

***Glasgow City Integration Joint Board
Strategic Plan for Health and Social
Care 2023 – 26***

Flourishing Communities, Healthier Lives

Introduction

About Glasgow City Integration Joint Board and Glasgow City Health and Social Care Partnership

What is health and social care integration?

A piece of legislation called the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the Act) says Local Authorities (Councils) and Health Boards have to plan health and social care for adults and older people together. This is called 'health and social care integration.'

The Integration Joint Board ('IJB') decides how health and social care services should be delivered. The services are delivered by an organisation called Glasgow City Health and Social Care Partnership (also called the 'Partnership,' 'GCHSCP' or 'HSCP'). The HSCP is made up of staff from Glasgow City Council and NHS Greater Glasgow and Clyde. You can find out more about the current Glasgow City IJB membership on our website at <https://glasgowcity.hscp.scot/node/14>.

What services and functions are integrated in Glasgow?

Services covered by this Strategic Plan include:

- social care services for children and families, adults and older people
- carers support services
- homelessness services
- mental health services
- alcohol and drug services
- criminal justice services
- welfare rights services
- district nursing services, school nursing and health visiting services
- palliative care services
- GP services
- dental services
- optometry
- pharmaceutical services
- sexual health services
- services to promote public health and improvement.

Glasgow City: Population profile

Population and Projections

Glasgow City has a population of **635,640**, which is **11.6%** of the population of Scotland. It's made up of:

- **111,512** (17.5%) children aged 0-17
- **438,505** (68.9%) adults aged 18-64 and
- **85,623** (13.5%) older people aged 65 and over.

88.5% of Glasgow's population are from a White background. **11.5%** are from a minority ethnic group.

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

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

Nearly all of Scotland's asylum seekers are living in Glasgow (**97.3%**).

90.6% of Glasgow's population are straight/heterosexual. 5.7% are part of the LGBTi community.

Life Expectancy

People in Glasgow do not live as long as people in the rest of Scotland. Across Scotland, life expectancy is **76.8 years** for males and **81 years** for females. In Glasgow it is **73.1 years** for males and **78.3 years** for females.

Poverty and Deprivation

Glasgow City contains **four in 10 of Scotland's (20%)** most deprived areas. Over **two-fifths** of Glasgow's population live in these **deprived areas**.

Housing and homelessness

There are **295,761** households across the city.

5.3% are single parent households.

14.4% of Glasgow households are older people living alone.

4.0% of households in Glasgow are overcrowded.

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

1.8% of households in Glasgow were assessed as homeless or threatened by homelessness in 2020-21.

Mortality

“Premature mortality” means people who have died before the age of 75. In Glasgow, premature mortality is roughly **50%** higher for Glasgow (**678 per 100,000** population) than Scotland (**457 per 100,000** population). This includes deaths from drugs, alcohol, smoking and homelessness.

Health and Social Care Needs Profile

- **11%** of people in Glasgow say their health is ‘**bad/very bad**’.
- **28.6%** of people in Glasgow live with a **limiting long-term illness or condition**.
- More than **8,000** people are living with **dementia** in Glasgow.
- Around **0.6%** of Glasgow’s population have a **learning disability**. Almost **2.1%** have a **learning difficulty**.
- Around **6,500** people in Glasgow have a form of **autism**.
- **7.8%** of people in Glasgow have a **physical disability**.
- **6.1%** of the population has a **hearing impairment**, and almost **2.5%** of the population have a **visual impairment**.
- **6.5%** of the population has a **mental health condition**.
- **22%** of adolescents report **emotional or mental illness**.
- **14.4%** of Glasgow adults are **unpaid carers**. **2.5%** of Glasgow children under 15 years are **unpaid carers**.

Vision and Priorities: Flourishing communities, healthier lives

Vision

Our medium- to long-term vision is that:

The City's people will have access to health and social care support at the right time, in the right place and in the right way. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives.

What is a Stronger Community?

We see stronger communities as places where the people who live, work and contribute to activities in those communities can influence what happens in the area, through having all the resources, skills and opportunities they need to do so.

Strong communities are characterised by physical infrastructure like libraries, community centres and parks, but also social infrastructure in the form of locally led third sector (voluntary) organisations, local groups such as community councils and activities which bring people together.

By resources we don't just mean money, but also neighbourliness, volunteering, access to information, skills development, opportunities to engage, etc.

Influencing what happens in the area includes a range of things. It means people can have a community voice heard by public organisations (such as Councils) and their partners, but it also means people are able, encouraged and supported to take positive action themselves. It means that they have resilience to change and capacity to support people who would otherwise be left behind.

Strategic Priorities

The five key priorities for Glasgow City IJB / HSCP for health and social care in Glasgow are:

1. Prevention, early intervention, and harm reduction

We want to improve overall health and wellbeing of the people of Glasgow. We will promote positive health and wellbeing, prevention, early intervention and harm reduction. We will promote physical activity, reduce exposure to adverse childhood experiences and improve the physical health of people who live with severe and enduring mental illness. We will make sure people get the right advice and support to stay independent before they get to a crisis point.

2. Providing greater self-determination and informed choice

People will be able to make informed decisions about how they will live their lives and what outcomes they want to achieve. We know that people who have already received services ('lived experience') can give us ideas about how services should be delivered in the future.

3. Shifting the balance of care

Services should be able to support people in the community, promoting recovery and greater independence wherever possible. We will invest in local people, neighbourhoods and communities so that health and social care services can be delivered in local communities across Glasgow.

4. Enabling independent living for longer

We will support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible. We will find new ways of providing services, even if it is difficult and sometimes riskier than the easy option.

5. Public Protection

People, particularly the most vulnerable children, adults and older people, will be kept safe from harm, and risks to individuals or groups will be identified and managed appropriately. We accept that not all risks can be avoided completely. We believe risk can be managed effectively through good professional practice. By promoting health and well-being we aim to strengthen, safeguard and protect vulnerable people.

Meaningful involvement

We have developed a set of principles we think are important to helping you get involved in the HSCP's work. They are:

- Achieving our priorities requires joint working and full participation from partners
- Meaningful involvement is a two-way process and requires the full commitment of each partner
- Services must be co-produced
- Decisions about services must be informed by people with experience of those services or an interest in them
- Access to involvement should be equitable and informed by a commitment to equalities and human rights
- Involvement should be empowering
- Involvement should be driven by locality planning that starts with the community, not senior management
- Communication must be effective, targeted and proportionate
- Involvement must occur at an appropriate time to enable maximum influence
- Those involved should be informed by realistic expectations and provided with feedback on outcomes of their involvement.