Glasgow City IJB
Integration Joint Board

GLASGOW CITY INTEGRATION JOINT BOARD

STRATEGIC PLAN FOR HEALTH AND SOCIAL CARE 2023 – 26

NHS Greater Glasgow and Clyde

Glasgow City Council

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1. INTRODUCTION

Introduction from the Chair and Chief Officer

Welcome to the Integration Joint Board's (IJB) Strategic Plan for Glasgow City Health and Social Care Partnership (HSCP) for 2023 to 2026. This new Strategic Plan comes a little later than originally expected, with the Plan for 2019 to 2022 being extended by a year due to the pandemic. The IJB took the decision to extend the previous Plan to reflect the very challenging circumstances we were all facing in 2021 as a result of the COVID-19 pandemic, when work on the Plan was due to commence. It gave our staff, our partners and all stakeholders across the city the time to focus on the ongoing response to the pandemic and to give us time to understand how the pandemic would shape future service provision.

Much has happened since the publication of the previous Plan. Our city, indeed villages, towns and cities across the world, have had to manage unprecedented challenges in facing a pandemic that has impacted profoundly on the health and social care services we all rely on within our communities. The effects of meeting the challenges posed by COVID-19 have been felt by all citizens. However, as Chair and Chief Officer we would like to formally acknowledge in particular the impact on those who deliver these services, whether they work within the HSCP, voluntary or independent sector, or those who volunteer to provide care and support for loved ones and neighbours in our city.

Without them, and the way they came together to support and protect our communities under unimaginable strain, the effects of the pandemic (which are referred to later in this Plan) would have been significantly greater. For that reason you will see a focus throughout this Plan on the need to strengthen, empower and invest in the ability of those communities of interest, place and identity to provide people with the supports they need at the right time and in the right place.

That is also why you will see that one of our new Partnership Priorities is a healthy, supported and valued workforce, to acknowledge the value of our greatest asset, our people, and to ensure they have the support and resilience they need to continue to support our most vulnerable citizens.

COVID-19 exacerbated existing inequalities and further marginalised the most vulnerable in our communities. Addressing these inequalities will remain a challenge and a focus for all of us during the life of this Plan and we are committed to working across communities in Glasgow to meet those challenges. Those challenges are not restricted to recovering from the pandemic. Staying focused on delivering the priorities set out in this Plan will also require acknowledgement of a wider external environment, characterised by factors that are outwith our direct control but which nevertheless impact on our city and the people who live within it.

Susanne Millar
Chief Officer

Simon Carr
Chair

The backdrop of external factors that we can't insulate ourselves from, such as the cost of living crisis, budgetary pressures, the war in Ukraine and the climate emergency, presents daily challenges for our staff and partners. Whilst we cannot ignore these challenges we must stay focused and resolute. The budget challenges are described later in this Plan and will undoubtedly test our collective resolve, but difficult financial challenges do not mean we mustn't strive to be aspirational. Glasgow City HSCP is determined to show ambition, whilst acknowledging that there will be times during the next three years when our ability to deliver on the Plan may be challenging.

The message that we would like to get across to the people of the city and that we hope is evident within this Plan, is that whilst we, as an IJB and HSCP, may not be able to deliver the services that we would ideally like to due to the challenges we face, there is an absolute commitment to delivering the best services possible for people in the city, in the right place and at the right time for them.

For that reason, we will keep the Plan under review and make changes where necessary to ensure it is relevant to and reflective of the environment in which we operate. By nurturing and supporting our staff, empowering communities and working in partnership to develop innovative solutions to the challenges we all face, we will seek to ensure we continue to have a sustainable health and social care system in this city in the future.

On a more positive note, the delay in preparing this Strategic Plan has given us a chance to consider the challenges we've referred to above, but it has also enabled us to radically alter our approach to developing a Strategic Plan. We've been more ambitious than ever before in trying to engage groups and partners across the city to work with us to plan and carry out the engagement and consultation activity that has informed the Plan. More so than ever before, your feedback and suggestions have influenced the Plan and we hope that you can see yourselves in the pages that follow.

2. ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN GLASGOW CITY

What you said:

"There is too much background information and not enough concrete plans to meet the key objectives". "Most reports and plans have too many words that no one reads. Put all that online".

Strategic Plans can often be long documents with lots of information in them that is of interest to some people and not to others. To help develop this Plan we asked people what they thought should be in it and what should not. Based on your feedback some of the information in the last Plan has been removed because you didn't think it was needed or because you felt it made the document too long and difficult to read. In this section we've summarised some key areas and provided links to more information in case you want to learn more.

01

What is health and social care integration?

There is a piece of legislation called the **Public Bodies (Joint Working) (Scotland) Act 2014** (the Act). The Act requires Local Authorities (Councils) and Health Boards to integrate the planning of services and functions delivered to adults and older people as a minimum. In Glasgow City we go much further by including all community health and social care services provided to children, adults and older people, homelessness services, criminal justice and a number of housing functions. The Council and Health Board working together to do this is known as 'health and social care integration.'

What is the difference between the Health and Social Care Partnership and the Integration Joint Board?

02

Here in Glasgow City, Glasgow City Council and NHS Greater Glasgow and Clyde deliver integrated services as Glasgow City Health and Social Care Partnership (often shortened to the HSCP). The HSCP is essentially the staff from both organisations working in partnership to plan and deliver the services under the direction of the Integration Joint Board (IJB).

The IJB is the formal legal body that makes the decisions about how health and social care services are delivered in the city based on the Strategic Plan. The IJB then directs Glasgow City Council and NHS Greater Glasgow and Clyde to work together in partnership to deliver services. The membership of the IJB is partly defined in the legislation. Details of the current Glasgow City IJB membership is available on our **website**

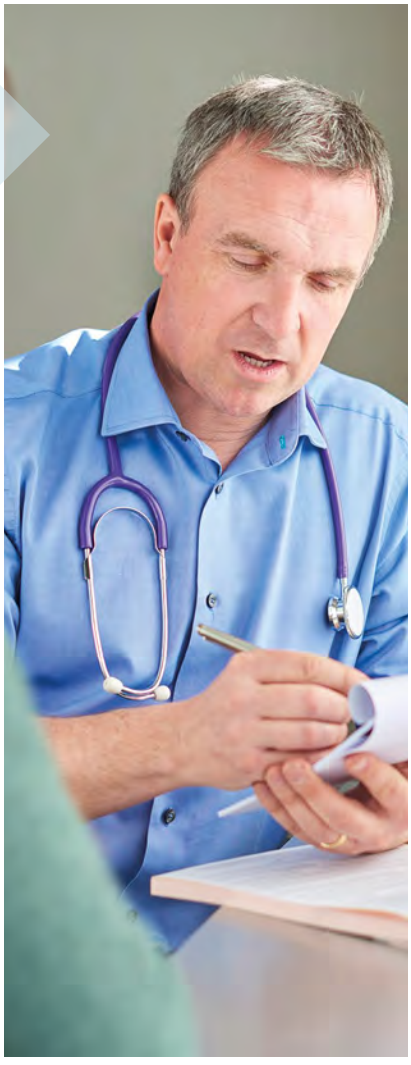
What services and functions are integrated in Glasgow?

03

The services and functions covered by this Strategic Plan that are planned and delivered by Glasgow City HSCP and a range of partners and providers include:

- Alcohol and drug services
- Mental health services
- Carers support services
- Optometry
- Criminal justice services
- Palliative care services
- Dental services
- Pharmaceutical services
- District nursing, school nursing and health visiting services
- Prison healthcare services
- GP services
- Sexual health services
- Health improvement services
- Social care services provided to children and families, adults and older people
- Homelessness services
- Welfare rights services

If you would like information on services available to you in Glasgow City please visit our HSCP **website** or **www.yoursupportglasgow.org.**



Why do we have a Strategic Plan?

04

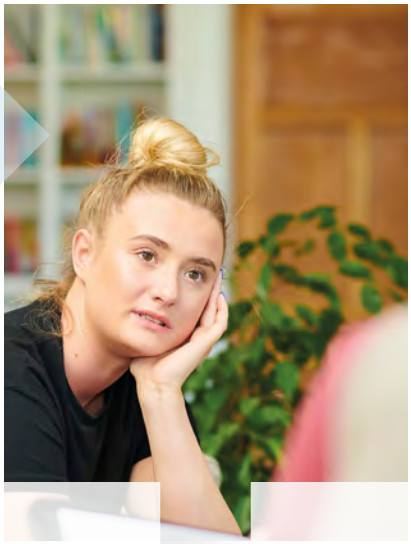
The Act says that each Integration Joint Board in Scotland has to have a Strategic Plan that is reviewed every three years to make sure it is relevant to the needs of the area and the people who live there.

The Plan covers health and social care services across the entire city. Here in Glasgow the city is divided for planning purposes into three areas (North East, North West and South). These are often referred to as "localities" and we also have plans for each of these localities. These "Locality Plans" are updated every year to explain how the Strategic Plan is being implemented locally. These plans are better able to reflect local priorities, needs and community issues. The most up to date locality plans are available on the HSCP's **website**

How was the Strategic Plan developed?

05

To ensure that people who live in the city and who receive or deliver health and social care services had an opportunity to influence the Plan, the HSCP worked with a range of service users, patients, carers, staff and service providers to find out what is important to them and what the HSCP should be doing during the period of the Plan. This is our engagement approach. You can read more about our engagement approach on our **website**



Background and Context

The funding for delivery of health and social care services in Glasgow City is made up of allocations from our two partner organisations, Glasgow City Council and NHS Greater Glasgow and Clyde (the partners). Every year the partners provide funding allocations to the HSCP and the IJB is required to approve a plan that details how those financial allocations will be used to deliver health and social care services to the people of the city. The plan, also known as the budget, requires to be balanced. This means officers within the HSCP have to demonstrate to the IJB that there are sufficient resources within the budget to deliver services and achieve the strategic priorities of the IJB, which are outlined later in this Strategic Plan.

Achieving a balanced budget can involve making some very difficult decisions about how to prioritise the funding available. Sometimes this means things the IJB would like to do cannot be done, have to be delayed or have to be reduced in their scale. Sometimes, and particularly where there are significant financial challenges and pressures, achieving a balanced budget to preserve or invest in service delivery requires the funding allocations to be supplemented by using "reserves". Reserves are essentially funding the IJB has put aside in order to meet any future shortfalls or pressures, similar to citizens trying to save money for unexpected household expenditure or bills. The IJB has a policy of trying to ensure sufficient reserves to offset unexpected financial pressures that may threaten its ability to provide services to those who need them.

The IJB's budget for 2023/24 was approved in March 2023 and you can see the budget report on the **HSCP website**. The budget report outlined the scale of the financial challenges facing the IJB for the first year of the Strategic Plan (2023/24), and which are expected to continue for the duration of the Plan. The funding allocations from the partners and anticipated funds from the Scottish Government combined resulted in a funding gap of just over £41m. What this means is that in order to deliver a balanced budget for the IJB options were required to be presented to fill that gap. Unfortunately this meant reducing certain types of services to identify savings that would enable the IJB to deliver health and social care within the funding available. Reducing services is not something that officers of the HSCP or the IJB ever take lightly because of the impact this has on people using these services. However due to financial challenges and pressures this is sometimes unavoidable.

The budget report identified a package of service reductions that totaled around £21.5m, a recommendation to use around £17m from the IJB's reserves and the requirement to meet an additional £3m from existing budgets. This financial package was considered and debated extremely carefully and comprehensively by the IJB before finally being approved. Approving a budget that includes reductions in certain services and the use of reserves carries with it a degree of risk. The IJB and HSCP are clear that some risk is inevitable, and in some cases to be encouraged and enabled to meet the needs and preferences of individuals. The task for the IJB and HSCP is to identify, minimise and mitigate risk wherever possible. We think it is important to be honest and transparent about the risks the financial challenges, and the savings plan in place to address

those challenges, will bring to the IJB and the impact that might have on the delivery of the Strategic Plan and our Partnership Priorities. Below are some of the risks that are being monitored and will be kept under constant review during the life of the Plan:

- Budget pressures may disproportionately affect preventative approaches and early intervention, leading to a self-reinforcing cycle of escalating demand for crisis services
- Unmet need due to increasing demand and financial challenges
- Increasing need and increasing complexity of need
- Inability to meet all statutory obligations
- Displacement of cost into acute health settings (i.e. failure to deliver services in one setting generates additional pressures elsewhere)
- Inability to recruit, retain and develop an appropriately skilled and motivated workforce
- Depletion of the IJB reserves and increased vulnerability to unexpected external pressures
- Survivability over sustainability.

Approving the budget is not the end of the process though. The hard work now begins to implement the savings approved and working to put in place the structures and cultures that are required to deliver health and social care in ways that focus much more on prevention and early intervention. To this the IJB are working on our approach, which requires significant transformational and cultural change, in collaboration with colleagues and partners right across the health and social care system in the city. The next section explains that approach, and the rest of this Plan outlines the principles of how we aim to achieve it.

Our Approach to Support

The challenges described above will not be overcome by continuing to do things the same way they have always been done. The financial challenges faced are significant, but the IJB still has a budget of circa £1.5b available to it and we need to consider how that budget can be better used to deliver our priorities in the face of the challenges. Later in this Plan you can read about our Vision as an IJB and our priorities to be pursued during the life of the Plan. However, everything we do as an IJB and a partnership must be viewed within the context of changing the way the HSCP works with people to identify and manage their health and social care needs.

The HSCP will pursue a transformational change in how it supports individuals, families and communities to live independently from statutory services for as long as they can safely do so. This means increasingly focusing our resources and our energies on prevention and early intervention approaches in partnership with the people we support, local communities, third sector, independent sector, housing sector and community planning partners.

We will focus on developing a relationship with citizens based on helping them to help themselves where they can. We will listen to what matters to individuals, and work with them to make decisions about their needs and look at where family and community resouces have a part to play in meeting them. We will make the once in a generation change to a model of support that replaces; crisis with prevention and well-being; burden with investment; competition with collaboration and; variation with fairness and equality. This requires a culture shift that promotes human rights, lived experience, co-production, mutuality and the common good.

Maximising people's independence is the foundation of this Strategic Plan, our new Vision and in the Partnership Priorities outlined within the Plan. This will ensure that services are co-designed and delivered in partnership with the people who use them wherever possible, with the aim that the HSCP is involved at appropriate levels in people's lives, especially for those with the most complex needs. It's absolutely vital that services are available in the right place and at the right time, but that need not necessarily mean from the HSCP if community or third sector options are better for individuals.

At the core of this approach is a desire to support people, who can and want, to remain living at home safely for as long as possible with the right support in place for them, and for their carers if they have them. What this doesn't mean is asking people to live without any support at all, or expecting all support to be delivered by members of families or the wider community. It's about living as independent a life as you can, having and making choices about the things that matter to you to live as full a life as possible, with support when you need it. And it's about investing our resources now in prevention and early intervention because if we don't act now, we can't ensure that we have strong and reliable health and social care services not just now but for future generations too.

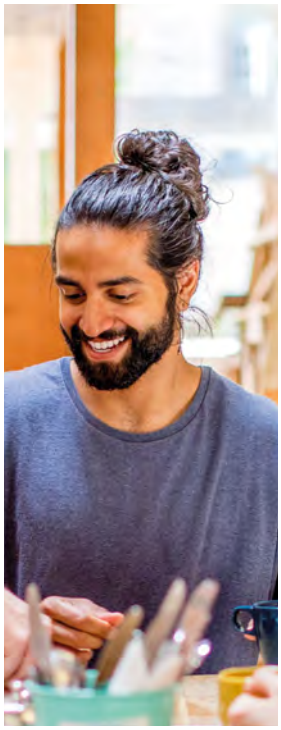
It is about survival of the wider health and social care system but it's about much more than simply surviving. It involves talking, listening and collaborating to build a sustainable way of supporting people, so that everyone can achieve their full potential for health, well-being and independence. We need to see people as equal partners and experts in their own lives.

Achieving this approach won't be straightforward though. We understand that changing how we deliver services and support people will require building capacity and shared responsibility with the population and within the structures and systems that deliver services. This means establishing a trauma-informed workforce, systems, services and practices. It requires taking a strengths-based approach to assessment and service planning to focus on people's abilities and potential, not simply on their deficits.

For this change to be realised we need to achieve cultural change within the organisation and across the sector to embrace the new approach and create the environment that enables new ways of working to be implemented. This will require change at all levels, from the most senior levels of leadership to our frontline and back-office staff. We need to understand how we support, equip and communicate with the workforce for this change, reframe traditional beliefs about how we manage risk and value strengths, and acknowledge risk is shared with people as part of a shared approach to decision making. And it includes taking a step back when making changes to policies, plans and services and asking ourselves whether what we're doing is in line with our approach and will promote and facilitate increased independence for people.

Part of this challenge will be supporting staff to think differently about how they support people and let go of traditional ways of identifying supports. And we are absolutely committed to working with our colleagues in the third and independent sectors to identify and work through the challenges of this approach together. Crucially it will require collaborative working with a range of experts, networks, groups and organisations across the voluntary sector to develop and co-produce innovative approaches to delivering supports, and to think about the best way to use the community assets we already have. This must be done with people with lived experience at the very centre.

As an IJB or HSCP, we cannot do this alone. We have to work in partnership across the city to co-produce and share the whole system, including responsibility, infrastructure and costs. As a health and social care sector there are multiple sources of funding across Glasgow. The key challenge is to secure alignment and buy-in at a time of financial constraints. We have joint aspirations but we must also agree areas of joint responsibility to avoid uncoordinated competition for funding. We need to collectively agree a "city approach" that ensures a collective responsibility in relation to funding, service planning and delivery.



What you said:

"What do you mean by stronger communities?"

At the heart of the Strategic Plan and our approach to delivering services is a desire to support people by empowering communities of interest, place or identity. Stronger communities are a key element of that. During the development of this Plan you asked us what we mean by stronger communities and told us what you think. Based on the feedback you gave us we have developed a definition of a stronger community which applies equally whether referring to geographic communities, or communities of interest or identity.

"We see stronger communities as places or environments where people of all ages who live, work and contribute to activities in those communities can influence what happens, through having the resources, skills and opportunities they need to do so. By resources we don't just mean money, but also neighbourliness, volunteering, access to and sharing of information, skills development, opportunities to engage, etc.

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. In strong communities this engenders a connection and empathy with one another, encourages inclusivity and acknowledges, respects, and celebrates diversity.

Communities are also characterised by strong trust and positive relationships between different groups and people, where organisations such as the Council, Health Board and other organisations and groups work closely to support communities to support themselves, identify challenges and implement solutions. This includes understanding the different needs of individuals and groups of people and working together to ensure these needs are met.

Influencing what happens within communities 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. Greater involvement and being able to see the difference they make provides strong communities with a sense of belonging, pride and investment".

3. GLASGOW CITY: POPULATION AND NEEDS PROFILE

What you said:

"Poverty and the increase in the cost of living are only going to make these existing challenges more profound, and put more pressure on services through increased demand".

Glasgow City has a population of 635,640, which is 11.6% of the population of Scotland. The challenges faced in Glasgow City as a result of poverty, deprivation, ill health and inequality are well documented. The HSCP understands that there are a whole range of factors that influence people's health and social care needs. Meeting those needs means considering all these factors and working with our partners to reduce their impact. For example, we work with Glasgow City Council to understand the housing needs across the city and work to address those needs and reduce the impact that poor housing has on our health. We also have a number of programmes that support the wider well-being of people using our services, including money and welfare advice, community link workers in general practice and services to support people with particular care needs into employment.

To understand the bigger picture and help to plan services the HSCP gathers and considers information from different sources to build a profile of the city and its needs. We call this a "strategic needs assessment". That information drives our priorities and the work our teams do with our partners to try to make a difference to people's lives. The full range of information that forms the basis of our **needs assessment can be viewed online**. Below is an extract of the needs assessment to illustrate the type of information taken into account.

Health and Social Care Needs Profile:

Around **11%** of Glasgow's 16 years and over population has said that they live in **'bad / very bad' health** compared to **8%** of Scotland's adults.

More than a quarter of Glasgow adults, **28.6%**, live with a **limiting long-term illness or condition**.

More than **8,000** people are estimated to be living with **dementia** in Glasgow.

Around **3,700** people, **0.6%** of Glasgow's population, are recorded as having a **learning disability**, whilst almost **13,600** people, **2.1%**, are reported as having a **learning difficulty**.

It is estimated that around **6,500** people in Glasgow have a form of **autism**.

It is estimated that more than **49,500** people in Glasgow have a **physical disability**, **7.8%** of the population.

6.1% of the population has been recorded as having a **hearing impairment**, and almost **2.5%** of the population have a **visual impairment**.

6.5% of the population has been recorded as having a **mental health condition**.

The number of adolescents reporting **emotional or mental illness** in the city rose from **5%** in 2015 to **22%** in 2019, with children and young people waiting longer than adults to start treatment (**61%** start within the 18-week period compared with **89%** of adults).

14.4% of Glasgow adults (around **74,000**) are **unpaid carers** with a higher percentage of women (**16.0%**) than men (**13.0%**) undertaking this role.

2.5% of Glasgow children under 15 years are unpaid carers compared to **2.0%** of all Scottish children.

Nearly a quarter (**23%**) of Glasgow adults have common **mental health problems** compared to **17%** of Scotland's adults, with higher proportions for females in both Glasgow and Scotland (**23%** Glasgow and **19%** Scotland) than males (**22%** Glasgow and **15%** Scotland).

A fifth of Glasgow's population, **20.5%,** is prescribed drugs for anxiety, depression and psychosis. The Scottish average is **19.3%**.

Glasgow has more than **18,000 problem drug users**, **3.4%** of the adult population, more than the national average of **2.0%**.

Over a fifth (**21%**) of Glasgow adults are estimated to drink **hazardous / harmful levels of alcohol**, slightly less than the national average of **24%**.

Only **44%** of Glasgow pupils (S1-S4) **eat breakfast every weekday**, compared with **62%** across Scotland.

One in three Glasgow males **smoke**, compared with just under **one in five** females.

15.2% of all Glasgow adults feel **isolated** from friends and family.

Currently, **20,000** people in the City are living with a **cancer diagnosis** and this is forecast to rise to approximately **35,000** by 2030.

4. RECOVERING FROM COVID-19

What you said:

"Covid has made us think differently about how we deliver services and rather than revert to old processes we should be striving for innovative ways to deliver services and communicate better."

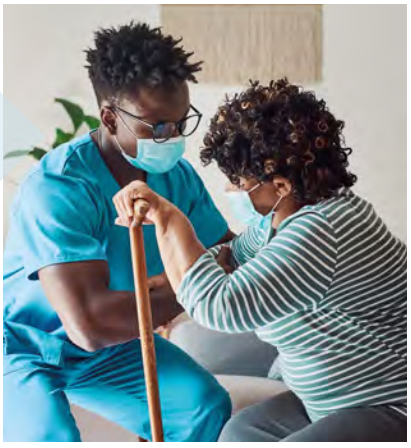
When the COVID-19 pandemic emerged in 2020 our city, like so many others across the world, was significantly, fundamentally and in some ways permanently affected. The impact was felt by all areas of society and continues to be so. The HSCP and its partners had to mobilise their business continuity plans and staff, people that use our services, and in particular their carers had to dig deep into their own reserves of resilience to a degree they have perhaps never been asked to do before. The Integration Joint Board, the HSCP and society in general owes a huge debt of gratitude to the work carried out by the health and social care workforce, which includes those working formally in these sectors and those volunteering to provide care and support for loved ones and neighbours.

Within Glasgow City, responding to the extreme pressures and rapidly evolving picture during the pandemic was characterised by:

Remarkable examples of partnership working:

where partners came together to rapidly design, develop and deliver innovative solutions to the challenge of delivering supports to vulnerable citizens during periods of lockdown and restrictions on movement and social interaction.

01



Shifts in working practices:

including staff working from home, online meetings, redeployment to frontline service delivery and the use of personal protective equipment.

02

Changes to service delivery:

such as reduced access to or removal of services to accommodate government and public health advice and guidance, and moves to new ways of receiving services such as telephone or online appointments.

03

New services:

such as testing facilities, vaccination centres, community assessment centres and mental health assessment units.

04

Equalities sensitive delivery:

including work undertaken to deliver accessible new services such as providing information on the vaccination programme in video format for our British Sign Language (BSL) users. You can read more about our equalities-sensitive approach to responding to COVID-19 in our **equalities progress report**.

05

Focus on workforce:

in particular a focus on the mental health and well-being of staff, recruitment of staff to deliver new services and ensuring staff had the necessary equipment to support home working.

06

Innovation:

the rapid implementation of new and transformational ways of working that might otherwise have taken years.

07

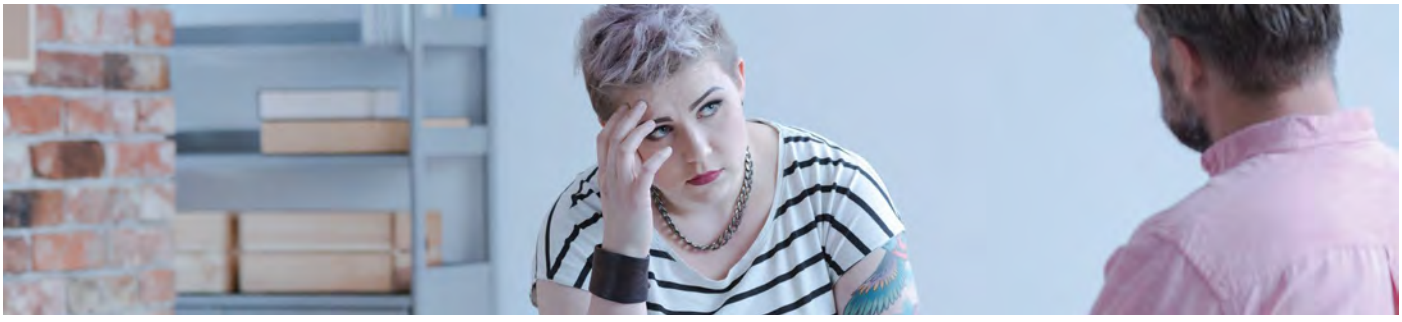
Communication:

the HSCP focussed significant attention on communicating with all of our partners and stakeholders through briefings, newsletters and video messages from senior managers to update them on emerging challenges and how they were being managed. These were made available on the HSCP **website** throughout the pandemic.

08

The true extent of the long-term effect of COVID-19 on health and social care within the city is not yet known. What we do know is that COVID-19 impacted on health and social care in the following ways:

- 2,000 additional community alarm service users, with 26,000 responder requests for assistance in their own home
- A 13% increase in service users accessing home care on care packages higher than 20 hours between 2021 and 2022
- Rise in packages of care through personalisation of 12% in Mental Health and 15% in Older People services
- Increase in children, young people and their families experiencing mental health and emotional well-being issues
- Children waited 7% longer than adults to start mental health treatment across Greater Glasgow and Clyde
- Increased waiting lists for carers services and unprecedented demands on carers and families
- Delayed diagnoses and treatment for individuals resulting in anxiety, poorer prognoses and additional demands on families and carers
- A 29% increase in requests for Criminal Justice Social Work Reports due to the backlog of court cases (3016 to 3877)
- Disabled people faced greater ill-health and higher mortality rates related to COVID-19, were more likely to be socially and digitally excluded and were three times more likely to be food insecure during the pandemic
- Significant levels of unmet need and challenges to undertake Self Directed Support assessments to meet this, along with an almost doubling of assessments required
- High staff absence due to positive COVID-19 diagnoses and / or isolation requirements, peaking at 700 people (6.4%) in January 2022
- Increased demand for homeless advice and services
- Increased isolation and (digital) exclusion caused by the requirement to close, reduce or alter services and service provision.



Recovering From the Pandemic

As the city continues to recover from the pandemic, with activity ongoing to re-start suspended services, the HSCP is trying to understand which elements of the changes made to services are working well and should be retained, and which are not working so well and should be reversed or modified when the time is right. The approach of the HSCP to recovering from the pandemic is captured in our **Recovery Strategy**, which outlines the principles of our approach to recovery:

- Phased
- Intelligence-led
- Compassionate leadership
- Opportunities-focussed
- Safeguarding
- Collaboration
- Flexibility
- Transparency
- Proportionality
- Sustainability
- Communication

What you told us

As part of the preparation of this Plan we asked you which of the measures and actions we took during the pandemic you felt should be retained. Here are some of the things you said we should consider retaining and / or building on:

- The **partnership working** that evolved during the pandemic (e.g. with the third and independent sectors)
- Use of **technology** to facilitate contact with professionals (but only as a choice and as part of a range of options)
- New approaches to **working practices** (ensuring the correct equipment and support is available and again with variation to enable flexibility and choice)
- Removal of **bureaucracy** in certain processes
- **New ways** of delivering services (such as online / telephone prescription ordering, virtual consultations)
- **New services** (e.g. Mental Health Assessment Units, community vaccination sites, compassionate distress response service)
- Provision of **PPE** and testing kits to frontline services
- Greater focus on staff **well-being**
- **Safety measures** in buildings (e.g. protective screens)
- Regular **messaging and communication**
- Acceptance that families may be more **resilient** than we previously gave them credit for (with appropriate safeguarding measures and support where required).

You also told us what you thought should be reversed or reviewed. Examples of this include:

- Full time home or office working (to ensure staff still have access to face-to-face office / team working but are not forced into a full time return to office working)
- Use of technology to facilitate contact with professionals in certain services (i.e. near me / attend anywhere, telephone etc.)
- Digital access, because there are still many people who don't have access to IT equipment or wi-fi
- Withdrawal of care / support packages and over-reliance on peer support networks (i.e. that might have gone back to work)
- Making decisions about services without the appropriate involvement of stakeholders (including staff) or assessment of risk
- Redeployment of staff and certain tasks to other teams (e.g. where this has led to excessive additional workload)
- Short term funding allocations which cannot always be spent
- Increased communications and surveys
- Suspended services / reduced service levels.

The feedback you gave us indicates that similar issues are on people's minds whether they are referring to what to keep or what to reverse from the measures to deal with COVID-19. The HSCP is considering these views as we progress our recovery to try to ensure balance in how services are delivered and people are supported in future. Staff within the HSCP continue to consider the following factors when making decisions about changes to services and what the next steps should be:

- Supporting staff health, well-being, rest and recovery
- Consideration of how decisions made will impact on stakeholders and what any associated risks might be
- Understanding, acknowledging, measuring and addressing the impact of delayed diagnosis and treatment options on people suffering with ill-health and their support networks
- The need to embrace the positive impacts of new ways of delivering services (including use of technology)
- How to give a voice to people with lived experience of service provision on decisions to be made
- How to consider the needs of people with specific communication requirements when thinking about continued use of technology to deliver services
- Understanding and addressing the long-term impacts of COVID-19 on the health of those who receive services and their families and carers (e.g. Long Covid, mental health and well-being)
- The importance of addressing digital exclusion
- The importance of building on improved partnership working during the pandemic response (internally and with key external partners) when considering the future of service provision
- The importance of investment in infrastructure to support home working and new digital approaches to service delivery
- Complex interdependencies across the sector and the need to work together to co-ordinate services
- External influences on future service provision such as the National Care Service and the cost of living crisis
- Ensuring people are not excluded from services due to protected characteristics and / or by their income
- The importance of communication.

5. LOCAL AND NATIONAL INFLUENCES

Local and National Influences

While Glasgow City IJB has overall responsibility for planning health and social care services within the city, it has to consider a variety of other national and local strategies, plans, policies and legislation to ensure the work of the IJB and the HSCP is consistent with the work of Glasgow City Council, NHS Greater Glasgow and Clyde, national expectations and the priorities and plans put in place by our partners across the city. Some (but not all) of the key local and national influences are included below.

National legislation

- Public Bodies (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Community Empowerment (Scotland) Act 2015
- The Equalities Act 2010
- Fairer Scotland Duty
- National Care Service (Scotland) Bill
- Social Care (Self-directed support) (Scotland) Act 2013

National policies, strategies and plans

- Scotland's Digital Health and Care Strategy
- Independent Care Review (the Promise)
- Primary Care Improvement Programme
- Scottish Government Public Health Strategy
- NHS Scotland Climate Emergency and Sustainability Strategy
- Ending Homelessness Together
- Housing to 2040

National frameworks and standards

- Getting It Right For Every Child
- Health and Social Care Standards
- Planning with People Community Engagement Guidance
- National Health and Well-Being Outcomes
- Medication Assisted Treatment (MAT) Standards

Local strategies and plans

- Glasgow City Council Strategic Plan
- NHS GG&C Corporate Objectives
- Glasgow's Community Plan
- Moving Forward Together
- Glasgow's Housing Strategy
- Glasgow City Food Plan
- Turning the Tide Through Prevention
- A Socially Connected Glasgow Strategy

In order to align the work of the HSCP with some of the influences above, the IJB has put in place a number of strategies and plans that will be taken forward during the lifetime of this Strategic Plan. Some of these are outlined below.

Glasgow City IJB strategies and plans

- Mainstreaming Equalities Plan
- Rapid Re-housing Transition Plan
- Keeping Glasgow's Promise
- Primary Care Improvement Plan
- Carers / Young Carers Strategies
- Family Support Strategy
- Health Improvement Strategy

During the term of this Plan there will be many more strategies, plans and programmes of work that emerge. Some of these will be in response to local issues and priorities, and others will be in response to national priorities and expectations. The IJB will review how our activity complements and contributes to other relevant strategies and plans, particularly in light of the evolving external environment and attempts to address issues such as the increasing cost of living and the increasing budgetary pressures being felt across the public sector. The HSCP will continue to work with our key stakeholders and people with lived experience to plan, design and deliver these priorities and will share details of future work, including opportunities to get involved, on our **website** and through publication of the reports that go to our; **Integration Joint Board**; **Finance, Audit and Scrutiny Committee** and **Public Engagement Committee**.

6. VISION AND PRIORITIES

Vision And Priorities

Our Vision 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.

Our Vision will be achieved by:

- Recruiting, developing and retaining a competent, confident and valued workforce
- Working with our partners to create stronger communities that build on people's strengths and support them the way they want to be supported
- Improving access to services and supports throughout the community for people who need them and are available when they need them most
- Focussing on early intervention and prevention to achieve health improvement and reduce health inequalities
- Talking to people about what they need to flourish, and about how we can support them to achieve it
- Understanding and addressing the impact that financial challenges and poverty (including fuel and food poverty) have on people's health and well-being
- Listening to the views of people with experience of health and social care services and acting on what they tell us when designing, planning and delivering services with our partners
- Ensuring equal access to supports by valuing diversity and inclusion when designing services
- Working in partnership with housing partners to reduce the impact of low quality or inadequate access to housing
- Focussing decisions and taking innovative approaches based on evidence of what works, the desired outcomes of individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- Striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology
- Evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- Using clearly defined and transparent performance monitoring to ensure continuous improvement and accountability.

Partnership Priorities

Our six Partnership Priorities are the key strategic priorities for Glasgow City IJB / HSCP and its partners in delivering health and social care in Glasgow City.

1. **Prevention, early intervention and well-being**
2. **Supporting greater self-determination and informed choice**
3. **Supporting people in their communities**
4. **Strengthening communities to reduce harm**
5. **A healthy, valued and supported workforce**
6. **Building a sustainable future**

To achieve the priorities of the IJB and its partners a range of activity is planned or underway. During the life of the Strategic Plan there will be further activity that emerges which the HSCP will deliver with its partners. All of the activity which is progressed will be relevant to one or more of the Partnership Priorities and will contribute towards meeting the **9 national health and well-being outcomes**.

The activity to be completed within Glasgow City is informed by a number of factors.

- One is **what you told us is important to you**. Many of the comments you made during the development of the Plan have influenced our priorities and activity
- Another is the information that is routinely collected through the HSCP's **performance management** arrangements (such as locally defined performance indicators) and the national integration indicators. These help tell the HSCP where there are possible issues that need to be addressed in local operational performance and progress with integration
- We consider information on the population profile of the city from a wide range of sources. This is used to carry out a needs assessment to help the HSCP see where the evolving profile of the city is going to result in areas of demand for services
- And finally we consider the financial resources available to carry out the activity to meet our priorities.

The following sections provides examples of what has influenced the content of this Plan and the activity that will be progressed. More examples of activity to be progressed are located on the **website** and will be kept under review during the lifetime of the Plan to ensure the activity we undertake reflects the continually evolving financial challenges faced by the HSCP. The suggestions or comments you gave us for how to progress the priorities will be considered by the relevant planning groups to identify activity that could be undertaken which is not covered in this Plan.

Partnership Priority 1: Prevention, early intervention and well-being

We are committed to working with a wide range of partners across the city to improve health and well-being and prevent ill-health and social isolation among the people of Glasgow wherever possible. This includes meeting the challenges of poverty and financial insecurity, increasing healthy life expectancy, and reducing health inequalities. This will be done by supporting communities to shape and deliver services where they are needed most and where they will make most impact. We will continue to promote positive health and well-being through prevention and early intervention, and by promoting physical activity or other ways of building social connections, strength, and resilience in communities. This is part of our commitment to fostering a healthy start to life for people and improving their physical, mental and emotional health. We will seek to ensure people get the advice and support they need at the right time to maintain their independence in the right place, including from community or third sector supports rather than HSCP services where this is better for individuals.

What you told us

01	Services are very demand-driven at present which does not allow for an early intervention approach. People only receive help if they are in crisis therefore the above is not achievable until this changes.
02	Make services more accessible so early intervention and prevention is actually possible.
03	I feel that prevention is key here and if this is acted on much quicker, this would enable services already involved in the person's life to adjust and support them ensuring all needs are being met, rather than waiting for months until someone is assessed.
04	In relation to primary healthcare, the model has been disease-centred rather than prevention-centred and hence this focus (and funding) has to shift.
05	More focus on identifying Adverse Childhood Experiences (ACE's) and working with staff teams to develop awareness of the impact of ACE's on accessing services and on experience of services.
06	Prevention needs to be the ultimate aim. If we can prevent the situation reaching crisis point in an individual's life we can achieve so much more. This will also be more cost effective, as the level of initial service provision required may be far less than that which may be required farther down the line when the situation has progressed and developed.
07	More investment in self-management needs to happen if early intervention is an aim of the HSCP.
08	People are not being signposted to the services they need quickly enough and as a result we are not intervening early, we're waiting until we get to crisis point.
09	Referrals to appointments are taking too long and sometimes appointments are getting cancelled at very short notice. This has to change as it makes early intervention very difficult.
10	We should have a yearly GP check-up, similar to a 6-month dentist check-up, as some people have not been to their doctors in years. This would support the idea of prevention, especially for certain health conditions such as diabetes

What we know?

01 Glasgow City's premature mortality rate has fluctuated from 634 per 100,000 in 2015 to 607 per 100,000 in 2009 and stood at 678 per 100,000 in 2022. In all years since 2015 the rate has been significantly higher than the rate for Scotland as a whole.

02 Life expectancy for a Glasgow woman (78.3 years) is longer than a Glasgow man (73.1 years) but less than the respective Scottish averages (81.0 years and 76.8 years).

03 The percentage of people seen within the 18-week target by specialist Child and Adolescent Mental Health Services (CAMHS) was 59.4% at the end of 2021/22 (target 100%).

04 Healthy Life Expectancy is 1.4 years higher for Glasgow females (57.4) than males (56.0) but is lower than the Scottish figures (61.8 and 60.9 years respectively).

05 Alcohol-related deaths are 53% higher in Glasgow (31.9 per 100,000 population) than Scotland (20.8).

06 The numbers of Glasgow S1-4 pupils who consume the recommended 5+ portions of fruit / veg per day range from 32.4% in North East to 41.6% in South and 49.5% in North West.

07 Only the North West locality of the city is meeting the target (90%) for percentage of people starting Psychological Therapy treatment within 18 weeks of referral (92.4%).

08 95% of service users commenced alcohol or drug treatment within 3 weeks of referral (target 90%).

09 The rate of women smoking in pregnancy is 9.5% (target is under 12%).

10 Much of the demand for HSCP services could be met through community interventions that would improve outcomes for individuals and enable frontline services to focus attention where support is needed most.

What we intend to do

01 Implement a trauma-informed practice approach and support staff to deliver trauma informed support through the rollout of the Scottish Trauma-Informed Leadership Training.

02 Connect people and those they care for to the right supports, in the right place and at the right time through the HSCP's **Health and Social Care Connect** service, which provides more straightforward and timely signposting and information for those looking for support within their communities, through our third sector, commissioned or community partners or through the HSCP.

03 Develop and deliver a range of programmes across the HSCP to reduce and mitigate the impact of poverty and health inequalities in the city, focussing on child poverty, financial support, welfare rights and employability.

04 Progress initiatives that prevent and reduce the risk of homelessness, such as improving access to housing support for households at risk of homelessness and the development and implementation of the Flexible Homelessness Prevention Fund to support people at risk of homelessness to sustain their existing accommodation.

05 Deliver the actions agreed within our **Keeping Glasgow's Promise** Plan to ensure our children, young people and their families receive the support they need for as long as they need it and ensure more of Glasgow's children will stay living with their families, where it is safe to do so.

What success would look like

- We will be working with partners to ensure community assets are being used effectively, resulting in more people being supported within their own communities. The HSCP will use relevant data to understand need and identify where resources should be directed to provide approaches which promote early intervention and prevention
- The HSCP will use relevant data to understand need, predict demand and identify where resources should be directed to provide approaches which promote early intervention and prevention, and signpost to community supports where suitable
- We will understand the disproportionate impact that ill-health, isolation, and loneliness have on certain groups and work to identify ways to address it
- Information and advice required by people will be provided in a timely and accessible manner
- Families will have earlier conversations about their strengths and needs, and be involved in designing and participating in appropriate family support at an earlier stage of their support journey, based on trauma- informed and strengths-based models of support
- Our staff will be skilled in supporting people to identify and build on their strengths when discussing how to support them to flourish
- Early, realistic, and frank conversations with people we will reduce the need for formal health and social care supports in some situations, so people can access services when required, rather than waiting until a point of crisis in their lives
- Formal requests for services will reduce and support to meet more complex needs will be more manageable through community prevention and access to alternative forms of support
- Fewer people will need to be admitted into residential or long-term care
- Health inequalities within the city will significantly reduce
- The HSCP's health improvement approaches and programmes will recognise and mitigate the dis-empowering consequences of poverty and discrimination
- Citizens will have equal access to choices about the services they need to enable and empower them to flourish
- We will continue to support the earliest identification of illness, improve our treatment, reduce harm, and optimise recovery
- Where people receive a life changing health diagnosis, carers will be identified early in their caring role and provided with the support and information they need to help maintain and improve their health and well-being so that they can continue to care, if they so wish, and have a life alongside caring
- People will have access to good quality and appropriate housing that matches their needs and is responsive to the needs of the changing demographic profile of the city
- People at risk of homelessness will be supported into suitable accommodation with the appropriate supports to sustain the accommodation provision
- The HSCP will be working better with Community Planning, Voluntary and Independent sector partners across the city to correctly identify health and social care needs at the earliest opportunity and signpost people to appropriate supports
- Waiting times for key services will be reduced through better targeting of supports before the requirement for formal service provision.

Our Partnership Priorities in Practice

Priority 1: Prevention, early intervention and well-being – The Complex Needs Service

You can also view a short video or read an article describing the service highlighted below by clicking on the links:

Video – **Our Complex Needs Short Film**

Article – **Complex Needs Service Launched in Glasgow**

The Complex Needs Service is a new model of service delivery that recognises people can have multiple and complex health and social care needs and find it difficult to engage with all the services they require, such as attending multiple appointments in multiple locations. The service's person-centred approach demonstrates true integrated service delivery by providing wraparound support in relation to addressing homelessness, alcohol and drug recovery, mental health, and justice services in partnership with third sector organisations within Glasgow City.

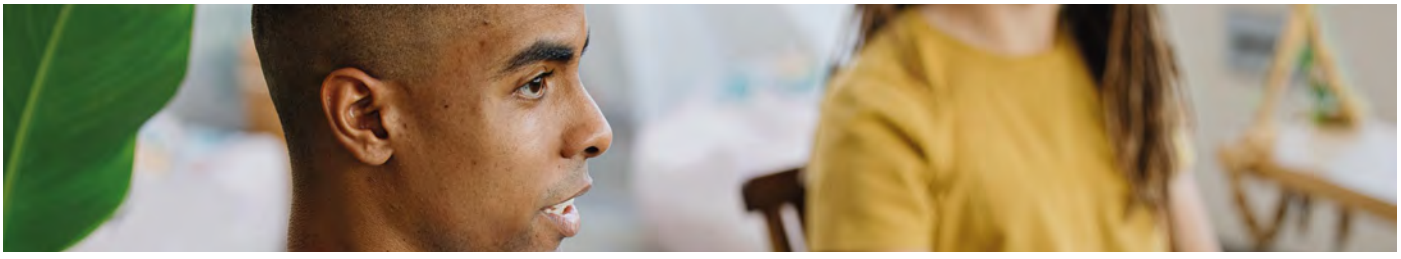
Providing services to people in their own accommodation leads to better engagement with required health and social care support and therefore better outcomes for them.

Neil, a service user who has experienced the complex needs service approach, feels that:

> …It's the best thing that ever happened to me in my life….[the practitioners] cared more for life and it's the first time I've ever experienced that.

The service removes some of the barriers and bureaucracy and enables people with complex needs to participate actively in their own health and care, supporting greater self-determination and choice, allowing them to live as independently as possible in their own communities, promoting their well-being and ensuring that early intervention leads to prevention and better quality of life. This in turn reduces inequalities and provides life-changing support to some of the most vulnerable people in Glasgow.

This outreach model, made possible through partnership working was developed in response to the challenges presented by the COVID-19 pandemic and has led to a new way of delivering services that achieves much better outcomes and a fundamental improvement in service delivery. The Complex Needs Service demonstrates that by working together and embracing innovative ways of working, Glasgow City HSCP and its partners are focussed on responding to service user need and service improvement.



Partnership Priority 2: Supporting greater self-determination and informed choice

We are committed to listening to what people who use our services and their carers tell us about the lives they can and want to live. We will support them to identify and understand the options available to them and empower them to actively participate in and take responsibility for decisions about how they will live their lives and achieve the outcomes they identify. By working with people to identify and understand their needs and options, we will support them to make informed decisions about the supports they choose to receive where it is safe and appropriate to do so.

What you told us

01 I think when dealing with changes to services good quality information is essential. This is to reduce anxiety and also to ensure that services are used appropriately.

02 As a person with multiple health issues, I must look after my own health. I have received some support to enable me to stay well and look after myself but would like to have more.

03 There is not enough help for people that need care as there is not anywhere to go 24 hours a day.

04 Ensure more staff and good signposting to services so people know where to get help.

05 Clear pathways and information for people who need extra support would be helpful. Recently I have been trying to access day care for my mum and this has been more difficult than it should have been because of confusion within the HSCP over which service my mum requires.

06 We need to look at the services that we are providing for people with most complex needs. As a result of their experiences growing up and significant trauma they are often mistrusting of services and struggle to engage in the 'traditional' way. We need to change our services to help them to build trust and get the support, care, and treatment they require.

07 There is a lack of choice in relation to housing options (for example lack of; options for larger families; adapted housing; specialist housing for those with particular health needs; housing designed for older people and; housing with private outdoor space).

What we know?

01 In March 2022, a total of 3,244 adult service users were in receipt of a personalised social care service – an increase of just under 6% since March 2021 (3,063).

02 The number of children in receipt of personalised services has risen from 117 in 2016 to 382 in 2022.

03 The proportion of service users receiving a Direct Payment has risen from 14% in 2016 to 19% in 2022.

04 60.8% of Glasgow adults aged 18+ who have high levels of care needs, are cared for at home or have a direct payment for personal care. This is lower than the Scotland rate of 64.9%.

05 The percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided (71.1%) compares with the national figure (70.6%) but is lower than in 2019/20 (75.5%).

06 87% of people receiving home care support think it allows them to get up and go to bed at times that suit them.

07 93% feel that they are listened to and their wishes are respected.

08 98% feel the home carers treat them with dignity and respect.

09 86% feel home care staff / managers always respond to concerns they have.

10 99% of unpaid carers feel valued and respected by their relevant worker.

What we intend to do

01 Identify opportunities to improve the HSCP's Self-Directed Support (SDS) policies, processes and procedures to increase the effectiveness of SDS in empowering individuals to have a greater say and greater control in the services they access to meet their personal outcomes.

02 Support patients and service users to exercise greater control over their support journey through, for example, Patient Initiated Follow Up (PIFU), which enables patients and their carers to initiate their own appointments as and when they need them.

03 Continue the work of the Improving Cancer Journey team in co-producing unique care plans with people affected by cancer, focussing on what matters to them most, and by ensuring that through timely conversations individuals play an active and meaningful role in making decisions about the care and support they receive.

04 Continue to develop community mental health supports, including the Children and Young People's Networking Team, to help children, young people and families to navigate the system of supports and to promote engagement.

05 Improve access to information and advice for people at risk of homelessness to enable then to understand and access supports to prevent homelessness or services to support them when it occurs.

What success would look like

- We will achieve the cultural shift in how we work together, as partners in care rather than as people who give care and people who receive care
- We will communicate with the people who use our services, carers, stakeholders and the public openly, effectively and in ways that suit their needs to understand and have honest conversations about what they want future services to deliver
- There will be mutual recognition and acceptance that there can be limitations to how support and services can be provided as a result of factors that might be outwith the control of the HSCP
- People will have an active and equal role in discussions and decisions about their care and will be empowered and supported to exercise greater and more informed choice in making decisions about the supports they receive
- People will be encouraged, supported and enabled to take responsibility for decisions affecting their lives and how they manage risk
- We will work with people who receive support and organisations that provide it to understand what communities need to enable and empower people to make informed choices about services and supports to meet their needs
- Investment in strengthening communities will enable individuals to live in their communities for longer
- People will feel seen and recognised as fully rounded individuals, with a range of strengths that can be developed, instead of only focussing on the areas where they need support
- Carers and families will be involved in the process of identifying the best options for the people they care for
- By listening and working together to plan their care and support needs, people will have better and more personalised care plans, so they can achieve better outcomes and feel they have been treated with dignity, trust and respect
- We will be working with partners to offer and deliver a range of housing options to meet the needs of citizens who experience multiple and complex needs
- The information people receive to support decision making will be provided in clear and accessible formats
- Through greater, more timely and more meaningful involvement in decisions about their needs and supports, people will experience satisfaction with their service provision.

Our Partnership Priorities in Practice

Priority 2: Supporting greater self-determination and informed choice – The Respect Project

You can also view a short video: **Respect Project Short Film** describing the service highlighted below.

The Respect Project is a joint approach between Police Scotland and Glasgow City HSCP in relation to children and young adults who are being looked after and in the care of the city's residential units.

Historically when these young adults and children failed to report to their care environment carers and guardians called Police Scotland who treated this as a 'missing persons' case. Often the young people were not missing, they had just failed to come home or check in with their support workers / guardians. This intervention with the police did nothing to nurture relationships between the young person, their carer(s) and the police. It forced the police to follow 'missing persons' protocols which weren't necessarily appropriate and put pressure on police resources.

As part of this new approach Police Scotland identified single points of contact for care environments allowing relationship building between known officers, the young people and those who care for them.

Now when an incident arises the young person is identified as 'not at home', enabling the organisations to approach the situation more appropriately allowing for age-appropriate positive risk taking and for the young person to develop their own autonomy and independence. Intermediate steps can be put in place before asking the police to become involved, more closely mirroring the traditional parental response to similar situations that arise to a 'not at home' situation in conventional family settings.

The Respect Project set out to address another main area of concern for children and young adults in care: unnecessary criminalisation of children in care environments. Building relationships with the police allows individual incidents to be reviewed and individualised appropriate responses agreed. This reduces the unnecessary criminalisation of children as a consequence of the incident happening in a care environment, and then disadvantaging them for life by obtaining a criminal record.

This project allows young adults in a care environment to be treated much more like a traditional parental model, tackling some inequalities, encouraging self-determination and independent living in a safe and supported way leading to more informed choice and positive risk taking which is a rite of passage for young adults.

Partnership Priority 3: Supporting people in their communities

We will work together with our partners and stakeholders, across all types of care, to provide the conditions required to enable people to remain living at home safely for as long as possible with the right support in place for them, and for their carers if they have them. We will encourage, support and empower people to live healthy, independent, meaningful and more personally satisfying lives as active members of their communities. With our partners we will continue the move away from traditional service models to services and supports available closer to people. This doesn't mean living without any support at all. It means living as independent a life as you can and making choices about the things that matter to you, to live as full a life as possible with support when you need it. This will require ambition and innovation to develop community-based services that empower people to live independently with the right supports, in the right place and at the right time.

What you told us	
01	We need more central locations to provide care in community. Some elderly patients have to travel quite far to receive care at community hubs.
02	If services are to be delivered in the community then they should be community led and not hospital / medically led. More engagement with Scottish Government to ensure services that are already in community stay within community HSCPs.
03	Increase required in community services as not enough staff to deliver care, particularly in district nursing and mental health.
04	The plan to provide more care in people's homes raises lots of questions around staffing levels, the amount of time a carer gets to spend with each service user, travel to and from different homes, etc.
05	Funding should be increased to enable people to stay in their own home. Equipment, for example enhanced telecare or adaptations need to be installed timeously.
06	Priority is to keep people living at home for as long as they want to. Ideal is to have a blend of support from family and support from services / HSCP as needed.
07	There needs to be more emphasis on the psychological aspects of health behaviour change or maximising well-being, and the psychological factors that impact on independence (e.g. anxiety or fear of falling leading to reduced activity and over-reliance on carers).
08	Look at more independent living for people with learning disabilities. Have their own homes, but with some support from carers and assistive technology.
09	You seem to equate independent living with old age and give no consideration to the appalling lack of accessible housing for disabled people.
10	Technology can have a positive impact on helping individuals be more independent. Being connected to the Internet and learning some digital skills could enable someone to shop online which is often cheaper and easier or access learning courses online. New technologies can really open your eyes to a multitude of opportunities

What we know?

01 The rate of emergency admissions per 100,000 adults has reduced from 14,816 in 2015/16 to 11,798 in 2021/22.

02 The rate of emergency bed days per 100,000 adults has reduced from 144,254 in 2015/16 to 121,189 in 2021/22.

03 Re-admissions to hospital within 28 days of discharge per 1,000 admissions was higher in 2020/21 (116) than in 2015/16 (98).

04 89.4% of people in 2020/21 spent the last 6 months of life at home or in a community setting, compared with 86 in 2015/16.

05 42.8% of Glasgow's older people aged 65+ who have high levels of care needs, live at home. This is higher than the 35.0% for Scotland overall.

06 The number of children in placements outwith their local authority of residence has reduced from 126 to 31 between 2016 and 2022.

07 80.3% of adults supported at home agree that they are supported to live as independently as possible compared with 78.8% for Scotland.

08 79.6% of adults supported at home agree that their services / support are improving / maintaining their quality of life (78.1% for Scotland).

09 88.1% of adults are able to look after their health very well or quite well (90.9% for Scotland).

10 96% of people receiving a home care service feel the service makes them feel safe and improves their quality of life.

What we intend to do

01 Focus on a range of initiatives to reduce delayed discharges by removing barriers to patients leaving acute settings who are fit to return to their communities with the appropriate supports in place.

02 Continue to expand the access to and use of technology-based supports to enable people to live independently in their own homes with supports appropriate to their needs.

03 Develop and tender for an enhanced community living service for adults with a learning disability to support people to be discharged from hospital care into enhanced community living settings.

04 Work with partners to ensure housing options are designed to meet the evolving needs of the city and are future-proofed to support the HSCP's objectives in relation to delivering technology-enabled care and accessibility.

05 Review the potential to learn from programmes and initiatives implemented in other HSCP areas that seek to ensure that nobody dies alone. Seek wherever possible to enable people to spend more time in their communities in the final years of their life, rather than in hospital settings, to support our commitment to enable and empower people to die well in their communities if that is their choice.

What success would look like

- More people will be supported to live safely in their own homes and communities if that is what they choose to do
- Families and communities will have a major and active role in supporting people to live independently
- Families, communities and people with experience of receiving services will be actively involved in identifying gaps in services provision and designing services to address need
- Communities will be supported, empowered and resourced to provide supports required for people who choose to access them and people will only need to seek support from statutory services when that's necessary or where it's the best fit for their needs
- Glasgow's children, young people and families will tell us that we are keeping our Promise to them, as outlined in Glasgow's **Keeping the Promise Plan**
- Pressure on residential care placements will reduce due to the availability of appropriate alternatives within communities
- We will see a marked and ongoing reduction in the number of delayed hospital discharges
- Carers will be supported to provide the care required to enable people to remain living within their communities for longer
- We will provide information and support to access a range of options using new technology to support independent living in communities where this is appropriate
- People with complex needs will be able to live in their own homes and communities for as long and as independently as possible
- We will be able to offer a range of housing options that enable citizens to live as independently as possible within their own communities with support where required
- Housing options provided by our partners will support technology-enabled care solutions to facilitate independent living in the community
- Referrals for services where formal intervention is required and re-admissions (e.g. to hospitals) will reduce, enabling the resources of the HSCP to be targeted more effectively at those who are in most need
- Those who are in receipt of services will feel greater levels of satisfaction that they are able to manage their lives independently from statutory intervention with the appropriate local supports
- Citizens will be able to live and die well at home or in their communities if that is what they choose to do.

Our Partnership Priorities in Practice

Priority 3: Supporting people in their communities – Mental Health Assessment Units

You can also view a short video: **MHAU Short Film** describing the service highlighted below.

Specialist Mental Health Assessment Units (MHAU) and the Compassionate Distress Response Service were set up in April 2020 as a more appropriate pathway to assess and support citizens of Glasgow who were experiencing a mental health crisis.

This compassionate and sensitive approach to helping people in stress and distress, shifts the balance of care from acute emergency departments to supporting people within their own communities.

Traditionally when Police Scotland received a 'concern for person' call their options were limited to accompanying that person to local emergency departments for assessment and treatment from a community psychiatric nurse. This was often undignified for the person, waiting in Accident & Emergency with police escorts for many hours and added unnecessary pressure to acute services, often entering the person into the 'system' needlessly.

The units and patient journey were produced in partnership with Glasgow Association for Mental Health, Police Scotland, Scottish Ambulance Service and Glasgow Community Planning Partnership to ensure a more appropriate environment and approach for people in times of distress. They provide the ability to assess people in a comfortable and appropriate environment and offer suitable onward referrals where required. This ensures that people get the right support, at the right time and in the right place.

This new way of working demonstrates a person-centred approach to co-producing services with the service user journey at the heart. Utilising a Mental Health Assessment Unit rather than acute services ensures earlier intervention and a move away from provision of statutory services as a response to times of distress, allowing people to recover and become supported within their community, reducing harm and enabling their independence.

Partnership Priority 4: Strengthening communities to reduce harm

We will work in partnership with communities and other services to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately. We accept that not all risk can be avoided and in some cases we will be required to provide protective interventions to keep people safe and in order to meet the public protection responsibilities of the HSCP. However, risk of harm can be reduced through integrated and partnership working, and risk can be managed effectively through good public protection practice, shared learning and reflecting collectively to keep people safe. By developing stronger communities we aim to reduce harm and safeguard and protect vulnerable people and communities.

What you told us	
01	Some housing in Glasgow is substandard. When we provide substandard housing to families we are essentially devaluing their self-worth and enabling poor health and outcomes.
02	Call out landlords, including social landlords, who provide poor quality accommodation and devise a minimum standard that is not just about the basics. Housing that is damaging to health must finally be outlawed.
03	We should be able to identify harm and become reactive to harm before harm is able to cause damage.
04	I think we need to work more closely with police in Criminal Justice and the courts.
05	Build stronger working relationships between key agencies (i.e. social work, police, housing, third sector agencies).
06	People need protection from abuse, exploitation and harm. Procedures need to be straight forward for people. For example, elderly people should be encouraged to apply for Power of Attorney.
07	More joint working with other agencies and training in risk management. Supporting other agencies in recognising risk and harm and in making appropriate referrals to appropriate teams as not all referrals made are actual harm.
08	I would expect to see something about people / citizens are living in a city where they feel safe and know how to seek support if they are being harmed in any way.
09	Recognise the importance of working in partnership with social landlords to sustain tenancies and prevent homelessness by abandonment or eviction.
10	Success would be community police, health and social care services that are responsive to the community and work together.

What we know?

01 The rate of adults assessed as homeless or threatened with homelessness is more than 50% higher for Glasgow (9.8 per 1,000 population) than Scotland (6.1).

02 There were 2,668 households in temporary accommodation in Glasgow in 2020/21. This is 20.1% of the national total of households in temporary accommodation, compared to Glasgow's 11.8% share of all Scotland's households.

03 The number of children on the child protection register has reduced from 314 to 303 between 2018 and 2022.

04 The number of new child protection registrations has fallen from 415 to 366 in the same timeframe.

05 During 2021/22, there were 8,431 Adult Support and Protection referrals and 506 formal investigations completed.

06 Number of households reassessed as homeless / potentially homeless within 12 months was 526 in 2021/21 (target is under 480).

07 Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence has increased from 64% in 2015/16 to 87% in 2021/22.

08 Percentage of live homeless applications over 6 months duration at the end of the quarter was 48% across the city in Q4 of 2021/22 (target is less than 40%).

09 The average number of weeks from assessment decision to settled accommodation was 45 weeks at the end of 2021/22 (target 26 weeks or less).

10 Number of households reassessed as homeless or potentially homeless within 12 months stood at 526 at the end of 2021/22 compared with a target of 480.

What we intend to do

01 Ensure the HSCP and its partners can support the provision of safe housing for Glasgow's residents and contribute to the role the city is playing in supporting people seeking asylum / refuge living in Glasgow.

02 Provide the information and supports required to those who are experiencing or are at risk of experiencing harm in our city to ensure protection from harm.

03 Support the Scottish Government's ambition to enable the consistent delivery of safe, accessible, high-quality drug treatment and deliver initiatives and priorities to tackle the harm caused by alcohol and drugs in the city.

04 Continue to progress the HSCP's commitment to the reduction of domestic abuse through implementation of the Domestic Abuse Strategy and delivery of programmes such as the Caledonian System to address the offending behaviours of men who use violence against women.

05 Work with offenders across the city to provide them with unpaid work / Community Payback Orders to encourage them to address offending behaviours and provide them with opportunities to develop new skills and secure employment pathways.

What success would look like

- People living in the city will feel safe and will know how to seek support if they or someone they know is experiencing harm
- Staff and stakeholders understand that the public protection responsibilities of the HSCP mean that sometimes interventions may not be welcome but are in the best interests of individuals or the wider community to prevent harm to that person or others
- The risk of harm to individuals and communities is reduced as far as is possible, recognising that harm prevention is not possible in all cases
- The HSCP will be working well with partner agencies and service providers across the city to recognise and address potential areas of risk and harm early, and ensuring the appropriate response is available and applied
- We achieve an appropriate level of risk management, which empowers staff to understand and be enabled to assess and manage risk according to their professional assessment and judgement
- People re-entering the community having served custodial sentences will be able to access appropriate housing to support their re-integration into society

- The HSCP will have appropriate and implemented strategies to address and target specific areas of potential harm to individuals or groups (for example violence against women and domestic abuse)
- People with health and social care needs will experience better housing-related supports and outcomes as a result of strong partnership working with the housing sector
- The HSCP will be able to offer safety and protection to the most vulnerable communities and those who are guests in the city such as those seeking asylum.

Our Partnership Priorities in Practice

Priority 4: Strengthening communities to reduce harm – The Herbert protocol

You can also view a short video: Glasgow City HSCP – **The Herbert Protocol Short Film** describing the service highlighted below.

The Herbert Protocol is a multi-organisational integrated approach to sharing information on vulnerable citizens in our community to help locate them if they go missing.

This proactive approach for people living with dementia provides assurance for those who have a loved one with a diagnosis of dementia or other cognitive impairment.

People living with dementia are encouraged to maintain their independence and live as long as possible in a home environment of their choosing. However, their condition is such that they are more at risk of going out and becoming disoriented or getting lost whilst conducting their day-to-day business.

The Herbert Protocol gathers a comprehensive range of information that may help organisations involved in responding to reports of a vulnerable missing person. The range of information captured includes, work history, previous addresses and established routines giving responders more meaningful information to help locate the individual and preventing loved ones or organisations from needing to provide a full range of information every time the police or another organisation are required to assist.

The protocol was developed by a range of partners to ensure that appropriate responses were put in place to allow those living with dementia to live their lives as fully as possible in their communities and safe from harm. Glasgow City HSCP, Police Scotland, Scottish Fire and Rescue and Alzheimer's Scotland are among the organisations encouraging people of Glasgow to sign up to and complete the required information.

The introduction of the Herbert Protocol allows for positive risk taking with speedier responses when required. This work supports the HSCP's priorities of preventing and reducing harm to individuals and supporting people to live independently and flourish in their communities.

Priority 5: A healthy, valued and supported workforce

We will seek to develop and retain a workforce that is suitably and highly skilled, trained and supported to deliver the highest standard of service to the city's people. By having a workforce that feels engaged, valued and highly trained we can ensure that our staff are ready to meet the challenges and opportunities of delivering health and social care services and are confident in the value placed on their own health and well-being. We will identify the investments, and cultural and organisational change, we require to make with our leadership teams and wider staff group to overcome the recruitment and retention challenges facing the sector and ensure a flexible, supported, resilient and sustainable workforce that can adapt to changing demands and opportunities placed on and available to the service.

What you told us	
01	We need better funded frontline services with a focus on training and retaining high quality staff to ensure appropriate staffing levels within teams.
02	Expand mental health awareness training for all HSCP staff groups.
03	Greater self-determination and autonomy to be given to supported individuals and frontline staff and team leaders.
04	I would like to see something included that recognises work to support the workforce.
05	There also needs to be investments in front line social care staff, and in resources, to enable better use of SDS.
06	Staff renumeration needs to be commensurate with the skills / responsibilities required of supporting people and their specific needs.
07	Care at home staff are vital and need more allocated time and enhanced training to support them in their very demanding roles.
08	Change how we treat and value social care workers, the backbone of services throughout the pandemic.
09	Isolation that has been felt by service users has also been felt by staff. People are becoming so burned out – there are real concerns about how to retain and recruit staff under these circumstances.
10	Need for more staff to reduce waiting lists.

What we know?

01 As of April 2022, the staff group working within the HSCP (10,956) was made up of 6,220 employed by Glasgow City Council and 4,736 employed by NHS Greater Glasgow and Clyde.

02 In 2022 69% of HSCP staff reported that they are treated fairly, consistently, with dignity and respect in an environment where diversity is valued.

03 65% agreed that they are provided with a working environment that promotes the health and well-being of staff, patients and the wider community.

04 57% feel they are given the time and resource to support their learning growth.

05 82% feel that their line manager cares about their health and well-being, compared to 53% for their organisation.

06 61% would recommend the HSCP as a good place to work.

07 71% said they have sufficient support to do their job well.

08 The HSCP has made a range of local and national resources available to staff to support their health and well-being.

09 The HSCP published its **Staff Mental Health and Well-being Action Plan 2021 – 2022** in March 2022.

10 The HSCP developed a Succession and Talent Development Programme Board in 2021, to recognise the need to identify managers of the future and to encourage staff to take on development opportunities.

What we intend to do

01 Ensure accessibility and raise awareness of **mental health and well-being resources** available to all HSCP staff.

02 Support staff who are absent from work and are experiencing Long Covid and other health conditions.

03 Provide regular protected time for staff development and ensure all HSCP staff have career development conversations.

04 Ensure staff are trained to deliver on the commitment to plan and deliver services within a human rights-based approach.

05 Mobilise a culture shift that communicates and embeds strengths based, trauma informed practice and builds staff resilience through utilising trauma informed practice / leadership and strengthening personal resilience programmes.

What success would look like

- Staff will feel inspired, valued, supported and equipped to do their job
- Staff will work in a mentally healthy workplace where discussions about mental health and well-being are part of routine support
- The importance of staff mental health will be part of the HSCP's local strategies and action plans
- Staff will feel valued and involved in decision-making and developing local plans and strategies
- We will be engaging with staff to ask them what they need to support healthy working lives and manage change
- Staff will have access to resources and supports that enable them to manage and improve their health and well-being
- Staff will work within an environment characterised by collaborative and compassionate leadership
- We will understand the models of support required of our staff and ensure training and development opportunities are tailored to ensure they can deliver the high levels of care they are passionate about delivering
- We will have and be acting on good data and projections of need that enable us to mobilise and target resources in a responsive and flexible way
- We will have a workforce that is committed to training and continuous development and we will be matching that commitment with the relevant investment to provide training and development opportunities
- We will offer our staff a working environment and culture that supports them to thrive and provide the highest levels of care. This includes; considering working models; career advancement; staff support; training and development plans and opportunities and; IT systems that support and enable staff
- Our workforce will be committed to meeting the Vision and priorities of the Integration Joint Board by working in an innovative, progressive and transformational way to support people to live as independent a life as they can
- We will be succession-planning and creating opportunities for existing staff to develop and progress in their careers
- The workforce will continue to be developed to ensure we have a digitally literate workforce
- Our workforce will reflect the diverse nature of the city and / or be trained to interact with different communities
- The HSCP will experience greater success in recruiting people to become part of the workforce and retaining people within it
- Our workforce will have the right skills mix and be flexible so that, in times of challenge, they can be deployed to suit the needs of the service and the demands placed on services by external factors and the city's changing demographic profile.

Our Partnership Priorities in Practice

Priority 5: A healthy valued and supported workforce – older people's residential services legacy art project

You can also view a short **video** describing the service highlighted below.

Glasgow City HSCP has five residential care homes for older people within the city. They provide homes for 550 residents and jobs for over 700 members of staff. The impact of the COVID-19 pandemic has significantly affected the care homes and there is no doubt that events during the pandemic took their toll on resident and staff morale and resilience.

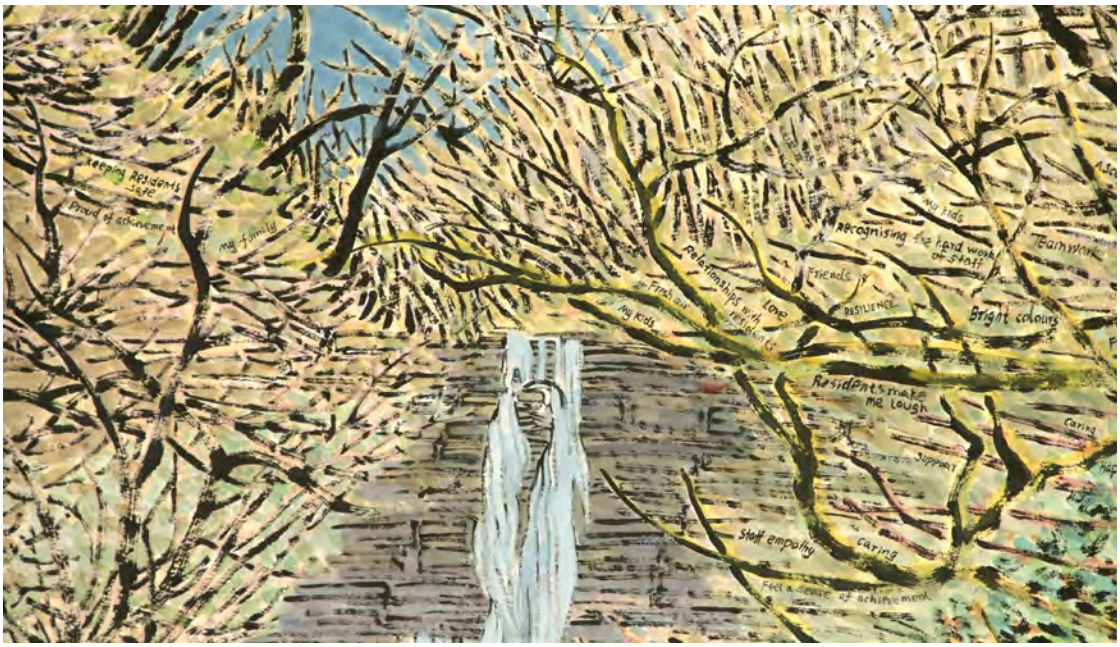
With this in mind the 20-minute care space was created with Dr Melissa Martean of NHS Greater Glasgow and Clyde's psychological services to ensure that staff had a safe, quiet space for reflection and be led to identify ways to better self-care. The approach was identified as best practice within the recent Scottish Government publication **Healthcare Framework for adults living in Care Homes: My Health, My Care My Home** and the service won the innovation award at the HSCP Staff Awards for Excellence 2022.

Staff well-being continued to be a focus as services began to move into recovery and the team approached **Health and Social Care Alliance Scotland** (The ALLIANCE) and their artist in residence Xuechang Leng to work on a legacy art project for each of the homes.

Mr Leng is an architectural artist who works with teams and individuals to develop pieces of art and sculpture which reflect moods and experience. Being of Chinese origin, Xuechang uses colour to express feelings as words in the Chinese language have representative colours.

Focus groups with staff facilitated by the ALLIANCE's Tommy Whitelaw and Xuechang asked staff 'what matters to me?' in the context of their experiences of the pandemic, recognising and celebrating their individual contributions. The words chosen within each care home have become individual pieces of art themselves, with the main outcome being a sculpture of a soundwave in a corresponding colour installed within a public area of each of the five homes, each completely unique and personal to the staff team at each site.

It is anticipated that while this project provides a reflective opportunity for staff, it also creates a therapeutic art piece which will be of benefit to the residents and staff living and working within the care home, and equally give tangible expressions of their experience during the pandemic.



Artist's Interpretation of the Staff Sessions

Priority 6: Building a sustainable future

We will work with our partners to meet the challenge of delivering a sustainable model of health and social care within a challenging environment, characterised by financial constraints, increasing requests for support and recruitment and retention challenges. We will be ambitious but also realistic when planning services with our partners to ensure we do not over-promise and under-deliver, and to ensure our health and social care system is sustainable, even if that means sometimes having to acknowledge that there will be things we will be unable to do. At all times we will seek to ensure we use our resources, including finances, our workforce and other resources effectively and where they will make most impact to achieve value for money and ensure we have strong and reliable health and social care services, not just now, but for future generations too.

What you told us	
01	HSCP needs better workforce planning, covering fair work / job security for health and social care staff.
02	Staff retention is poor and means that he (person living with dementia) is very anxious as it always seems to be different people. He gets really anxious as it's always someone new who he doesn't know.
03	Promotion of well-being should include supporting community groups in the long term and not short-term / ad-hoc funding cycles.
04	The temptation is always to disinvest in times of financial strain but this just stores up problems for the future. So this area of work needs to be protected in the changing and worsening financial climate.
05	Placing value in people, supporting them to feel they are worthy of having a choice in how to shape their care rather than them having to adapt to what is available, again requires investment in services.
06	At the current time, it is clear that investment is not increasing, and resources are under significant pressure, therefore we are unsure how this could be funded.
07	Investment and education are required to achieve this.
08	Contracts to the third sector should be based upon sustainable outcomes.
09	Ensure housing stock in the city is "future ready" with property upgrades from Registered Social Landlords and investment in construction of new social housing.
10	Very worried about the rising costs of living and how this will impact people. Glasgow already has high levels of deprivation etc. and if services are eroded the overall impact will be more telling on those who most need the support.

What we know?

01 Of a budget of £1.4bn to spend on services, Glasgow City HSCP allocates around £540m for employee costs.

02 Our workforce is our biggest asset, but a deficits-based approach creates societal dependency and negatively impacts on staff wellbeing and retention.

03 Staff turnover sits at 13% for NHS staff groups and 6.4% for Social Care staff groups (up from 5.5% and 3% respectively in 2018).

04 The turnover for home carer posts is 10% annually and requires recruitment of at least 300 people per year.

05 49% of HSCP staff are over 50 (Social Work, 57% and NHS, 38%).

06 Glasgow City IJB has a reserves policy which seeks to ensure that funding is available to mitigate the effects of unexpected financial constraints and challenges and to ensure the resilience and sustainability of health and social care service provision.

07 It is expected that increasing financial challenges will place additional pressure on the IJB's available reserves, and that reserves alone may not be sufficient to meet these pressures over the medium term.

What we intend to do

01 Implement plans to predict vacancies and recruit as early as possible and consider the use of 'evergreen' advertisements across a range of talent attraction platforms.

02 Develop a strategy for promoting the attraction of candidates from a range of backgrounds.

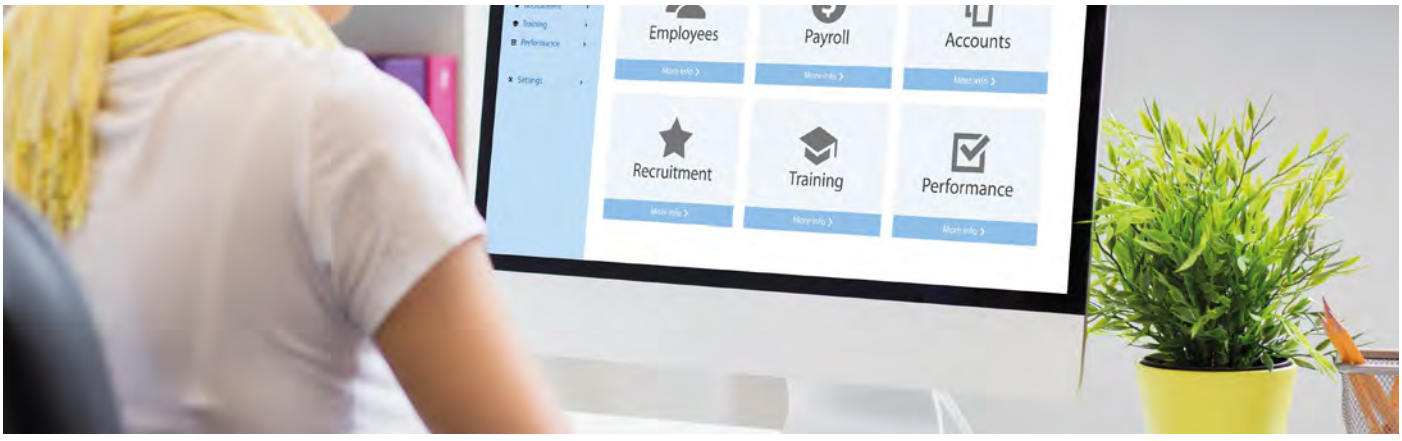
03 Link with external partners such as colleges and job centres to explore opportunities for placements and pre-employment courses.

04 Develop and implement a programme of culture change, staff engagement and development to create the conditions required to deliver a new approach to delivering a sustainable health and social care service.

05 Reduce reliance on agency staff and overtime to fill vacancies and cover absence.

What success would look like

- We will have a skilled, settled and valued workforce that is equipped to meet the current and emerging challenges facing us, and can see the part they play in the generational change in the city's health and social care system
- We will be succession planning to ensure natural staff turnover does not negatively impact on our ability to deliver services
- Our workforce planning activity will mitigate the recruitment and retention challenges faced within the city
- We will constantly be capturing and reviewing data on the changing demographic profile of the city to ensure our main resource, our staff, continues to be suitably trained and motivated to meet changing and / or increasing needs of our citizens
- Our transformation programmes will be delivering the cultural and operational changes required to meet the financial challenges and deliver a sustainable position for the HSCP
- By targeting supports and using all our resources more efficiently we will ensure a sustainable health and social care system that meets the needs of Glasgow's diverse communities now and in the future
- We will be investing in services based on good information and projections to ensure services are designed and delivered in ways that enable them to react to changing demands and pressures
- We will be honest and transparent in our decision making in relation to what we can and can't feasibly do within the resources available
- We will be having honest conversations with our partners and stakeholders if we require to make difficult decisions in relation to certain existing or planned services
- We will continue to work towards achieving the required levels of financial reserves to ensure we can respond to financial challenges when needed
- We will understand and develop plans to mitigate the challenges faced by citizens and the HSCP such as financial hardship and poverty (both historical and emerging), inflation, high energy prices and fuel costs and other factors that affect the health and care needs of citizens and the cost of purchasing and delivering goods and services
- We will be targeting our resources where they are required most and will have mechanisms in place for monitoring service delivery to ensure value for money and successful outcomes.



Our Partnership Priorities in Practice

Priority 6: Building a sustainable future – City wide contributions to environmental sustainability

Our ambition is to become an organisation that is environmentally, financially and socially sustainable whilst delivering high quality, equitable services. Delivering this priority will focus on several key areas:

- Sustainable buildings and land
- Sustainable travel
- Sustainable goods and services
- Sustainable care
- Sustainable communities.

Our HSCP sustainability strategy will be developed in line with and complementary to NHS Greater Glasgow & Clyde and Glasgow City Council's plans for delivering a sustainable city. **Glasgow City Council's Climate Plan** was approved in June 2022 and our **Sustainable Glasgow Partnership** between the Council and NHS was established in 2010.

Some of the key areas of work that we will continue or begin to undertake during 2023-2026 to contribute to meeting our sustainability objectives include:

- Working closely with NHS partners to influence the design of sustainable and climate emergency structures to lead on planning for the future
- Supporting our staff to consider how they plan their journeys, make green choices and reduce travel where possible
- Support and continue the Fleet Strategy Programme to provide electric vehicles and ensure the appropriate infrastructure is in place
- Conclude a pilot of electric vehicles with Care at Home services as part of the home care fleet

- Roll out electric vehicles to other social work teams with a goal for all fleet vehicles to be zero emission whilst electric transition is ongoing
- Build sustainable procurement into commissioning practices to encourage partners to share sustainable values
- Continue to promote sustainable transport solutions for staff:
  - 83% of our home carer staff group are employed within their local community and cover their visits on foot or public transport
  - One study concluded that walking a mile and a half would release 75% less greenhouse gases than we would produce from driving the same distance. If we translate this into Glasgow HSCP care services who are delivering 93,000 visits per week, we in effect reduce our carbon footprint by 8,625 miles
  - Where transport is required there is an intention to widen the electric vehicle pilot mentioned above
  - We will continue to aim for 80% of jobs within the HSCP to be filled by local candidates to reduce travel
  - We intend to maximise ICT solutions to allow people to meet without unnecessary travel.
- Consider sustainability and environmental impact of service planning in all local and strategic plans, and embed carbon neutral or green choices from the outset in service design activity
- Build on the success of the new **Parkhead Health and Social Care Hub**, which will incorporate zero carbon heating by utilising air source heat pumps and electricity generated by photovoltaic panels and green electricity from the grid
- Promote the success of our EquipU partnership in recycling £4m of community equipment for reuse every year
- Use local manufacturers to deliver Home Care Uniforms (7,400 tunics, 1,250 polo shirts each year) rather than previously ordering and importing from overseas, reducing the distance from source by nearly 5,000 miles.

7. MONITORING PERFORMANCE AND MEASURING PROGRESS

Monitoring Performance and Measuring Progress

Glasgow City IJB and HSCP have well defined performance management arrangements to monitor, report on and scrutinise the performance of health and social care services. These arrangements are known as our Performance Framework, which enables the HSCP and IJB to monitor performance and outcomes routinely and regularly in relation to delivery of the Strategic Plan and against a range of local and national performance measures, known as Key Performance Indicators (or KPIs). Progress is regularly reported in **Quarterly** and **Annual Performance Reports**, which can be accessed on the HSCP website.

Detailed **Quarterly Performance Reports** include a wide variety of performance measures and provide information on how services are responding to areas of under-performance. All performance indicators have been aligned to the priorities set out in the Strategic Plan and to the Scottish Government's **National Health and Well-being Outcomes**. The quarterly performance reports are shared with and scrutinised by HSCP senior management groups and teams and are presented to the IJB's **Finance, Audit and Scrutiny Committee**. At each of the Committee meetings, specific service areas are focused on and relevant HSCP officers are invited to discuss performance and demonstrate how they are delivering the HSCP's strategic priorities.

In addition to the **Quarterly Reports**, we publish an **Annual Performance Report** (APR) in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Within the APR we highlight progress in delivering the Strategic Plan commitments and consider performance and outcomes over a longer period of time, including in relation to the **Core Suite of National Integration Indicators** which have been published by the Scottish Government to measure progress in relation to the **National Health and Well-being Outcomes**. The APR also contains information from local surveys conducted by individual services such as Care at Home and Carers services, as well as user / carer feedback and case studies, in order to demonstrate progress in taking forward our local priorities.

The IJB and HSCP management teams also regularly receive updates on delivery of our Strategic Plan commitments through individual service reports, as well as financial updates on budgetary performance and the delivery of agreed savings programmes. They will also review and respond to any reports produced by NHS / Council Internal Audit teams, Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate and other relevant external sources.

In addition to our formal performance management arrangements, a **Demographics Profile** for Glasgow City has been developed to support needs analysis, service planning and service delivery. This is updated every year and includes general population estimates broken down by age, gender and ethnicity at HSCP locality, city and national level. It includes population projections by age-band at city and national level. It also includes a profile of health in the city with information on life expectancy and mortality, patterns of illness and disease, as well as information on factors that can impact upon health and well-being, including lifestyle and behaviours, social capital, poverty and deprivation, education, employment and crime.

Our understanding of how health is changing for particular groups in Glasgow and how we plan to meet changing needs is informed by a range of population health surveys and needs assessments, including:

- The **School Health and Well-being Survey** (12-18year olds)
- NHS Greater Glasgow and Clyde Health and Well-being Surveys
- The **Health Needs Assessment** of people who are lesbian, gay, bisexual, transgender or Non-binary (LGBT+) in Scotland (2022)
- Health Needs Assessment of prisoners within the Greater Glasgow and Clyde prison estate (2022)
- The **Scottish Health Survey**
- The **Scottish Crime and Justice Survey**
- The **Scottish Household Survey**
- The publications of the **Glasgow Centre for Population Health**.

As part of defining the Partnership Priorities above, this Plan outlined some general suggestions for what success will look like. We will be able to monitor progress and demonstrate success for some of these measures through the formal and established performance monitoring arrangements outlined above. Others are not so straightforward to measure or quantify. Where data is not available or is not currently captured, the HSCP will work with our stakeholders to identify how to measure success in achieving our priorities, for example through case studies or the testimonies of people with lived experience of services and supports.

A priority for the HSCP will be to identify where the impact of our activity is having an effect in terms of reducing the numbers of people seeking supports and reducing need in the city. How we do this and the success we experience will be reported back through the relevant governance and strategic planning groups for consideration and action.

8. FINANCE AND RESOURCES

What you said:

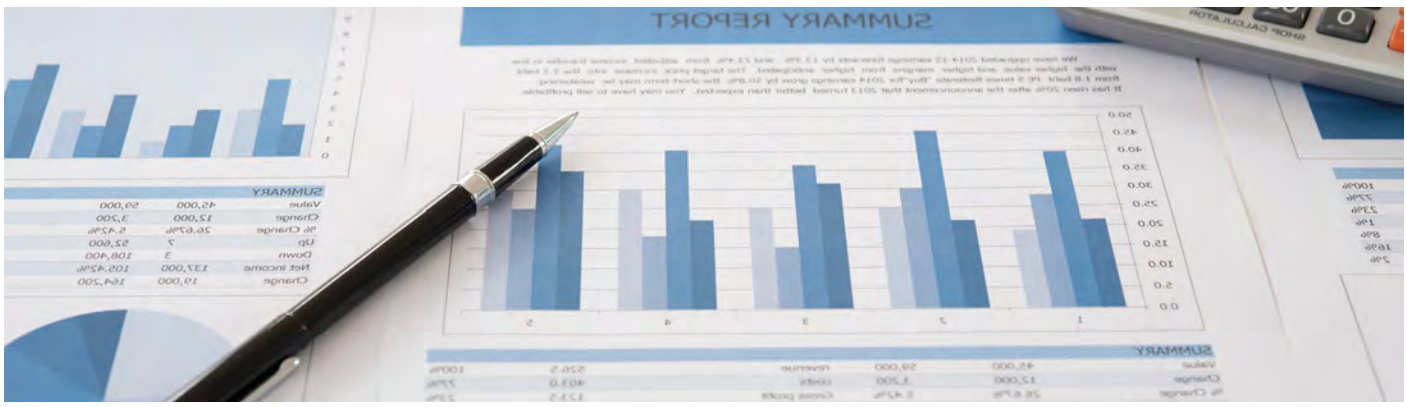
"The vision definitely still applies, and everyone is doing a great job in trying to make this happen, however I think there are challenges including financial constraints which limit the implementation of the vision"

Financial Position

Glasgow City IJB delivers a range of services to its citizens and in 2022/23 has funding of £1.5bn to spend on services. This is funded through budgets delegated from both Glasgow City Council and NHS Greater Glasgow and Clyde. The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. The scale of inflationary pressures and the cost of living crisis is having a significant impact on both cost and demand for services. Like you, we are facing challenges as a result of inflation, increasing energy prices and increasing fuel costs which impacts not only on what we pay for goods and services but also the pay increases which are set nationally and applied to our employees.

Our response to the pandemic has brought with it a number of challenges and opportunities to deliver services in a different way. The full impact of the pandemic will not be fully known for years to come. However, we can already see the impact it is having on people's health, well-being and the economic impact including income, employment and housing. We are seeing this translate into an unprecedented increase in demand for our services. Service demand has been impacted further as a result of wider global challenges and the support being offered by the city to Ukrainian refugees as an example.

This represents a challenging backdrop to deliver on our ambitions and it will have an impact on what can be delivered and when. Glasgow City IJB is clear about the challenges which are ahead and its aspirations for its services. However, we also need to be realistic about what can be delivered within the funding available. This will require the IJB to prioritise decisions for investment and disinvestment in order to support delivery of the Strategic Plan.

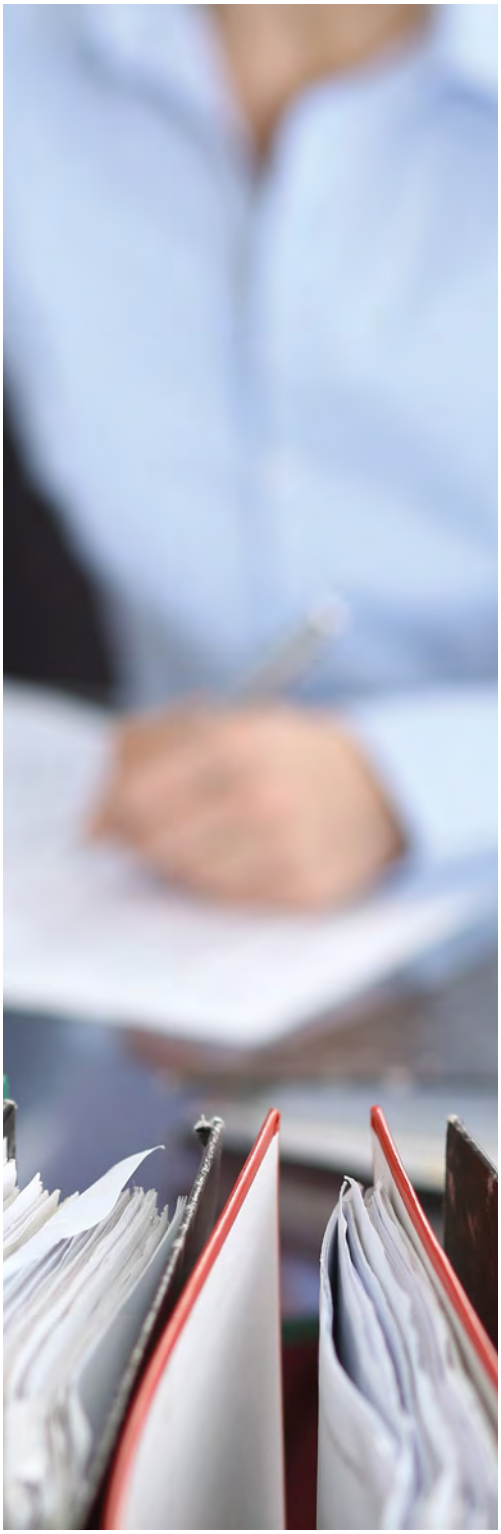


Financial Framework

The **Medium-Term Financial Outlook** is an essential piece of the strategic planning process which underpins the delivery of the ambitions and priorities outlined in this Plan. A robust medium-term financial outlook will support financial and strategic planning, assisting with balancing the financial impact of IJB policies and objectives with the demand and cost pressures it faces.

The **Medium-Term Financial Outlook** estimates a financial gap of £86m over the medium term which will require to be met from savings. It highlights a number of financial pressures which contribute to this financial gap and provides detail on the impact that managing financial pressures has on services provided with our partners.

Our Medium-Term Financial Strategy has three core components which collectively support delivery of financial balance whilst delivering safe and sustainable services. This strategy is set out in the diagram below and cannot be delivered without working closely with all our partners and stakeholders to secure a future which is sustainable and meets the needs of our communities. This is underpinned by strategic planning and commissioning, robust financial management, a prudent reserves policy and workforce planning to ensure our resources are used in the most effective way to deliver services and deliver the vision for the IJB.



Transforming Services

The transformational change programme put in place by the HSCP spans the entirety of our activity and seeks to deliver change that will provide innovative services for the people of Glasgow whilst realising financial savings to support a balanced budget.

This programme is being monitored via an Integration Transformation Board, chaired by the Chief Officer, the aims of which are to:

- Deliver transformational change in health and social care services in Glasgow in line with the Strategic Plan, and the National Health and Well-being Outcomes
- Monitor and evaluate the short, medium and long-term impacts of the Transformational Change programme
- Monitor and realise financial savings arising from the Transformational Change programme
- Engage with stakeholders and promote innovation within and beyond Glasgow City Health and Social Care Partnership.

Investment Priorities and Plans

Implementing the transformation programme requires the HSCP to look at what services are delivered, how they are delivered and where they are delivered from. Fundamental to these programmes is the partnership investment programme and how it supports this transformation.

The HSCP has set out its investment priorities in its **Property Strategy 2023-2026**.The main objectives of the strategy are:

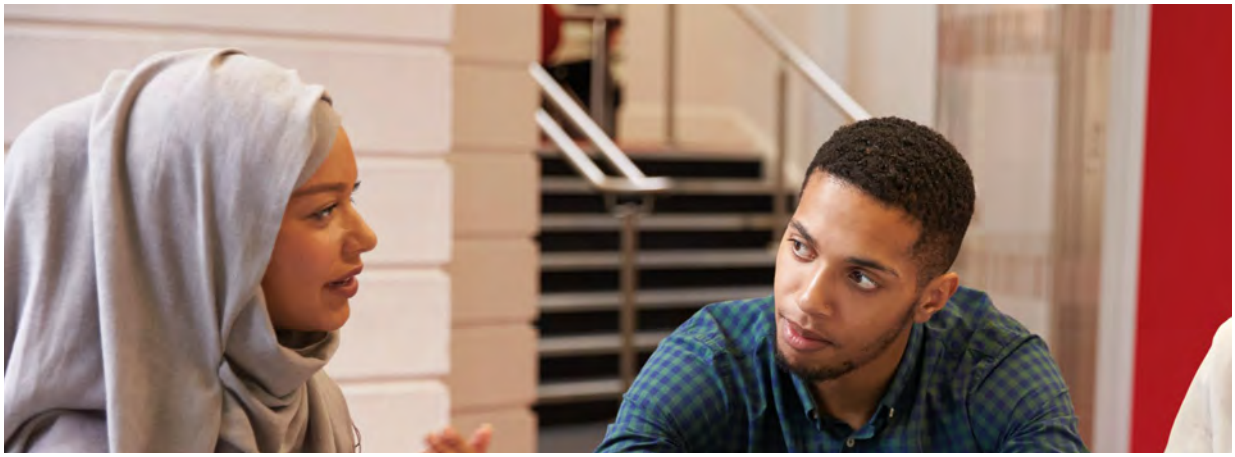
- To gain best value from the use of our property
- Provide safe, modern accessible and fit for purpose accommodation to support staff in the delivery of services

- Provide the right buildings in the right location and condition to meet service delivery needs
- Ensure property assets are located across the City to facilitate access to services
- To maximise opportunities to work with other services, agencies and communities to establish optimum service needs and delivery models

The Property Strategy has already delivered significant investment to support transformation, including the opening of the new **Gorbals Health and Care Centre**, the **Woodside Health and Care Centre**, completion of the investment in Older People Residential and Day Care Centres and continued investment in Children's residential accommodation.

Work has commenced on a new £72m **North East Health and Care Hub** to replace Parkhead Health Centre and will also include a library facility on behalf of Glasgow Life. Funding of £20m has been provided for the refurbishment of the Church Street Social Work property to provide a key centre for the provision of services in the North West of the city, and there is a programme of Health Centre upgrades and refurbishments underway across the city to ensure we are maximising the use of the space needed to deliver the **primary care improvement programme**. All these projects will accommodate a range of health and social care services, delivering integrated services for these local communities.

The HSCP is also working jointly with partners to rationalise property bases and a number of opportunities are being explored to provide integrated services at a number of locations across the city.



Staffing and Workforce Plan

Staff within the HSCP (our people) are integral to our success and particularly the success of our transformational journey. As at April 2022, the HSCP had a workforce of 10,956 Whole Time Equivalent (WTE), made up of 6,220 WTE employed by Glasgow City Council and 4,736 WTE employed by NHS Greater Glasgow and Clyde. A significant majority of staff work directly with patients, service users, carers and their families to support them. The breakdown of staff across care groups and between the Council and Health Board is outlined within the following table.

Breakdown by Care Groups

Staff Group	Head Count		WTE		Totals	
	Council	NHS	Council	NHS	Head	WTE
Adult	469	2690	440	2456	3,159	2,896
Care Services	3972	n/a	3070	n/a	3,972	3070
Older People	315	1132	297	967	1,447	1,267
Primary Care	n/a	286	n/a	240	286	240
Children	1073	1077	999	928	2,150	1,927
Public Protection and Complex Care	655	n/a	602	n/a	655	602
Resources / Other	998	182	812	145	1,180	957
Totals	**7482**	**5367**	**6220**	**4736**	**12,849**	**10,956**

Glasgow City HSCP is required to develop and publish a workforce plan setting out the strategic direction for workforce development, service redesign and any resulting changes to our workforce. Our **Workforce Plan 2022-25** is designed to support the IJB's six Partnership Priorities. Success in achieving these is underpinned by the commitment to support and nurture our workforce, looking after their mental and physical well-being as well as offering roles and development opportunities that staff find rewarding and fulfilling. The Workforce Plan sits alongside the Strategic Plan and acts to support the fundamental objective of the HSCP to develop a relationship with citizens based on helping them to help themselves where appropriate, be informed by the views and the preferences of individuals, and the importance of family and community resources in meeting the health and social care needs of the city's people.

The key service level priorities in relation to workforce planning are:

- Ensuring a workforce that is prepared and empowered to deliver the cultural change required for the new approach to health and social care service delivery
- Finding solutions to challenging recruitment situations, for example; Medical Consultants; Nursing roles particularly in District Nursing, Health Visitors, Mental Health, Prisons and Addiction Services; entry level posts in Care Homes and Care at Home; Social Workers including Mental Health Officers (MHO) and in the specific roles created as part of the Primary Care Improvement Plan (advanced nurse practitioners, pharmacists, pharmacy technicians and musculoskeletal (MSK) physiotherapists)
- Redesign of services, in particular Urgent Care, Homelessness, and Addiction and Recovery Services
- Delivery of local policies and strategies such as Maximising Independence, Hospital at Home, Primary Care Improvement Plans (PCIPs), Single Point of Access (**Health and Social Care Connect**), Vaccination Programmes, Carers Strategy
- In Children's Services the policy framework outlined in Getting it Right for Every Child and delivery of The Promise
- Development of community-based, inpatient and child and adolescent mental health services
- Implementation of a joint Business Administration structure and addressing difficulties recruiting to administrative posts
- Development of staff to meet the changing needs of service users, particularly in Care Homes and Care at Home Services
- Recognition and understanding of the crucial interdependencies within the health and social care system, ensuring that our approach strengthens these vital connections (e.g. Urgent Care, Hospital Discharge and Mental Health services)
- Preparation for the introduction of the National Care Service.

The Workforce Plan also takes account of the Scottish Government's requirements in the **National Workforce Strategy for Health and Social Care in Scotland** and as such the plan includes our ambitions around recovery from COVID-19, growth and transformation of services and the workforce. The Plan includes actions required around the 5 Pillars of the workforce journey (Plan, Attract, Employ, Train and Nurture) and details the establishment gaps, workforce challenges, future staff demand versus current workforce numbers and skills and the numbers of staff and new roles require to achieve all of this.

9. PARTNERSHIP WORKING AND INVOLVING OTHERS

What you said:

The longer-term goal is achievable with full participation from everyone involved"

"Services should be working more collaboratively and innovatively with the HSCP to consider new ways of joint working to do tests of change, for example around providing continence care"

Glasgow City HSCP does not and should not operate in isolation. Planning and delivering quality health and social care requires a range of different people, organisations, professionals and groups (our partners) to share the responsibility of maximizing people's independence, promoting early intervention and prevention and ensuring people receive the types of support they need, where they need it and at the appropriate point in time. Central to this will be working with the people who know the services best. People who have used services have a unique perspective on how they need to evolve to meet the needs of people throughout the city. These people are often referred to as people with "lived experience". People with lived experience are one of a range of different partners that have a role in implementing the approach to service delivery in the city.

The key partners we will work with to plan and deliver health and social care services include the following:

- People with lived experience (including patients, service users, carers and families)
- Local communities (individual citizens and community organisations and groups)
- Voluntary (or third) sector service providers
- Independent sector service providers
- Other services and teams within the Council (e.g. Housing, Education)
- Providers of housing services
- Community Planning partners
- Other Health and Social Care Partnerships within Greater Glasgow and Clyde
- Equalities-led groups and organisations

Involvement

The IJB and HSCP make better decisions when people affected by those decisions are involved meaningfully and at the appropriate point in time. Whether by being consulted on what a new service should look like or what changes should be made to existing services, involving others in ways which genuinely influence what happens next is vital. There are a number of ways the HSCP encourages and describes its approach to involving others in the process of influencing services and service delivery. All are designed to give a voice to those with a contribution to make in ways that make doing so as accessible as possible. The diagram below shows just some examples of how involvement is supported by the IJB / HSCP.

Principles of meaningful involvement

Meaningful involvement doesn't just happen by having certain groups set up or certain policies or strategies in place. Successfully implementing these policies and strategies, and the effectiveness of groups and fora, relies on a genuine and fundamental commitment to working together as partners to develop new ways of doing things.

To make the best use of the structures and opportunities for involvement within the HSCP and to make best use of the expertise and experience of our partners we have developed a set of principles that we believe are vital to achieving meaningful engagement.

- Achieving our priorities requires a commitment to **joint working and participation** from partners
- Meaningful involvement is a **two-way** process
- To be meaningful involvement should be **defined by partners**
- Services should be co-produced and the power to influence change must be **shared**
- Stakeholders must be involved in **gathering and reviewing feedback** on services to inform planning processes
- Involvement must occur at an **appropriate time** to enable maximum influence. This includes being part of day-to-day service delivery as well as when changes to services are proposed
- Decisions about services must be **informed by staff and individuals with experience** of receiving or delivering services (including relatives, family members and those with an interest in them)
- Access to involvement should be **equitable** by identifying and overcoming barriers, and being informed by a commitment to equalities and human rights
- Involvement should be **empowering** and should influence change
- Involvement should be driven by **locality planning** that starts with the community, not senior management
- Communication must be **effective, targeted and proportionate**
- Involvement should include transparency about expected outcomes, with feedback provided on the **outcomes of involvement.**

How we will know involvement is meaningful:

- We will be working in partnership with a network of voluntary and independent health and social care providers, groups and individuals and people with lived experience of health and social care services (our stakeholders)
- People with lived experience will feel that the IJB recognise the value of involving them in decision-making processes
- Stakeholders will feel that they are working together towards joint goals
- Decisions about health and social care services will be influenced by our stakeholders, both within and external to the HSCP
- Where appropriate, specific stakeholder groups will be identified and encouraged to be involved
- Stakeholders will be respectful of one another's views and feel that their views are being listened to and acted upon
- New services and changes to existing services will be designed jointly (co-produced) with our stakeholders
- Opportunities to be involved will be open to all relevant stakeholders, with any specific barriers to involvement identified and overcome wherever possible
- We will seek to involve family members of those who face barriers to involvement
- Stakeholders will feel that how we present information or make opportunities available enables involvement
- Stakeholders will feel empowered by their involvement
- Stakeholders will recognise their input and suggestions in the decisions that are taken, irrespective of the outcome
- Stakeholders will not feel like an afterthought in the engagement and decision-making process but will feel actively involved and empowered.

What you said:

"We would really love to see more information about equalities as well as intersectionality".

The Equalities Act 2010 and Public Sector Equality Duties (the Scottish Specific Duties) identify a number of general and specific duties for Integration Joint Boards as the legal public body responsible for planning health and social care services. The general duties set out in the Equalities Act are:

- to eliminate unlawful discrimination
- to advance equality of opportunity
- to promote good relations.

The legislation in Scotland also outlines a range of specific duties for public bodies (such as IJBs) to:

- Report progress on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Publish equality information in a manner which is accessible.

Equalities Mainstreaming

Mainstreaming equality refers to the efforts made to integrate equality into the day-to-day working of all our services. This recognises that in some cases this requires a specially designed response and a long-term commitment to ensuring that equality and diversity are part of the structures, behaviour and culture of Glasgow City HSCP. One of the ways we describe and meet our duties under the Act is by publishing our **Equalities Mainstreaming Report** and equality outcomes. The HSCP's most recent report on progress in implementing its equality outcomes can be found on the **HSCP website** and focusses on three priority areas:

- To foster good relations and remove discrimination
- To contribute to closing 'gaps' and
- To listen to, and work with, people and communities.

The key mainstreaming challenges in the last two years relate to the pandemic. The pandemic brought a clearer focus to equalities practices with certain groups more negatively impacted than others (e.g. the **triple 'whammy'** experiences reported by women with a disability in Glasgow). We also know that in more general terms women are more likely to experience poverty, domestic abuse and be primary carers for children, older adults or those with disabilities. These experiences are unfair and taking an equalities and human rights approach to improving population health means ensuring that efforts are made to factor in these contexts and work in partnership to address these entrenched societal effects. How the HSCP acknowledges and addresses the differential impacts of the pandemic and wider societal factors on certain groups will be carefully considered by the relevant strategic planning groups and structures.

The IJB has seven equalities outcomes, which are:

1. That family support strategy beneficiaries report good person-centred support and delivery that improves children's outcomes across those with protected characteristics and experiencing poverty
2. Through the Maximising Independence Programme more people report that they are supported to live an independent life in a homely way, via the delivery of supports and advice
3. Improved patient experience of primary care for people with protected characteristics and experiencing poverty
4. Improved use and experience of Mental Health Services of BME patients in need
5. Improved care and health outcomes through advancing equalities practice across all HSCP services
6. The planned 'Parkhead Hub' (the integrated social and primary care, mental health and community hub) will be developed to have equalities at the heart of its culture and design
7. The IJB members and Senior Management Team provide leadership in progressing the equalities culture of the organisation.

Equality Impact Assessments

Equality Impact Assessments (also known as EQIAs) are a key way for us to influence designing services and making decisions in ways that take account of the impact on and feedback of different groups across the city. EQIAs are our way of considering what the impact will be of what we are considering doing on certain groups of people (referred to as people with **protected characteristics**). These characteristics might include having a disability, their sex, their sexual orientation or their ethnic identity.

The HSCP acknowledges that further activity and commitment is required to fully implement a culture where timely and detailed consideration is given to how different groups will be affected by decisions being taken by the IJB. The HSCP is increasingly aware of the importance of understanding and considering the combined impact of multiple characteristics. For example, the combined effect for people with a disability who are female. Or on people who are in older age groups and from black or minority ethnic backgrounds. The interconnected nature of social categorisations such as race, class, and gender as they apply to a specific individual or group can have the effect of creating overlapping or magnified experiences of discrimination or disadvantage. We refer to this as "**intersectionality**" and this will be actively considered as part of the decision-making process with partners. Taking an equalities-informed and equalities-sensitive approach will be central to our work to ensure we are not increasing inequalities.

Equality impact assessments have a strong human rights element and help us to identify and reduce or remove negative impacts. EQIAs, though the involvement of relevant and affected groups, influence service design and help to reduce discrimination in service development and delivery to remove barriers to accessing services. EQIAs undertaken and published by the HSCP can be viewed on our **website**

Fairer Scotland Duty

In 2018, a Fairer Scotland Duty was brought into legislation, requiring the IJB to actively consider how it can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. These requirements are included in the mainstreaming report and the duty is considered as part of the Equalities Impact Assessments completed by the HSCP.

Some of the ways that we have sought to mitigate and reduce poverty as a community planning partner and for our service users and patients can be seen below: (further details can be found within the **mainstreaming update report** on the website)

- Continuing and extending our income maximisation services for service users and patients through our welfare advice and health improvement teams
- Undertaking specific poverty mitigation measures during the pandemic
- Assessing the impact of socio-economic disadvantage in our EQIAs and resultant mitigation measures

- Being an active community planning partner challenging the fundamental causes of poverty and the system changes required to prevent poverty, including our leadership of the Cities Challenge Child Poverty Partnership
- Expanding the provision of financial advice services within GP practices from 30 practices to 84
- Securing funding for a community food-nurturing programme with families of pre-school children, focussing on food insecurity, healthy eating and physical activity in selected Glasgow neighbourhoods: Ruchazie, Garthamlock and Cranhill (North East); Drumchapel (North West); Priesthill, Househillwood, Nitshill and Pollok (South).

Other drivers in mainstreaming equalities

Glasgow City HSCP Equalities Working Group

The group works to support the development, delivery and progress of the HSCP's mainstreaming duties. Members of the group represent all services and areas of work reflected in our equality outcomes and includes representatives from Glasgow City Council, Glasgow Equality Forum and NHS Greater Glasgow and Clyde's Equality and Human Rights Team.

Benchmarking Progress

In 2021, Glasgow City HSCP took the opportunity to participate in the **Employers Network for Equalities and Inclusion** (ENEI) Talent Inclusion and Diversity Evaluation (TIDE) exercise. The TIDE mark allows organisations to assess the status of their organisational practice in equalities and inclusion across eight mainstreaming domains.

Training and Development

Promoting the completion of relevant equalities training amongst staff and senior management working within the HSCP and promoting the mainstreaming plan to ensure staff understand the need to adopt an equalities and human rights approach in the work they do.

Procurement / Commissioning

Working with NHS Greater Glasgow and Clyde (NHSGGC) on a new project that aims to diversify NHSGGC's supply chain to include businesses led by, for, and with people with protected characteristics as defined by the Equalities Act Scotland & Fairer Scotland Duty.

Further identification of mainstreaming activity

Further opportunities identified for mainstreaming service delivery within the services and functions supported by the HSCP can be found within the most recent **mainstreaming update report**

Commissioning for health and social care

Glasgow City HSCP is committed to meeting the health and social care needs of Glasgow's citizens by providing access to high quality, flexible and responsive support services delivered by partners that share our values and principles and promote good practice standards. These may be provided directly by NHS Greater Glasgow and Clyde or by Glasgow City Council or be delivered by voluntary and independent sector care providers on our behalf.

Commissioning plays a crucial role in achieving our vision and priorities, supporting our aspirations and the delivery of transformational change. Working in partnership with provider organisations and service users we aim to deliver a wide range of support services that promote choice and independence and that enable individuals and families to be supported in their own homes and local communities for as long as possible. The HSCP recognises and values the knowledge and experience our partner providers have of the communities we all serve, and we work together to meet the needs, personal outcomes and aspirations of patients, services users and their carers.

Glasgow City HSCP's commissioning activity (i.e. how we do it) is influenced by procurement legislation, and follows the core principles of the **Scottish Government Procurement Journey** commissioning cycle (analyse, plan, do and review). Commissioning teams within the HSCP ensure a balance between quality and cost of services is achieved from purchased services through the application of a contract management framework that promotes safeguarding users of services and a culture of continuous improvement, efficiency and effectiveness.

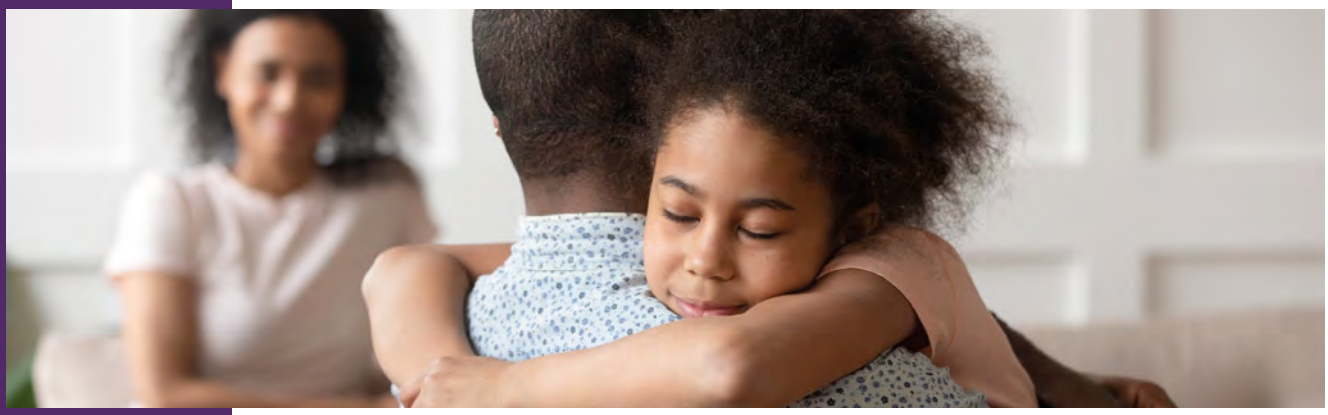
The approach to contract management was interrupted during the COVID-19 pandemic, and partner providers and commissioning officers had to adapt to a range of new requirements in respect of quality assurance. The restrictions placed on us all during the pandemic also meant that relationships were built and maintained on new virtual approaches. During this next strategic planning cycle and as we proceed with recovery from COVID-19 the commissioning service worked with partner providers to review the contract management framework to adopt the learning from the pandemic.

The Commissioning Service has developed and published an **Action and Development Plan** that is kept under constant review and will help position the service to continue to grow the knowledge and skills of staff to contribute to the achievement of strategic objectives and transformational change.

The commissioning priorities for the duration of this Strategic Plan (i.e. what we need) is informed by a number of factors. The Strategic Plan itself continues to drive health and social care commissioning activity, influenced by the priorities identified by stakeholders and by the activity laid out within this Plan to achieve the Partnership Priorities. Those priorities and the activity that follows is informed by the strategic needs assessment referred to earlier in this Plan. Activity is further influenced by strategic programmes including Maximising Independence, the Children's Services Family Support Strategy, Carer's Strategy, Domestic Abuse Strategy and Mental Health Strategy.

Activity is also driven by external factors such as increasing demand, reducing resources and changing legislation and policy (such as the implementation of the **National Care Service**). All of these contribute to an environment where flexible and innovative solutions must be developed and delivered at pace. The Commissioning Service prepares a plan for upcoming commissioning activity for the Integration Joint Board and the plan for 2023/24 can be found on the **HSCP website**.

We will continue to be innovative in our approach to commissioning and to further embed ethical commissioning principles into the commissioning and procurement activity we undertake. In doing so we will continue to place engagement and participation from partner providers, users of services and people with lived experience at the forefront of our commissioning activity to ensure the services purchased and delivered on behalf of the IJB reflect the needs of the communities and support the preparation for commissioning arrangements under the **National Care Service**. During the life of this Plan the HSCP will supplement the information that drives commissioning priorities referred to above with the development of a plan to ensure there are a range of providers and types of support available within the city for supported people to choose from, based on projected need.



This will be called our Market Facilitation Plan. We will also consider whether joint strategic commissioning plans should be developed at care group level to inform the commissioning priorities based on an understanding of need at that local level.

Delivering sustainable procurement will be a key focus for commissioning throughout the lifetime of this Plan. Consideration of **Fair Work First** in tender exercises, and prompt payment in keeping with the commitments for the Living Wage is already embedded in our commissioning approach but work is needed on other aspects of sustainable procurement to ensure compliance with the **Sustainable Procurement Duty** and to secure wider social, economic and environmental benefits for the City. Work in this area will include a review of our approach to community benefits and identifying improvements in our approach and processes to maximise opportunities for local small and medium sizes enterprises (SMEs) and third sector organisations.

10. LIST OF CONTRIBUTORS

List of Contributors

The following are the teams, groups and organisations that engaged with Glasgow City HSCP and / or made direct contributions to gathering feedback relevant to the Strategic Plan.

Contributor
Alzheimer Scotland
Baillieston Community Care
British Deaf Association
Carers Reference Group
Carlton Day Centre Carers
Carlton Learning Disability Day Centre
Cerebral Palsy
Children 1st Freedom Youth Group & Recovering Families
Drumchapel Thriving Places
Enable Glasgow / Fortune Works
Family Addiction Support Services
GAMH
Glasgow Alliance - exCHANGE
Glasgow Centre for Inclusive Living
Glasgow City Council Alcohol Related Brain Damage Team
Glasgow City Council Asylum & Refugee Team
Glasgow City Council Community Council Team
Glasgow City Council Community Empowerment Services
Glasgow City Council Equalities, Diversity and Inclusion Team
Glasgow City Council Housing Services
Glasgow City Council Neighbourhood, Regeneration and Sustainability Team
Glasgow Council on Alcohol Voluntary Sector Drug & Alcohol Agencies (VSDAA)
Glasgow City Council Recovery Communities
Glasgow Council for the Voluntary Sector
Glasgow Disability Alliance
Glasgow Homelessness Information and Feedback Team
Housing Health and Social Care Group
Knightswood Connect Seniors
Lambhill, Milton & Cadder Thriving Places
Local Engagement Forums (NW, NE and South)
Macmillan Cancer Support / Improving Cancer Journey

Contributor
Maryhill Together Community
NHS Greater Glasgow and Clyde Finance, Policy and Performance committee
North Glasgow Food initiative Art Group and Walking Group (Milton)
North West Youth Health Network
NW MH & Well-being Network
PAMIS
People First Scotland
Prince and Princess of Wales Hospice
Public Protection: Service User Reference Group (SURG)
Scottish Drugs Forum
Scottish Recovery Consortium
Scottish Refugee Council
Simon Community Hub - Work with Waverley Care
Support Minds (Cares for People with MH issues)
Wheatley Care Fullarton Project (ARBD)
Wheatley Group
Young Parents' Support Base at Smithycroft Secondary and Glasgow Life

Stock images used throughout, posed by models.