



**Item No. 15**

**Meeting Date Wednesday 10<sup>th</sup> June 2026**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

**Report By:** Amanda Clarke, Assistant Chief Officer, Finance

**Contact:** Rachel Mackay, Interim Head of Commissioning

**Phone:** 07880 446141

**Health and Care (Staffing) (Scotland) Act 2019 Reporting Duty**

<b>Purpose of Report:</b>	To present to the IJB Finance, Audit and Scrutiny Committee the annual report for 2025-2026 on purchased social care required under the Health and Care (Staffing) (Scotland) Act 2019.
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<b>Background/Engagement:</b>	<p>The Health and Care (Staffing) (Scotland) Act 2019 was passed by the Scottish Parliament in May 2019.</p> <p>Many of the duties under the Act came into effect in April 2024 with the duty on Local Authorities and Integration Authorities to publish a report on purchased social care under Section 3(6) of the Act taking effect from April 2025. This is the second annual report to the committee under Section 3(6) of the Act.</p> <p>An Implementation Group chaired by the HSCP’s Chief Nurse continues to lead work to ensure compliance with the Act across health and social care. The HSCP also continues to engage with other authorities to develop and improve its approach to reporting under the Act.</p>
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<b>Governance Route:</b>	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input checked="" type="checkbox"/></p>
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<b>Recommendations:</b>	The IJB Finance, Audit and Scrutiny Committee is asked to:  a) note the content of the report; and b) approve the report at Appendix 1 for submission to the Scottish Government and publishing on the HSCP's website.
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<b>Relevance to Integration Joint Board Strategic Plan:</b>
This is a legislative requirement of the HSCP and is required to enable the HSCP to fulfil its commitments in relation to purchased services outlined within the strategic plan. It supports the vision of the Strategic Plan and all six of the partnership priorities but in particular, Priority 5 - a Healthy, Valued and Supported Workforce.

### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Outcomes 3, 8 and 9 – improve service user experience, support continuous improvement, effective use of resources.
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<b>Personnel:</b>	None
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<b>Carers:</b>	None
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<b>Provider Organisations:</b>	Provider organisations have their own duties under the legislation. The HSCP must have regard to the duties on provider organisations when planning or securing care.
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<b>Equalities:</b>	None
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<b>Fairer Scotland Compliance:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	The requirement to publish an annual report has been created by <a href="#">The Health and Care (Staffing) (Scotland) Act 2019</a>
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Sustainable Procurement and Article 19:</b>	None
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<b>Risk Implications:</b>	Failure to comply with the reporting duty under the Act would be a failure of GCHSCP to fulfil its legislative duties.
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<b>Implications for Glasgow City Council:</b>	Glasgow City Council is the contracting authority for social care services purchased for the HSCP.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Health Services have separate duties under the Act.

### 1. Purpose

- 1.1. To present to the IJB Finance, Audit and Scrutiny Committee the annual report on purchased Social Care required under the Health and Care (Staffing) (Scotland) Act 2019.

### 2. Background

- 2.1. [The Health and Care \(Staffing\) \(Scotland\) Act 2019](#) was enacted by the Scottish Parliament and received Royal Assent on 6<sup>th</sup> June 2019. The Act came into effect in April 2024 and makes provisions in relation to staffing by the National Health Service and by providers of care services.
- 2.2. GCHSCP instigated a Safer Staffing Implementation group, chaired by the Chief Nurse, to coordinate the implementation of the Act with representatives across relevant health and social care teams. That group continues to meet and drive improvements in compliance with the Act.
- 2.3. Section 3(2) of the Act places duties on local and integration authorities when “planning or securing the provision of a care service from another person under a contract, agreement or other arrangement”. Authorities must have regard to:
  - (a) the guiding principles for health and care staffing, and
  - (b) the duties relating to staffing imposed on persons who provide care services
- 2.4. The Act also places a duty, under Section 3(6), on authorities to “as soon as reasonably practicable after the end of each financial year” to publish information on
  - the steps they have taken and
  - any ongoing risk that may affect their ability to comply with Section 3(2) of the Act.
- 2.5. The Scottish Government has confirmed that “as soon as reasonably practicable after the end of each financial year” continues to mean a deadline of 30<sup>th</sup> June 2026 to publish the report under Section 3(6) of the Act.

### 3. Actions Taken

- 3.1. GCHSCP continues to liaise and coordinate with other authorities within the Greater Glasgow & Clyde area. This enables a coordinated approach to consultation with the Scottish Government and Care Inspectorate on the reporting duty for Social Care under Section 3(6) of the Act.

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- 3.2. There has been no change to the reporting template by the Scottish Government for this year's report. In the absence of any updates by the Scottish Government, GCHSCP has continued to interpret the reporting duty as relating to services for which a contract is put in place during the relevant period, but not including call offs from existing frameworks or contracts for individual service packages under [Glasgow City Council's Standing Orders Relating to Contracts](#) and [Scheme of Delegated Functions](#).
- 3.3. Direct awards made under Standing Orders Relating to Contracts 23, 26, 27, and 28 have been included in the report at Appendix 1. Also included are contract extensions and modifications made under Standing Orders Relating to Contracts 24.
- 3.4. Scottish Government requested that the Safer Staffing team in the Care Inspectorate undertake an analysis of last year's reports from all authorities in Scotland. Informal feedback was offered to all authorities. This feedback identified some areas for improvement for GCHSCP including the level of detail on staff training, and clarity on the service types in scope of the report. This year's report has addressed those areas for improvement.
- 3.5. Commissioning has undertaken a range of developments to further support compliance with the Act. Practice in relation to both Procurement activity and direct awards has been updated to assist in the collection of data on services and ensure accurate reporting. The approach to Fair Work First in procurement was updated to require evidence from bidders. In September 2025, FASC approved [updates to the Contract Management Framework](#) which made further improvements to the approach to contract management in Glasgow. These changes embedded compliance by ensuring that providers must confirm that they have appropriate numbers of suitably qualified and competent staff at all times as required by the Act. Where a provider is unable to give this assurance, further investigation and risk assessment is undertaken.

## 4. Reporting

- 4.1. The Scottish Government has produced a template for the reporting duty under the Act which consists of two questions which reflect Section 2(5) of the Act:
- Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:
  - Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).
- 4.2. The completed template for GCHSP is in the appendix to this report. Should the committee approve the report then it will be sent to the Scottish Government and will also be published on the Governance Documents page of the HSCP website.

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### 5. Recommendations

5.1. The IJB Finance, Audit and Scrutiny is asked to:

- a) note the content of the report; and
- b) approve the report at Appendix1 to be sent to the Scottish Government and be published on the Governance Documents page of the HSCP website.

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## Appendix 1 – Glasgow City Health & Social Care Partnership - Health and Care (Staffing) (Scotland) Act 2019: Annual Report

### Declaration

Name of local authority / integration authority: Glasgow City Health & Social Care Partnership

Report authorised by:

*Name: Rachel Mackay*

*Designation: Interim Head of Commissioning*

*Date: 13 May 2026*

Details of where the report will be published: [Governance Documents | Glasgow City Health and Social Care Partnership](#)

### Information Required

1. Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:
  - 1.1 GCHSCP has included the following care services, as defined in the Health and Care (Staffing) (Scotland) Act 2019, that have been planned and secured within the relevant reporting period (April 2025 – March 2026). The data is presented both by Support Type (Table 1) and Standing Order Route (Table 2):

Table 1

Support Type	Number
Support service	4
Care home service	7
School care accommodation service	0
Nurse agency	0
Childcare agency	0
Secure accommodation service	0
Offender accommodation service	1
Adoption service	0
Fostering service	0
Adult placement service	1
Child minding	0
Day care of children	0
Housing support service	8

Table 2

Standing Order Route	Number
Direct award of social care contracts without prior advertisement	3
Extension/ modification of existing social care contracts	5
Care Home services contracts	4
Services outwith Glasgow other than care home services	2
Residential placements for looked after and accommodated children	3
Open Procurement	3

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Note: One Procurement delivered both Support Services and Housing Support Services and therefore the total on Table 1 is higher than Table 2.

- 1.2 In planning and securing these services, GCHSCP has taken account of the general principles of the Health and Care (Staffing) (Scotland) Act 2019. GCHSCP has also considered the duties relating to staffing imposed on care service providers by virtue of section 3(1) and sections 7 to 10 of the Health and Care (Staffing) (Scotland) Act 2019. These duties are applied throughout commissioning, procurement, approval, contract award and service mobilisation processes.
- 1.3 GCHSCP has robust governance processes in place, with each care service being subject to Glasgow City Council's Standing Orders on Contracts and the HSCP's Scheme of Delegation. Each service is subject to approval in line with the Scheme of Delegation and is supported by proportionate due diligence checks undertaken by Commissioning, Operational and Finance staff within GCHSCP to ensure that the proposed service meets the needs of service users and is sustainable. Where necessary, following approval through the HSCP's internal governance, submission to the Council's Contracts and Property Committee may also be required, in accordance with the Standing Orders Related to Contracts 2022.
- 1.4 Providers have notified the HSCP where additional staffing is required due to people requiring services having rising levels of complexity of need. In response, the HSCP has put in place processes to provide additional funding for specific additional supports, including staffing, as required.
- 1.5 As part of procurement and commissioning activity, providers are required to commit to delivering services with appropriate staffing levels and skill mix. This includes the provision of workforce planning information, proposed staffing structures, and assurance that staffing arrangements are sufficient to meet assessed service user needs safely and effectively. Commissioning staff engage with providers during service mobilisation to ensure that appropriate staffing is in place prior to service commencement. To support this approach GCHSCP has reviewed its approach to evaluating Fair Work First. This involved a significant increase in the overall weighting to 15% and the requirement that bidders submit evidence of their commitments under Fair Work First including a commitment to paying the Living wage and to invest in workforce development.
- 1.6 GCHSCP also requires commitment from bidders that arrangements are in place for staff training, induction, supervision and ongoing professional development. As standard, service specifications and contractual terms and conditions require providers to ensure that staff are appropriately trained and competent for their roles, and that training requirements are maintained throughout the life of the contract. For example, the Service Specification for the Flexible Purchasing Framework for Social Care Supports, which became operational in February 2026, requires that providers "must comply with their duties under relevant legislation and ensure that they are compliant with all clauses relating to staffing and training in the contract." Compliance with the duties on providers created by the Health and Care (Staffing) (Scotland) Act 2019 are specifically highlighted in the specification.

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- 1.7 Once in place, services are managed through the HSCP's Contract Management Framework. The Finance, Audit and Scrutiny Committee approved a review of the Contract Management Framework which improved scrutiny and ensured full alignment with the duties under the Health and Care (Staffing) (Scotland) Act 2019. Every contracted social care service is now required to confirm at least twice per year that they have "appropriate numbers of suitably qualified and competent staff at all times". Where a provider is unable to give this assurance, further investigation and risk assessment is undertaken. This supports ongoing assurance in relation to staffing, training and the delivery of safe and effective care.
- 1.8 Actions under the Contract management Framework are aligned to and support other activities that may identify issues related to staffing and lead to investigation and possible action. These include processes for ASP, CP, Service Concerns, and Whistleblowing.
- 1.9 GCHSCP Commissioning is undertaking a restructure to create dedicated resources for Strategic Commissioning, Procurement, and Contract Management teams. These new teams will improve the planning, securing and monitoring of social care services, by focussing staff resources where they are most needed.
2. Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).
  - 2.1 The duties under the Act have been in force for two years and there is now a strong understanding of the Act and processes are aligned to its requirements. Work continues to further embed these duties into business as usual practice. In relation to the reporting duty, improved national guidance would support more consistent and effective reporting across social care.
  - 2.2 There remain well recognised financial pressures within the social care sector, which GCHSCP monitors as part of its commitment to ensuring the sustainability of commissioned services including any potential impact on providers' ability to maintain appropriate staffing levels and invest in training and workforce development. GCHSCP has introduced a Service Prioritisation approach to managing budget pressures which will provide a structured and evidence based approach to addressing the risks. GCHSCP is committed to transparent communication and engagement with providers and ensuring that outcomes of Reviews do not impact compliance with statutory duties under the Act.
  - 2.3 Recruitment and retention challenges within the social care workforce continue to present a significant risk. Long standing difficulties in attracting and retaining staff constrain the capacity of the provider market to respond flexibly to service demand and to consistently meet expectations around staffing levels, skill mix and continuity of care. This is further impacted by the increasing level of assessed need of individuals who require social care support.

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