

Purpose of Briefing

This briefing provides an overview of the Glasgow City Health and Social Care Partnership (GCHSCP), where social care and community health services in Glasgow are being jointly planned and delivered with direction by the Glasgow City Integration Joint Board.

Executive Leadership Team

The Partnership's Executive Leadership Team is led by:

- Susanne Millar, Interim Chief Officer
- Sharon Wearing, Chief Officer, Finance and Resources
- Vacancy, Strategy and Operations
- Dr. Julia Egan, Nurse Director
- Dr. John O'Dowd, Clinical Director and
- Dr. Michael Smith, Lead Associate Medical Director Mental Health and Addictions.

Vision and Priorities

The vision of the Partnership and Glasgow City Integration Joint Board is:

“Our medium- to long-term vision is 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.”

The vision is summarised as ‘Flourishing Communities, Healthier Lives.’

The key priorities include:

- prevention, early intervention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer and
- public protection.

These are further described in the Strategic Plan for the Glasgow City Integration Joint Board available at <https://glasgowcity.hscp.scot/strategic-and-locality-plans>.

Key Services

Key services that the Partnership provides include:

- social care services provided to children and families (including fostering and adoption services and child protection)
- social care services for adults and older people services
- carers support services
- homelessness services
- mental health services
- alcohol and drug services
- community justice services
- welfare rights services
- district nursing services, school nursing and health visiting services
- palliative care services
- services provided by allied health professionals such as dietitians and occupational therapists
- dental services
- primary medical services (including out of hours)
- ophthalmic services
- pharmaceutical services
- sexual health services and
- services to promote public health and improvement.

Function and Structure

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Councils and Health Boards to integrate the planning for community health and social care services. As a minimum, the legislation applies to services delivered to adults and older people, with other services permitted to be integrated by local agreement.

Within Glasgow, Glasgow City Council and NHS Greater Glasgow and Clyde have gone further than the minimum requirements of the legislation and have integrated the planning, delivery and monitoring of most community health services and all social care services, including services for children, adults, older people, along with homelessness and community justice services. This work is led and directed by a separate legal body, the 'Glasgow City

Integration Joint Board' and its committees, with the Council and Health Board delivering services as the 'Glasgow City Health and Social Care Partnership.'

The Integration Joint Board is made up of 8 Elected Members appointed by the Council, 8 Non-Executive Directors of the Health Board and a range of professional advisors and stakeholder members. The full membership list available at <https://glasgowcity.hscp.scot/publication/integration-joint-board-membership>.

As a separate legal entity, the Integration Joint Board has full autonomy and capacity to act on its own behalf, and it can make decisions about the exercise of its functions and responsibilities as it sees fit, without reference to or instruction from the Council or Health Board. However, it is recognised that the Integration Joint Board is less likely to achieve its aims by taking a one dimensional 'directing' approach, and there has therefore been an approach of mutuality developed between the Integration Joint Board, Council and Health Board in the development of strategy and policy.

The Integration Joint Board is required by statute to produce a single Strategic Plan for community health and social care to deliver national outcomes (listed later in this briefing). The Integration Joint Board then commissions (or 'directs') the Council and Health Board to deliver services in line with the Strategic Plan, and the Integration Joint Board allocates the budget for said delivery accordingly.

The Council and Health Board then deliver these services within the budget and any other parameters directed by the Integration Joint Board.

The Glasgow City Health and Social Care Partnership is led by an integrated Executive Leadership and Senior Management Team and it provides services through the three localities of North East, North West and South and directly provided home, residential and day care. Some services cover the wider NHS Greater Glasgow and Clyde Health Board area (for example, sexual health services). These are referred to as 'hosted services.' A visual of the Executive Leadership and Senior Management Team is available at https://glasgowcity.hscp.scot/sites/default/files/publications/GCHSCP%20Management%20Chart_27.pdf.

Key functions include:

- Strategy and Operations (Children's, Adults and Older People Strategy and Operations; Operational Care Services; Public Protection and Complex Needs including

Homelessness and Community Justice; Primary Care and Early Intervention including Health Improvement and Equalities; and Commissioning)

- Finance and Resources (Finance, Human Resources, Organisational Development and Business Development) and
- Clinical, Medical (Mental Health and Addictions) and Nursing.

Statutory Responsibilities

Key Legislation

Some key legislation for community health and social care services that fall within the remit of the Partnership and Glasgow City Integration Joint Board include (not exhaustive):

- Public Bodies (Joint Working) (Scotland) Act 2014
- Adoption and Children (Scotland) Act 2007
- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Children (Scotland) Act 1995
- Children and Young Person (Scotland) Act 2014
- Children's Hearings (Scotland) Act 2011
- Community Care and Health (Scotland) Act 2002
- Criminal Procedure (Scotland) Act 1995
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Housing (Scotland) Act 2001 and 2006
- Management of Offenders etc. (Scotland) Act 2005
- Mental Health (Care and Treatment) (Scotland) Act 2003
- National Assistance Act 1948
- National Health Service (Scotland) Act 1978
- Social Care (Self-directed Support) (Scotland) Act 2013 and
- Social Work (Scotland) Act 1968.

Key Responsibilities

Key responsibilities include:

- provide care and protection for looked after children and vulnerable adults
- assist in the management of acceptable risk to all individuals within the community
- maintain and develop services for children and young people at risk or in trouble
- provide services for children and adults with learning or physical disabilities

- ensure care, support and protection for older people and adults with dementia, mental health problems and addictions
- provide community health services supporting GPs and other primary care contractors – for example, district nursing, health visiting, primary care mental health teams, physiotherapy, podiatry, dietetics, school nursing and continence services
- tackle and prevent homelessness and sustain service users within their communities
- support carers and families
- support the criminal justice system and provide alternatives to custody whilst promoting public safety and reducing levels of re-offending
- plan and develop preventative community rehabilitation services for individuals or communities at risk and
- integrate service delivery to individuals, families and communities within wider strategies for social inclusion and regeneration.

Budget Setting

The Council and Health Board make available a defined level of financial resources, which together make up the Integration Joint Board's budget. The Integration Joint Board then allocates these resources as it sees fit when making directions to the Council and Health Board. Annual financial allocations and budgets are reported to each March Integration Joint Board meeting, and regularly monitored and reported at each meeting.

Operational Responsibility

The Council and Health Board continue to employ staff and operationally manage those services delivered under direction of the Integration Joint Board.

The Integration Joint board places the Chief Officer at the disposal of both the Council and Health Board to manage these employees and services – the Chief Officer is a member of both corporate management teams

The Integration Joint Board retains strategic responsibility and 'operational oversight' but not operational responsibility.

The Chief Officer has officer-level responsibility for all strategy, resources and most operations, with some local exceptions as outlined in the Integration Scheme – the agreement between the Council and Health Board for integrated arrangements within Glasgow City.

Remit of the Executive Leadership and Senior Management Team

The remit of the Partnership's Executive Leadership and Senior Management Team is to lead on the planning, delivery and monitoring (including governance) of all community health and social care services within Glasgow City as directed by the Glasgow City Integration Joint Board in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the nine Health and Social Care Health and Wellbeing Outcomes. The nine outcomes are:

- **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 and
- **Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services.

Current Performance and Future Requirements

Routine performance management arrangements are in place within the Partnership, with quarterly performance reports produced for internal scrutiny by the Partnership's management teams, as well as by the Integration Joint Board and its Finance, Audit and Scrutiny Committee.

These performance reports cover the full range of community health and social care services provided by the Partnership, and include sections upon older people's services; children's services; alcohol and drugs; mental health; primary care; unscheduled care; carers; homelessness; criminal justice; health improvement; human resources and business

processes. All indicators within the reports have been aligned to the nine National Health and Wellbeing Outcomes, in order to be able to demonstrate impact.

In addition to presenting performance trends against targets, these quarterly performance reports also include details of the actions that are being taken forward to improve performance, along with the anticipated timescales for improvement that have been identified by service leads, when performance is below target.

A requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 is that Partnerships/Integration Joint Boards also produce an annual performance report outlining progress towards delivery of the nine National Health and Wellbeing Outcomes. This Annual Performance Report is required to be published within four months of the end of each reporting year, which is by 31 July following the reporting year.

Performance Reports are available at the following web link:
<https://glasgowcity.hscp.scot/performance-and-demographics>

Overview of Workforce

The Glasgow City Health and Social Care Partnership workforce comprises of two separate employing authorities, Glasgow City Council and NHS Greater Glasgow and Clyde, and it consists of around 12,000 staff.

The workforce consists of an integrated Executive Leadership and Senior Management Team and children's, adult and older people's services and business support staff. Within this, there are a range of professional and non-professional staff including but not limited to:

- addictions support workers
- care managers
- community nurses
- dieticians
- health care assistants
- health improvement staff
- health visitors
- home carers
- homelessness case workers
- medical staff
- mental health nurses
- OTs

- physiotherapists
- podiatrists
- psychologists
- residential staff and
- social workers and social care assistants.

Governance Support

There are governance support services for the Glasgow City Integration Joint Board. The key contact is:

Julie Kirkland (Senior Officer Governance Support)
Business Development
Glasgow City Health and Social Care Partnership
0141 276 6659
glasgowcityijb@glasgow.gov.uk

Links to Key Policy and Other Documents

- **About GCHSCP**
<https://glasgowcity.hscp.scot/about-us>
- **Executive and Senior Management Team Structure**
<https://glasgowcity.hscp.scot/node/73>
- **Glasgow City Integration Scheme**
<https://glasgowcity.hscp.scot/integration-scheme>
- **About Glasgow City Integration Joint Board**
<https://glasgowcity.hscp.scot/node/14>
- **Glasgow City Integration Joint Board Standing Orders and Code of Conduct**
<https://glasgowcity.hscp.scot/standing-orders-code-conduct-and-declaration-interests>
- **Glasgow City Integration Joint Board Papers**
<https://glasgowcity.hscp.scot/glasgow-city-integration-joint-board-papers>
- **About IJB Finance, Audit and Scrutiny Committee**
<https://glasgowcity.hscp.scot/about-us/ijb-finance-and-audit-committee>

- **Papers for IJB Finance, Audit and Scrutiny Committee**
<https://glasgowcity.hscp.scot/ijb-finance-audit-and-scrutiny-committee-papers>
- **About IJB Public Engagement Committee**
<https://glasgowcity.hscp.scot/about-us/ijb-public-engagement-committee>
- **Papers for IJB Public Engagement Committee**
<https://glasgowcity.hscp.scot/ijb-public-engagement-committee-papers>
- **Glasgow City Integration Joint Board Strategic Plan 2019-22**
<https://glasgowcity.hscp.scot/strategic-and-locality-plans>
- **Glasgow City Integration Joint Board Annual Accounts and Annual Audit Reports**
<https://glasgowcity.hscp.scot/annual-accounts-and-annual-audit-report>
- **Glasgow City Integration Joint Board Annual Performance Reports**
<https://glasgowcity.hscp.scot/annual-performance-reports>
- **Glasgow City Integration Joint Board Participation and Engagement Strategy**
<https://glasgowcity.hscp.scot/participation-and-engagement-strategy>
- **Glasgow City Integration Joint Board Equalities Mainstreaming and Outcome Plan**
<https://glasgowcity.hscp.scot/equalities-mainstreaming-and-outcomes-plan>
- **Glasgow City Health and Social Care Partnership Communications Strategy**
<https://glasgowcity.hscp.scot/communications-strategy>
- **Glasgow City Health and Social Care Partnership Newsletter**
<https://glasgowcity.hscp.scot/news-and-events>