through the Community Connectors service, help people maintain the skills they need to be able to live independently
- Develop support services for young people who are leaving care and living on their own for the first time
- Work with adults who have a physical disability to develop services which help them live the lives they want.

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## 5. Public Protection

This means making sure that people are kept safe from harm. This could be harm people cause to themselves, harm caused by their circumstances, or harm caused by other people.

Some examples of work planned over the next three years include:

- A new approach to homelessness, focussing on securing accommodation first and working with people to address their support needs, which helps them to stay living in their accommodation
- Roll out the Caledonia Programme to tackle domestic abuse committed by men and aims to improve the lives of women, children and men
- Work with the courts to increase the use of supervised bail rather than people being held in prison awaiting trial. Use the period of supervised bail to work with people on issues such as mental health, poverty, drug and alcohol use, which may be a factor in their offending and where positive action might prevent them from re-offending.

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We would like to know what you think of the priority areas outlined above and what is important to you:

- Are the five priority areas described in this document the right ones for Glasgow? If not, how should they be changed?
- What else should be done to deliver the health and social care services people in Glasgow want and need?
- What is important to you about how we should deliver and plan health and social care services?

You can answer these questions by email to:

[GCHSCP\\_Communications@glasgow.gov.uk](mailto:GCHSCP_Communications@glasgow.gov.uk)

Or by completing the online survey at:

<https://www.smartsurvey.co.uk/s/GGKVQ/>