

## **An Introduction**

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### **Purpose of Briefing**

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

### **Executive Leadership and Senior Management Team**

The HSCP's Executive Leadership and Senior Management Team includes:

- Susanne Millar, Chief Officer
- Sharon Wearing, Chief Officer, Finance and Resources
- Assistant Chief Officers
- Clinical Directors, Deputy Medical Director (Mental Health and Addiction Services) and Chief Nurse and
- Heads of Service (Operational and Strategic).

### **Vision**

The vision of the HSCP and IJB is:

“Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time.”

The partnership priorities include:

- Prevention, early intervention and well-being
- Supporting greater self-determination and informed choice
- Supporting people in their communities
- Strengthening communities to reduce harm
- A healthy, valued and supported workforce
- Building a sustainable future

These are further described in the IJB's Strategic Plan available at <https://glasgowcity.hscp.scot/strategic-and-locality-plans>

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### **Key Services**

Key services that the HSCP 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 (including care at home, older people residential and day care and adult protection)
- 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 all community health and social care services, including services for children, adults, older people, along with homelessness and justice services. This work is led and directed by a separate legal body, the 'Glasgow City Integration Joint Board' (IJB) and its committees, with the Council and Health Board delivering services as the 'Glasgow City Health and Social Care Partnership' (HSCP).

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The IJB 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 current full membership list available at <https://glasgowcity.hscp.scot/glasgow-city-integration-joint-board-papers>.

As a separate legal entity, the IJB 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 IJB 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 IJB, Council and Health Board in the development of strategy and policy.

The IJB 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 IJB then commissions (or 'directs') the Council and Health Board to deliver services in line with the Strategic Plan, and the IJB 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 IJB.

The HSCP 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). A visual of the Executive Leadership and Senior Management Team is available at <https://glasgowcity.hscp.scot/about-us/glasgow-city-health-and-social-care-partnership>.

Key functions include:

- Strategy and Operations (Children's, Adults and Older People Strategy and Operations; Public Protection and Complex Needs incl. Homelessness and Justice Services; Operational Care Services; and Primary Care and Early Intervention incl. Health Improvement and Equalities and Commissioning)
- Finance and Resources (Finance, Human Resources, Organisational Development and Business Development) and
- Clinical, Medical (Mental Health and Addiction Services) and Nursing.

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### **Statutory Responsibilities**

#### **Key Legislation**

Some key legislation for community health and social care services that fall within the remit of the HSCP and IJB 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

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- 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 IJB then allocates these resources as it sees fit when making directions to the Council and Health Board.

### **Operational Responsibility**

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

The IJB 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 IJB 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.

### **Role of Elected Members**

Decision making/strategic planning for delegated functions is a matter for the IJB rather than a role of the Council and its Members. However, this does not mean that the Council has no role to play in improving the health and wellbeing of the city's people or addressing issues of health and social inequalities.

From a Council perspective, the Elected Members from the Council on the IJB have a decision-making role on the provision of community health and social care for Glasgow City as voting members. However, the other democratically elected councillors need to be engaged. Elected Members continue to be able to contact the Members Liaison Unit and the

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HSCP's Chief Officer on behalf of constituents, including in relation to community health provision.

### **Remit of the Executive Leadership and Senior Management Team**

The remit of the HSCP'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 IJB 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 HSCP's management teams, as well as by the IJB and its Finance and Audit Committee.

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These performance reports cover the full range of community health and social care services provided by the HSCP, and include sections on older people's services; children's services; alcohol and drugs; mental health; primary care; unscheduled care; carers; homelessness; justice services; 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 HSCPs/IJBs 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.

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 13,000 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
- homelessness case workers

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- medical staff
- mental health nurses
- OTs
- physiotherapists
- podiatrists
- psychologists
- residential staff
- care home staff
- care at home staff and
- social workers and social care assistants.

### **Services for Members**

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  
Phone 07436029640  
Email [glasgowcityijb@glasgow.gov.uk](mailto: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/about-us/glasgow-city-health-and-social-care-partnership>
- **About Glasgow City Integration Joint Board and Papers**  
<https://glasgowcity.hscp.scot/about-us/glasgow-city-integration-joint-board>
- **About IJB Finance, Audit and Scrutiny Committee and Papers**  
<https://glasgowcity.hscp.scot/about-us/ijb-finance-and-audit-committee>



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- **About IJB Public Engagement Committee and Papers**  
<https://glasgowcity.hscp.scot/about-us/ijb-public-engagement-committee>
- **Integration Scheme**  
<https://glasgowcity.hscp.scot/integration-scheme>
- **Glasgow City Integration Joint Board Strategic Plan 2023 - 2026**  
<https://glasgowcity.hscp.scot/strategic-and-locality-plans>
- **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 News**  
<https://glasgowcity.hscp.scot/news-and-events>