



Item No: 15

Meeting Date: Wednesday 7th November 2018

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer, Strategy and Operations /
Chief Social Work Officer

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CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18

Purpose of Report:	To present the annual report from the Chief Social Work Officer for the year 2017/18, prepared in line with Scottish Government guidance.
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Background/Engagement:	<p>The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer is contained within Section 3 of the Social Work (Scotland) Act 1968. This is one of a number of statutory requirements in relation to posts, roles or duties with which local authorities must comply.</p> <p>The Chief Social Work Officer (CSWO) is required to produce an annual report, following Scottish Movement guidance for submission to the Scottish Government.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) note the report; andb) note that it has been submitted to the Scottish Government.
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Relevance to Integration Joint Board Strategic Plan:

Delivery of effective social care services is fundamental to supporting the vision and key aims of the IJB's Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Supports achievement of all National Health & Wellbeing Outcomes.
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Personnel:	No direct implications arising from this report, however personnel matters are referenced within the report.	
Carers:	No direct implications arising from this report, however carers are referenced within the report.	
Provider Organisations:	No direct implications arising from this report.	
Equalities:	No direct implications arising from this report. Equality Impact Assessment not required as this report does not propose a new or amended plan, policy, strategy or service.	
Financial:	No direct implications arising from this report, however financial matters are referenced within the report.	
Legal:	Local authorities are required to appoint a professionally qualified Chief Social Work Officer under Section 3 of the Social Work (Scotland) Act 1968. The duties of the CSWO include production of the annual Chief Social Work Officer's Report, which is presented to the local authority and shared with the Scottish Government.	
Economic Impact:	No direct implications arising from this report.	
Sustainability:	No direct implications arising from this report.	
Sustainable Procurement and Article 19:	No direct implications arising from this report.	
Risk Implications:	No direct implications arising from this report, however some areas of potential risk to delivery of effective social care services are referenced within the report.	
Implications for Glasgow City Council:	Report must be considered by Council.	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 To present the annual report from the Chief Social Work Officer for the year 2017/18, prepared in line with Scottish Government guidance.

2. Background

- 2.1 The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer is contained within Section 3 of the Social Work (Scotland) Act 1968. This is one of a number of statutory requirements in relation to posts, roles or duties with which local authorities must comply.
- 2.2 The overall objective of the Chief Social Work Officer post is to ensure the provision of effective, professional advice to local authorities in relation to the provision of Social Work Services, and to ensure the delivery of safe, effective and innovative practice.
- 2.3 The Scottish Government has put in place statutory guidance relating to the role of the Chief Social Work Officer that clarifies:
 - a) role and function
 - b) competencies, scope and responsibilities
 - c) accountability and reporting arrangements
- 2.4 The Scottish Government has also preserved the statutory role of the Chief Social Work Officer within the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 2.5 A report was taken to Council's Executive Committee on 17 April 2009 which confirmed the above role and functions of the Chief Social Work Officer and a direction to bring forward reports to Committee on an annual basis, in line with this guidance.
- 2.6 The format for this current report has altered from previous reports in line with new guidance from the Office of the Chief Social Work Adviser to the Scottish Government.

3. Summary Reflections – Key Challenges, Developments and Improvements during the Past Year

- 3.1 As in previous years this section of the report identifies the personal reflections from the CSWO in terms of challenges and opportunities in developing Social Work practice over the last year, and those challenges and opportunities now facing the profession nationally and locally.
- 3.2 During this last year I have continued to focus on ensuring a value is placed on the contribution that social work brings to the HSCP. Through maintaining strong social work leadership structures at a central and local level I have ensured there are forums for reflection and consideration of the social work role in the HSCP.

- 3.3 Within adult services, we continue to develop social work practice in responding to people with multiple and complex needs across traditional “client” groupings including homelessness, addiction, mental health. There have been particular successes in developing a collaborative approach to the upscaling of the implementation of Housing First in Glasgow, where working with partners, we have employed an evidence based approach to responding differently to people with multiple and complex needs who are homeless, moving from a traditional “tenancy ready” model to one where permanent accommodation is sourced with a support package developed. The lessons learned from this work will in turn inform our attempts to move more to a consistent person centred, trauma informed practice in social work.
- 3.4 Within children’s services we have responded to the Supreme Court ruling, and our own reflections on traditional practice, with its impact on outcomes by reducing the numbers of children brought into state care shifting resources into family support and communities. Moreover we are shifting practice, through work for example on Family Group Decision Making and work with Black African families in child protection, to a more asset base approach to supporting families to look after their children, focussing on outcomes for children and families. In addition, we are increasingly conceptualising our children services as the “preventative arm” of our adult services, connecting for example into adult mental health and addiction services to work across boundaries together to systematically address generational involvement in social work services.
- 3.5 Within Older People Services, recent work in self-evaluation has demonstrated a real shift in Social Work practice to develop risk enablement, empowering older people to make their own decision about their future, and supporting families to manage these decisions. Our social work practice is much more confident and assured in supporting older people to remain at home, to maximise opportunities for reablement and promote risk enablement. We continue to work with a range of partners in this shifting of practice and response to older people with barriers and challenges remaining.
- 3.6 As outlined in last years’ CSWO report the resource challenges in the public sector must be a feature in the work of any CSWO. In particular in Glasgow there is a balance to be struck for the CSWO to fully participate in, and contribute to discussions and decisions regarding resources. The CSWO needs also to be able to advise the SMT, IJB and City Council of the impact, including potential risks to social work practice in managing the financial challenges, while ensuring that professional leadership is provided to push the boundaries of conventional thinking, challenging assumptions relating to social work practice. In 2019/20 and beyond this resource challenge does intensify and for a service which has already made significant savings over the past 4 years, there will be a need for vigilance in assessing the risk to social work practice.
- 3.7 There continues to be a number of national initiatives which are important to, and will have a bearing on social work practice. The Scottish Child Abuse Inquiry and National Review of Care have continued, and we have engaged in both. Additionally there is proposed legislation in Adults with Incapacity, which could impact on practice, and a range of work in children’s services on Getting it Right for Every Child which may have further implications.

4. Partnership Working - Governance and Accountability Arrangements

- 4.1 Social Work Services is engaged in a number of strategic partnerships to support development and delivery of effective services across Glasgow. Key partners include Education Services, NHS Greater Glasgow and Clyde, Glasgow Community Planning Partnership, the third and independent sectors and service users, carers.
- 4.2 The Glasgow City Integration Joint Board was established in February 2016, with a significant range of health and social care functions delegated to it from the Council and Health Board with effect from 1 April 2016. It is a key priority for the Integration Joint Board and the Glasgow City Health and Social Care Partnership to ensure that relationships with key partners are strengthened through the integration of health and social care.
- 4.3 The Chief Social Work Officer is a member of the Executive and Senior Management Teams and leads the Social Work Services Professional Governance Board; is a statutory member of the Integration Joint Board; and, sits on a number of other Partnership boards and committees. In this way, the Chief Social Work Officer has a significant degree of involvement in the governance and accountability structures of the service and key partnerships which ensures a professional social work perspective on all strategic and operational decisions.
- 4.4 The Chief Social Work Officer, as a member of the Health and Social Care Partnership Senior Management Team and the Council Management Group, with lead corporate responsibilities on key service reform areas, has a significant involvement in budgetary decisions of the service, and of the council as a whole as they relate to social care functions.
- 4.5 Within Glasgow, the Chief Social Work Officer has established a Chief Social Work Officer Group made up of professional social work leads from each of the Partnership's three localities. In this way, the Chief Social Work Officer is directly linked to local professional practice and service delivery.
- 4.6 The Chief Social Work Officer works closely with Elected Members and Council committees as necessary to ensure appropriate scrutiny of social care functions at a political level. The Chief Social Work Officer has statutory responsibility to provide the Council with effective professional advice regarding the provision of social care.

5. Social Services Delivery Landscape

- 5.1 Glasgow's social and economic position in relation to its most vulnerable citizens is well known and frequently reported in detail elsewhere, however some key demographic and contextual information is below:
- Glasgow is the largest of Scotland's 32 local authorities, the population of Glasgow City as of 2016 was 615,070, 11.4% of the total population of Scotland
 - Children (0-17 years) make up around 18%, of the population
 - Adults (18-64 years) make up around 68%, of the population
 - Older people (65+ years) make up around 14%, of the population
 - 19.9% of Glasgow's population, more than 120,000 people, live in an income deprived area, compared to 12.2% for Scotland

- Social Work Services have around 50,000 service users (approx. 8% of Glasgow population), approximately 10,000 children, 20,000 adults and 20,000 older people
- Approximately 2,700 looked after children
- Approximately 310 children on the child protection register
- Approximately 10,000 open Addictions cases
- 5,204 applications made under homelessness legislation in 2017/18

5.2 Demand for services has remained high over the reporting period across all age groups. This increasing demand, particularly in the context of reducing budgets, continues to highlight the need for structural re-balancing within the delivery model of health and social care services in Glasgow.

5.3 With effect from 1 April 2016, almost all of the Council's social care functions, along with a number of housing functions, were delegated to the Glasgow City Integration Joint Board, in line with the Public Bodies (Joint Working) (Scotland) Act 2014. As required by the Act, the Integration Joint Board develops the Strategic Plan for health and social care services in Glasgow, and directs the Council and Health Board to deliver services to support delivery of the Plan. The Glasgow City Integration Joint Board's Strategic Plan is available at:
<https://glasgowcity.hscp.scot/publication/strategic-plan>

6. Resources

6.1 Budget monitoring throughout 2017-18 forecast an underspend of £3,946,000, against which an underspend of £4,200,000 was secured. The main broad themes are:

- An underspend within Children Services, mainly as a result of early delivery of future year savings (£2,577,000);
- Budgeted contingency not required to be utilised in 2017/18 (£1,725,000);
- An underspend within Older People services mainly in relation to slippage within the Older People's Residential and Day Care Strategy and the over recovery of income (£2,701,000); and
- An underspend within Addiction Services due to staff turnover and occupancy levels within residential rehabilitation services (£1,557,000).

6.2 This has been off-set by overspends, the main areas being attributable to unachieved savings from 2017/18 and 2016/17 (£1,868,000). Senior management continues to monitor these savings to ensure these are secured moving forward. There are also ongoing costs of beds in Darnley and Quayside, accommodating adults with incapacity ('AWI') who have been discharged from acute services, for which there was no budget in 2017/18 (£1,748,000) and an increase in demand for packages of care within Learning Disability (£708,000).

6.3 The IJB elected to earmark £19,617,000 for specific commitments in 2018/19. Detail of the earmarked reserves can be found at:
<https://glasgowcity.hscp.scot/publication/item-no-13-outturn-report-2017-18>

- 6.4 In terms of the Social Work budget, the Glasgow City Health and Social Care Partnership continues to manage and review the budget across all areas of the Service in conjunction with the Senior Management Team. The Chief Social Work Officer is actively engaged in this activity.
- 6.5 Glasgow City Council has undertaken a wide ranging Transformation Programme in an effort to ensure that the Council can continue to meet its statutory duties in the face of unprecedented reductions in public funding. The Glasgow City Integration Joint Board is also committed through its Strategic Plan to delivering transformation across the city and to working with the Council and Health Board to achieve this.
- 6.6 The Council's contribution to the overall budget for the Glasgow City Integration Joint Board for 2018/19 is £411,843,200. This is made up of core social work funding (including ring-fenced Criminal Justice funding from Scottish Government) elements of housing functions (aids and adaptations) which fall within the strategic remit of the IJB, and the budget for Assisted Garden Maintenance.

7. Service Quality and Performance

- 7.1 The vision for Social Work Services in Glasgow is simply expressed in terms of 'protecting vulnerable children and adults; promoting independence; and ensuring positive outcomes from our intervention'. The Glasgow City Integration Joint Board's vision is detailed in its Strategic Plan, available at: <https://glasgowcity.hscp.scot/publication/strategic-plan>. Performance reporting for Social Work Services is now encompassed within the HSCP's annual performance reports, which are available at <https://glasgowcity.hscp.scot/annual-performance-reports>. A number of particular highlights regarding service quality and performance in 2017-18 are identified below:
- Introduced integrated older people's teams which include social work, rehabilitation and enablement, district nursing and older people's mental health services.
 - Produced a Strategic Commissioning Plan for unscheduled care which aims to prevent unnecessary hospital admissions, improve discharge processes and strengthen joint working with acute services.
 - Continued to sustain more children at home and in their local neighbourhoods and schools, by further developing community infrastructure and family support services in the most vulnerable neighbourhoods.
 - Led on the production of a whole system five year strategy for mental health for all six Partnerships in NHS Greater Glasgow and Clyde, which seeks to continue to shift the balance of care towards community based services and early intervention.
 - Established a Young People's Champions' Board to ensure the voices of care experienced young people are at the forefront of how children's services are planned and delivered in the city.
 - Won the Scottish Association of Social Workers Team of the Year award for the work of the Family Group Decision Making (FGDM) team, which aims to transfer the control of decision making from professionals to the family group.
 - Delivered Mental Health First Aid Training to secondary school teachers across the city, in order to equip them with the knowledge and skills to implement a range of strategies to support pupil's mental health and wellbeing.

- Worked with the Choose Life suicide prevention programme to support the production of a short film, “Bridge”, which premiered at the Scottish Mental Health Arts Festival and included key messages about the benefits of intervention in situations of distress.
- Introduced a local internet based service which provides access to evidence based psychological interventions for people who are experiencing mild/moderate anxiety and/or depression.
- Established a new City Tobacco Group to develop a consistent, evidence based approach to the delivery of smoking cessation and prevention work across the city.
- Worked with the Glasgow Dental Hospital and the Oral Health Directorate to incorporate Alcohol Brief Interventions into the dental under-graduate syllabus.

7.2 The IJB has also taken some notable decisions in respect of investment in forensic medical services and healthcare provision at Low Moss Prison in the face of significant historic underfunding in these two areas. The IJB has agreed to HSCP officers working jointly with Scottish Prison Service on the development of the Maryhill Community Custody Unit, the first in Scotland and anywhere in Europe, to be opened in late 2020, and continued to provide full backing to the development of the UK’s first Safe Drug Consumption Facility.

8. Delivery of Statutory Functions and Public Protection

8.1 Social Work’s performance over the range of statutory functions is outlined in the Integration Joint Board’s Annual Performance Report, a link to which is provided at section 7.1 of this report.

8.2 Public Protection

Public protection is central to the ethos and underpinning of the Partnership, runs through every aspect of HSCP service delivery and is evidenced by its profile within our organisational structure. Key aspects in which it is specifically manifested include; Child Protection; Adult Protection; and the Multi Agency Public Protection Arrangements (MAPPA) in respect to the management of sex offenders and other high risk offenders.

8.3 Child Protection

Trends in child protection figures suggest that our work aimed at shifting the balance of care is having an impact. At the end of March 2018, there were 311 children on the child protection register. This is a reduction of 174 from March 2017, when there were 485 children on the child protection register. 44% of these children were aged 0-4, 37% aged 5 to 11, 17% aged 12 to 15, and 2% aged over 15.

8.4 Between April 2017 and March 2018, there were 410 new child protection registrations, falling from 572 for the same period in 2016/17. The number of de-registrations was not dissimilar between the two years, with 587 in 2016/17 and 577 in 2017/18. The average number of days on the register before deregistration rose to 316 from 274 in 2016/17.

8.5 During 2017 there have been a number of key initiatives to support professionals to identify and address issues of child well-being and protection. Glasgow continues to prioritise neglect, with the neglect toolkit continuing to be rolled out and a summit on neglect being held specifically targeted at adult services. Significant work has also taken place with regard to child sexual exploitation (CSE) and trafficking. This has included the undertaking of research with Stirling University; the Child Protection Committee annual conference focussing on CSE; multi-agency training; development of practice guidance; engagement with night economy providers in the city; and working with community groups in the South of the city to raise awareness of CSE issues.

8.6 Concerns around an increase in referrals to social work for black African families were investigated previously and this prompted a review of learning needs and a recognition of the requirement to improve engagement with the Black African community. A small working group was established, who engaged with AFRUCA (Africans Unite Against Abuse) and identified the need to develop a training programme to ensure that HSCP children's services staff were equipped to recognise the cultural needs of African Families. Since the development of the initial training sessions, a comprehensive training for trainers course was introduced, supported by the Glasgow Child Protection Committee.

8.7 **Adult Support and Protection**

Within Glasgow we have continued to raise awareness of adult support and protection in a number of ways including training. This has included for our own staff, partner agencies and the third sector. We have extended the briefing opportunities to our purchased providers and other organisations who have identified a need. During 2017 we offered 4 half days and 3 full days training to all front line staff and partner agencies on a range of issues including data scrutiny and performance, hoarding and neglect, significant case reviews and violence against women. These were attended by approximately 200 people.

8.8 In response to service user feedback, we have also implemented a service user information leaflet for those involved in ASP investigations, which give service users an easy read guide, highlighting council and independent advocacy contact information. Over 1000 copies have been produced and disseminated. This was a joint initiative with HSCP staff and the Service User sub-group of the Adult Protection Committee. We are also currently working with this group to design easy read service user feedback forms and a case conference leaflet.

8.9 Work in this area is overseen by the Adult Protection Committee (APC) and its various sub-groups which involve statutory and third sector organisations, including service users. The APC fosters a partnership approach to the complexities of Adult Support and Protection, whilst making the cross cutting links with Child Protection, MAAPA and the wider public protection agenda. It has a well-established ASP newsletter and in the next year, the intention is to broaden its scope to incorporate the wider Public Protection agenda.

8.10 During 2017/18, there were 361 Adult Support and Protection investigations completed, a decrease of 3% from the 372 completed in 2016/17.

8.11 Multi-Agency Public Protection Arrangements (MAPPA)

The 2015 MAPPA Thematic Inspection highlighted seventeen “Areas for Development” for all MAPPA areas to progress and a workplan was developed in response. In November 2017, the progress that had been made locally was reported to the Scottish Government. Over the past year, and in response in part to recommendations from the MAPPA Thematic Review, we held a number of sessions to increase staff awareness around the particular group of offenders who sexually offend using the internet. This training was delivered by the Lucy Faithful Foundation, with inputs from Police Scotland’s cyber-crime unit. This reflects Glasgow’s commitment to the continued development of staff involved in MAPPA.

8.12 Progress has also been made over the past year in relation to securing permanent accommodation for registered sex offenders. A process has been agreed with the Homelessness Team who in Glasgow are responsible for the submission of Section 5 applications and referrals continue to be submitted regularly, with the response from RSLs generally positive.

8.13 On 31st March 2016 Other Risk of Serious Harm Offenders were formally included in MAPPA. The Guidance defines the Other Risk of Serious Harm Offenders as those who, by reason of their conviction are considered to pose a risk of serious harm to the public. Glasgow has managed a small number of these offenders through MAPPA during the last reporting year. There were a number of further referrals which although would meet the criteria for inclusion in MAPPA, were not released from custody. Numbers of offenders included in this MAPPA category remain small across the country.

8.14 Homelessness

We do continue to face challenges in providing timeous responses to people presenting as homeless at point of crisis.

The vision for Glasgow HSCP is to prevent homelessness where possible and when it occurs, ensure people are supported to access appropriate support and accommodation. Through partnership working with Registered Social Landlords, we are aiming to improve access to permanent accommodation for homeless households. Over the past year the HSCP has worked towards this vision by:

- Opening 2 x 30 bed new build emergency facilities for males and decommissioning a temporary facility – a net increase of 20 emergency beds.
- Retendering and increasing the contract value for an additional 450 units of private rented sector accommodation over the next 3 years.

8.15 There has been a decline in homelessness assessments over the past few years, which was highlighted in a recent evaluation of the Housing Options approach. The Glasgow model was seen as being successful in protecting a rights based approach within its preventative framework, with more people who engage with frontline homelessness services in Glasgow proceeding to statutory assessment (57%) than for Scotland as a whole (48%).

- 8.16 We have also been working on an ambitious proposal with a range of partners to implement the Housing First approach in Glasgow to enable a more effective response to homelessness in the city. This is an evidence based approach, aimed particularly at those people with multiple and complex needs, as an alternative to building the new hostel provision that had been previously planned. Housing First significantly challenges established practice and tackles homelessness by shifting services from a tiered support approach, to rapidly rehousing multiply excluded people in the community as the first rather than the last step.
- 8.17 The City Ambition Network (CAN) has identified and engaged with a number of rough sleepers offering accommodation and as we progress the Housing First approach, priority will be given to those identified as rough sleeping within the City.

8.18 **Criminal Justice**

Over the last year, we have been progressing the Criminal Justice Glasgow transition arrangements in line with the newly established national body. We have also implemented a review and redesign of unpaid work provision for the city in partnership with commissioned providers and will continue to prioritise our approach to working with women in the justice system going forward.

9. **Workforce Planning and Development**

- 9.1 Staff within Glasgow City Health and Social Care Partnership (HSCP) – our people – are integral to our success and particularly the success of our transformational journey.
- 9.2 As at April 2018, Glasgow City HSCP has a workforce of 7,680 Whole Time Equivalent (WTE) staff, made up of 3,602 WTE employed by Glasgow City Council and 4,078 WTE employed by NHS Greater Glasgow and Clyde. The significant majority of staff work directly with patients, service users, carers and their families to support them.
- 9.3 At the heart of Health and Social Care Integration is shifting the balance of where and how care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. The Partnership has developed a Workforce Plan that will support the redesign of services around communities and ensure that they have the right capacity, resources and workforce. The Workforce Plan is reviewed on an annual basis. Optimising and joining up balanced health and care services, whether provided by NHS, local government or the third and independent sectors, is critical to realising our ambitions.
- 9.4 To support Glasgow City HSCP's workforce through service redesign, integration and transformational change programmes, our organisational development approach is fundamental to building a culture of shared objectives and close partnership working. An Organisational Development Plan (as part of the Workforce Plan) for Glasgow City HSCP is in place, focussing on four strands:
- culture
 - service improvement and change
 - establishing integrated teams and
 - leadership development.

9.5 In September 2018, approximately 2,300 WTE care services staff previously employed by Cordia (Services) LLP will transfer into Glasgow City Council under the management of Glasgow City HSCP. These staff cover a range of services and functions, including:

- all home care services
- assessment and review
- community alarms
- all home care operational support staff
- EquipU
- stair lifts / ceiling track hoist services
- transport and support service (TASS)
- EquipU and TASS – operational support staff
- transport and fleet management and
- linguistics.

9.6 A programme of communication and engagement activity with affected staff was put in place to welcome them into Glasgow City HSCP and support them to continue to deliver high quality care and support services under the management of the Partnership.

9.7 A significant number of staff are projected to reach retirement age over the next five to ten years, which presents a particular challenge to workforce planning. In addition, challenges around succession planning and availability of sufficient numbers of suitably qualified staff continue to present difficulties in filling a number of vacant posts across the HSCP.

9.8 The integration of health and social care has led to the establishment of a revised management structure within integrated health and social care services. The Chief Social Work Officer remains a member of the senior management team of the Glasgow City Health and Social Care Partnership, with professional social work representation on the senior management team of each locality, which ensures a strong link between the Chief Social Work Officer and front line staff.

10. Looking Forward

10.1 The population of Glasgow City is projected to increase by 7.1% over the period 2016-2041 (NRS 2016 population projections).

10.2 Mirroring national trends, the population of Glasgow is ageing. As shown above, it is anticipated that there will be increases in the older people population (65+) of 14.4% between 2016 and 2026; and 43.4% between 2016 and 2041. The increase in the 75+ population is expected to be even higher, at over 54.8% between 2016 and 2041.

10.3 A lower increase (1.1%) in the adult population (16-64) is expected between 2016 and 2041, although the number of adults is expected to fluctuate in the intervening years.

- 10.4 The child population (0-15) is projected to increase by 6.7% between 2016 and 2026, after which it is likely to decrease steadily giving an expected overall rise between 2016 and 2041 of 2.6%.
- 10.5 The Scottish Government has committed to rolling out Free Personal Care for adults under 65 by April 2019, and this will present a challenge to health and social care partnerships to ensure the appropriate systems, processes and funding are in place to fulfil this objective.
- 10.6 In April 2019 the IJB's next Strategic Plan, covering the period 2019-22, will come in to effect. This plan in many ways will represent a continuation of the significant progress which has been made since establishment of the Glasgow City Integration Joint Board and its first Strategic Plan in 2016. The new plan will be aligned with a range of other related plans and strategies, such as the Council Plan 2017-22, NHS Greater Glasgow and Clyde's Moving Forward Together strategy, the Public Health Strategy and the Community Plan.
- 10.7 As noted in last year's report, the economic and political picture across the United Kingdom continues to have an impact on health and social care in Glasgow, for example through an increasing number of individuals and households experiencing financial difficulty and risk of homelessness due to the ongoing programme of welfare reform. Universal Credit will be rolled out in Glasgow by the end of 2018, and it is expected that this will have a significant impact on some of the city's most vulnerable people, which in turn may lead to more demand on health and social care services.
- 10.8 The implications of the UK's exit from the European Union remain unclear, but these are likely to impact on health and social care in Glasgow, with the expected financial effects across the country inevitably having an impact on public sector finances. In addition, the terms of the UK's exit from the EU, in particular ongoing uncertainty over Freedom of Movement and the rights of European-born workers to remain in the UK following the exit date, creates uncertainty among that workforce and presents a challenge for workforce planning in the medium to long term.
- 10.9 It is often easy to forget that we are only two and a half years in to the integration of health and social care, but it is clear that significant progress has been made in that time. There is a strong culture of joint working established in some key areas across the Partnership, and that is developing in others. There remains further work still to be done, but Glasgow City IJB has demonstrated there is a will to deliver the transformation of health and social care, and the hard work that is necessary to deliver on that shared commitment is being applied by all of our staff on a daily basis.

11. Recommendations

- 11.1 The Integration Joint Board is asked to:
 - a) note this report; and
 - b) note that it has been submitted to the Scottish Government.