



Social Work Services / Glasgow City Health and Social Care Partnership

Annual Business Plan

2024

1. Introduction

1.1 Background

Glasgow City Council introduced Annual Business Plans (ABP) in 2023 as replacement for the previous Annual Service Plan and Improvement Reports (ASPIR). These ABPs are more forward focused and highlight areas of future priority for services and their contributions to the [Council's Strategic Plan \(2022-27\)](#).

This ABP has been produced in relation to social care services. Responsibility for the strategic planning and performance of social care services in Glasgow, along with a range of community health services previously under control of NHS Greater Glasgow and Clyde, transferred in 2016 from the Council and Health Board, to the Glasgow City Integration Joint Board (IJB), in response to the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#).

This Annual Business Plan should, therefore, be read within the context of the above health and social care integration and within it we set out the contribution being made across both social care and health services delivered operationally on behalf of the IJB through the Glasgow City Health and Social Care Partnership (HSCP).

1.2 Structure of the Report

In chapter 2 of this report, we provide an overview of the HSCP and the services which it delivers. We also describe the organisational structure and provide a summary of the staffing and financial resources available to the Partnership.

In chapter 3 we discuss our future priorities and contributions to the Grand Challenges, Missions and Commitments set out within the [Council's Strategic Plan \(2022-27\)](#). Financial plans for 2024/25, including budget changes and capital investments are then outlined.

In chapter 4 we focus on local priorities of the HSCP which are not specifically identified within the Council's Plan, setting out our vision and strategic priorities, as outlined within the [Glasgow City HSCP Strategic Plan \(2023-26\)](#). We also reflect upon the range of activities being undertaken to support and develop our staff.

In chapter 5 we draw upon a range of available information sources to benchmark the performance of the Partnership. We also summarise the outcomes of the inspections undertaken over the last year and reflect upon equalities work being undertaken and planned.

2. Resources and Organisation

2.1 Service Overview

The way in which health and social care services are delivered across Scotland changed as a result of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), which requires Local Authorities and Health Boards to work together to jointly plan and deliver adult social care and community health services. In responding to the Act, in addition to those functions which were required to be delegated, Glasgow City Council and NHS Greater Glasgow and Clyde agreed to integrate children and families, criminal justice and homelessness services, delegating these to the Integration Joint Board (IJB). The IJB is a distinct legal entity created by Scottish Ministers which became operational in February 2016. It is responsible for the strategic planning and monitoring of a wide range of health and social care services in the city, and it has agreed that these will be delivered as the Health and Social Care Partnership (HSCP). These services include the following:

- School nursing and health visiting services
- Social care services for adults and older people
- Carers support services
- Social care services provided to children and families
- Homelessness services
- Criminal justice services
- Police custody and prison healthcare services
- Palliative care services
- District nursing services
- Services provided by allied health professionals
- Dental services
- Primary care medical services (including out of hours)
- Ophthalmic services
- Pharmaceutical services
- Sexual health services
- Mental health services
- Alcohol and drug services
- Services to promote public health and improvement
- Strategic planning for hospital accident and emergency services
- Strategic planning for inpatient hospital services relating to general medicine; geriatric medicine; rehabilitation medicine; and respiratory medicine

2.2 Staffing

As at August 2024 Social Work Services had a workforce of **7,419** (6,262 Whole Time Equivalent WTE). In addition, within Glasgow HSCP there are **5,364** (4,720 WTE) employed by NHS Greater Glasgow and Clyde, making a total combined workforce of **12,783** (10,982 WTE). The breakdown of staff across care groups and between Council and Health Board is shown in **Fig. 2a** below.

Fig. 2a Workforce data - NHSGGC & Social Work (at 1st Aug 2024)

Breakdown by Care Groups							
Staff Group	Head Count		WTE		Totals		
	Council	NHS	Council	NHS	Head	WTE	
Adult	544	2682	510.16	2420	3,226	2,930	
Care Services	3832	0	3000.15	0	3,832	3,000	
Childrens Services	1041	701	969.31	590	1,742	1,559	
Clinical Director	0	36	0	29	36	29	
Health Improvement	0	146	0	116	146	116	
Hosted	0	130	0	126	130	126	
Older People	334	1336	317.09	1129	1,670	1,446	
Public Protection and Complex Care	455	219	427.15	206	674	633	
Resources	1213	114	1037.67	107	1,327	1,144	
Totals	7,419	5,364	6,262	4,720	12,783	10,982	

Social Work Workforce Data – Sex, Ethnicity and Disability (at 1st Aug 2024)

A breakdown of the Social Work Services workforce by sex and ethnicity, where known, is shown in **Fig. 2b** split by Grade. The numbers of employees recorded with a disability is also shown, split by grade.

Fig. 2b: Social Work Breakdown by Sex, Ethnicity, and Disability

HEADCOUNT	SEX						ETHNICITY				DISABILITY	
	MALE		FEMALE		Total		WHITE		ETHNIC MINORTY			
GRADE	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1 - 4	566	7.63%	3300	44.48%	3866	52.11%	1342	18.09%	328	4.42%	92	1.24%
5 - 7	757	10.20%	2283	30.77%	3040	40.98%	2057	27.73%	200	2.70%	123	1.66%
8	100	1.35%	236	3.18%	336	4.53%	246	3.32%	13	0.18%	11	0.15%
9 - 14	30	0.40%	73	0.98%	103	1.39%	65	0.88%	3	0.04%	2	0.03%
Non PGS*	4	0.05%	70	0.94%	74	1.00%	10	0.13%	23	0.31%	1	0.01%
TOTAL	1457	19.64%	5962	80.36%	7419	100.00%	3720	50.14%	567	7.64%	229	3.09%
							Not Declared		3132			

*Non-Pay & Grading Structure

NHSGGC Workforce – Sex, Ethnicity and Disability (at 1st Aug 2024)

A breakdown of the Health Service workforce by sex and ethnicity, where known, is shown in **Fig. 2c** split by Bands. The number of employees recorded with a disability is also shown.

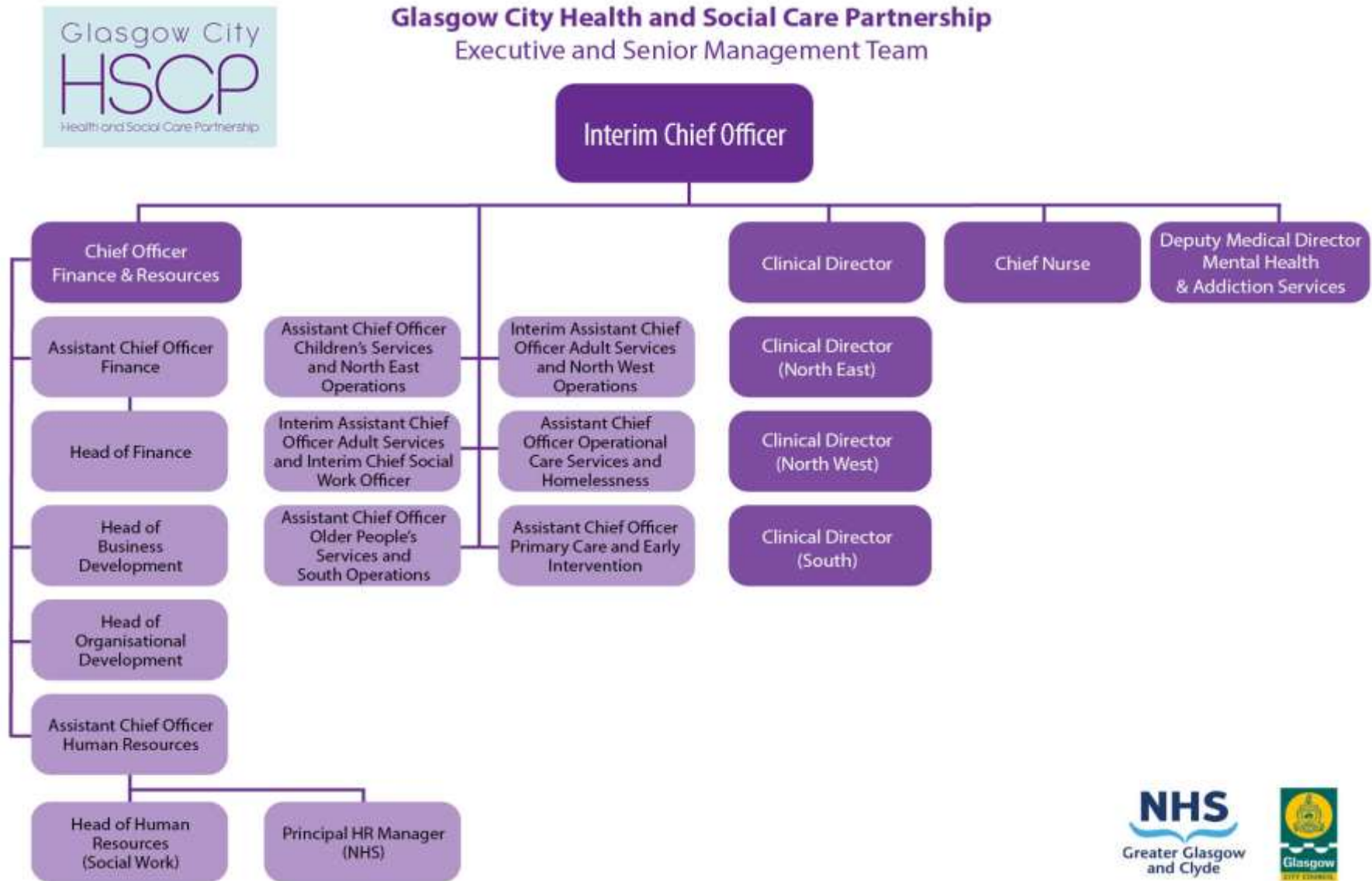
Fig. 2c: Health Breakdown by Sex, Ethnicity, and Disability

BAND	SEX					
	Male		Female		Total	
	No.	%	No.	%	No.	%
2, 3	255	4.75%	898	16.74%	1153	21.50%
4, 5	180	3.36%	1416	26.40%	1596	29.75%
6, 7	263	4.90%	1663	31.00%	1926	35.91%
8A, 8B	48	0.89%	216	4.03%	264	4.92%
8C, 8D, 9	9	0.17%	59	1.10%	68	1.27%
Medical and Dental & Non-AFC	129	2.40%	228	4.25%	357	6.66%
TOTAL	884	16.48%	4480	83.52%	5364	

DISABILITY	%
Declared a disability	1.27%
Not disabled	51.29%
Not known/declined	47.45%

ETHNICITY	%
Black or Minority Ethnic	5.63%
White	74.05%
Not known/declined	20.32%

2.3 Structure The Glasgow City HSCP Service Structure is shown below:



2.4 Budgets

The total financial resources available to the Partnership for 2022-23 and 2023-24 are outlined below. The Council's contribution to the overall budget for the Glasgow City Integration Joint Board for 2023-24 is £509,147,000.

Client Group	2022/23	2023/24	Movement
	Net Expenditure Budget	Net Expenditure Budget	
	£000's	£000's	£000's
Children and Families	161,306	163,086	1,780
Adult Services	326,800	349,992	23,192
Older People Services	332,825	355,406	22,581
Resources	66,682	20,322	-46,360
Criminal Justice	14,718	14,686	-32
Primary Care	370,803	393,863	23,060
COVID-19	5,074	0	-5,074
Set Aside	257,228	257,228	0
TOTAL	1,535,436	1,554,583	19,147

Notes

* 22/23 and 23/24 budgets are opening budgets for the HSCP. Set Aside updated to reflect actual activity levels.

Outturn

An operational overspend of £18.8m was delivered during 2023-24. In addition to this there are local and national priorities which will not be completed until future financial years and require funding to be carried forward (£14.3m). The relates to ring-fenced funding which has been received to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding. The IJB elected to transfer this to earmarked reserves. In addition, they also approved the re-alignment of earmarked reserves to general reserves totalling £0.3m. Details of this can be found [here](#).

3. Delivering our Council Strategic Plan Commitments

3.1 Council Strategic Plan

During 2022 a new [Council's Strategic Plan \(2022-27\)](#) was developed. This plan sets out the Council's 4 Grand Challenges, each of which has a number of associated Missions. The HSCP leads upon the delivery of **Grand Challenge 1** Reduce Poverty and Inequality in our Communities and the associated **Mission 3** Improve the Health and Wellbeing of our Local Communities.

The HSCP has identified a number of Commitments to progress the above Grand Challenge and Mission. Within the table below, we set out these Commitments and describe some of the Actions and Planned Activity. These have been refreshed following the publication of the HSCP's [Glasgow City HSCP Strategic Plan \(2023-26\)](#).

GRAND CHALLENGE ONE

Reduce poverty and inequality in our communities

MISSION 3:

Improve the health and wellbeing of our local communities

Commitment 1. Work with partners to promote and support people in Glasgow to achieve improved physical, mental and emotional health and wellbeing whilst reducing inequalities and the impact of deprivation.

Action	Milestones	Planned Activity
1. Deliver the activity outlined in the Health Improvement Strategy 2023-2028	Implement NHSGGC Early Years Mental Health Improvement Framework	Lead the development and implementation of an NHSGGC Early Years Mental Health Improvement Framework
	Continue to develop actions designed to prevent suicide and impact on self-harm	Continue to invest in the city's suicide prevention partnership and support the forthcoming national strategy for self-harm.
	Support mental wellbeing of groups most at risk by life circumstances and isolated by discrimination	Develop programmes to advocate and support the mental wellbeing of groups most at risk by their life circumstances and isolated by discrimination.
2. Work on implementing the Mental Health Strategy to ensure a range of mental health supports are available in the community.	Expand computerised Cognitive Behavioral Therapy	Expand cCBT (computerized Cognitive Behavioral Therapy) service using the new national delivery platform to improve the range of treatment modules and increase clinical input.
	Develop Bipolar Hub	Develop a Bipolar Hub which offers: <ul style="list-style-type: none"> • Peer support groups (run by Bipolar Scotland) • Group psychoeducation programme • Physical health checks • Access to a pharmacist for support with medicines.
3. Develop and deliver a range of programmes across the HSCP to reduce and mitigate the impact of poverty and health inequalities in the city.	Deliver Glasgow Local Child Poverty Action Plan	Contribute to the delivery of the annual Glasgow Local Child Poverty Action Plan
	Access to financial advice and welfare rights advice	Continue to develop financial advice and welfare rights advice across health and care services including through the welfare advice and health partnerships (WAHPs) programme.
4. Contribute to work with public health colleagues in other HSCPs in the Greater Glasgow and Clyde area to reduce reliance on harmful substances.	Develop recommendations from the Glasgow Alcohol and Drug Services review	Implement the recommendations of the Glasgow Alcohol and Drug Services review
	Implementation of the 10 Medication Assisted Treatment (MAT) Standards	Continue the implementation of the 10 Medication Assisted Treatment (MAT) Standards
	Extend the WAND initiative	Extend the WAND initiative (Wound management,

		Assessment of injecting risk, Naloxone provision, and Dry blood spot testing for Blood borne viruses)
	Continue tobacco smoking cessation service	Deliver protection programmes to reduce uptake, exposure and cessation services for tobacco smoking
Commitment 2. Work with service users and their carers to identify their needs and desired outcomes and empower them to make informed decisions about the lives they live and supports they choose to receive.		
Action	Milestones	Planned Activity
5.Implement 'navigation hubs' to support patients seeking access to urgent / unscheduled care.	Promote alternatives to A&E	Use NHS24 as a mechanism to access GP Out of Hours, triage and direction to minor injuries, community pharmacy and other alternatives to Accident & Emergency
6.Identify opportunities to improve the HSCP's Self-Directed Support (SDS) SW 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.	Further develop Self Directed Support	Identify development opportunities to promote the use and effectiveness of SDS in enabling service users to meet their personal outcomes.
7.Support patients and service users to exercise greater control over their support journey	Implement Patient Initiated Follow Up (PIFU)	Implement Patient Initiated Follow Up (PIFU) to enable patients and their carers to initiate their own appointments as and when they need them
8.Explore options with our partners to identify training and development opportunities that would support our staff to support people across the city to make informed decisions about their care and support.	Develop further Partnership Working	Ensure our staff are equipped to work in partnership with other organisations across the city to deliver integrated health and social care supports to people in the city as part of the wider workforce in Glasgow.
	Implement a trauma informed practice approach	Continue to implement a trauma informed practice approach and rollout of the Scottish Trauma Informed Leadership Training
	End-of-Life Aid Skills for Everyone	Explore access to training provided by the Prince and Princess of Wales Hospice on End-of-Life Aid Skills for Everyone.
9.Strengthen early support and intervention for children and young	Whole Family Wellbeing Fund	Whole Family Wellbeing Fund – Element I (£4.66M)

people in line with the aspirations of The Promise and ensure they are key partners in deciding upon the support they want and need		
Commitment 3. Support people to live safely at home for as long as possible and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities		
Action	Milestones	Planned Activity
10.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.	Move away from analogue telecare platforms	Complete the programme to switch the technology used by recipients of technology enabled care services from analogue to digital telecare platforms
	Further use of Technology Enabled Care and Support	Integration of the consideration of Technology Enabled Care and Support (TECS) as a core element of the assessment process
	Further use of Technology Enabled Care and Support	Training for staff in the uses and availability of TECS solutions
11.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.	Reduce Delayed Discharges	Joint planning with partners across Greater Glasgow and Clyde to sustainably reduce delays in discharging people from acute settings through targeting resources to key high-volume areas.
12.Support people to live safely and independently at home and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities as active members of their communities.	Reduce Delayed Discharges	Continue implementation and review of the Discharge to assess process, using care home placements to undertake patient assessment outwith acute settings.
13.Support people to live safely and independently at home and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities as active members of their communities.	Reduce Delayed Discharges	Implement a 7-day discharge model, supporting acute planning to deliver 7-day discharge and including 7-day admission and discharge within intermediate care home placements.
14.Support people to live safely and independently at home and continue the move away from traditional service	Reduce Delayed Discharges	Roll out Hospital at Home across all HSCP localities. Increase throughput and activity, and develop additional referral pathways and interventions.

delivery models to those which enable people to access services and supports in their local communities as active members of their communities.		
15.Support people to live safely and independently at home and continue the move away from traditional service delivery models to those which enable people to access services and supports in their local communities as active members of their communities.	Progress strategy to focus on importance of mental wellbeing in recovery from pandemic	Support the implementation of the “A Socially Connected Glasgow” strategy
Commitment 4. Work in partnership with communities and other services to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks are identified, reduced and managed appropriately.		
Action	Milestones	Planned Activity
16.Review provision of emergency accommodation for homeless households leaving hospital.	Progress work to reduce homelessness	Ensure access to accommodation that meet people’s needs and minimises delayed discharge for homeless households.
17.Progress initiatives that prevent and reduce the risk of homelessness	Progress work to reduce homelessness	Improve access to housing support for households at risk of homelessness and households within private rented accommodation.
	Progress work to reduce homelessness	Development and implementation of the Flexible Homelessness Prevention Fund.
	Progress work to reduce homelessness	Provide funding that can be used flexibly to support small scale grants to people at risk of homelessness in order to sustain their existing accommodation.
	Progress work to reduce homelessness	Carry out a comprehensive review of the homelessness Flexible Outreach Service
18.Implementation of Glasgow City IJB’s first Domestic Abuse Strategy.	Support victims of domestic violence	Encourage victims of domestic abuse to seek support earlier by improving our information, education and communication systems.
	Support victims of domestic violence	Review the Gender Based Violence (GBV) service and the role of the GBV workers in each locality to improve effectiveness of support provided to their service users.

Commitment 5. Work to promote safe and equitable access to the right services in the right place at the right time for all with particular awareness of the needs of protected or marginalised communities

Action	Milestones	Planned Activity
19. Connect people and those they care for to the right supports, in the right place and at the right time through more straightforward and timely signposting and information for those looking for support within their communities.	Embed Health and Social Care Connect service	Monitor and review the recently launched Health and Social Care Connect service
	Launch Alcohol and Drug Recovery Services	Prepare for the launch of HSCC for Alcohol and Drug Recovery Services and some community services.

Commitment 6. Ensure that Glasgow's carers, including young carers, foster carers and kinship carers are supported to provide the best possible care, and achieve the health, wellbeing and financial stability that enables them to reach their full potential

Action	Milestones	Planned Activity
20. Continue to give voice to those with lived experience of being and unpaid carer by ensuring young carers voices are being heard within health and social care decision making structures.	Continue to support carers	Support carer representation on the Integration Joint Board and Public Engagement Committee
	Continue to support carers	Support Glasgow City Council activity to appoint a Carer's Champion
21. Develop a package of funding supplements and benefits access that assists children and young people to be sustained within their extended families and school community.	Continue to support carers	Kinship Carers allowance package

3.2 Revenue and Capital Budget Change in 2024-25

The IJB approved the following changes to the budget for Council services for 2024-25 on [22 March](#) and [28 August 2024](#).

Revenue Budget Change Summary 2024/25

Ref	Title of Budget Change	Reason for Change (Investment, Income Maximisation, Service Review, Resource Redirection)	Financial Impact (£000s) 2024/25
1	Scottish Government Funding - Investment in Living Wage, Uprating Free Personal Care (FPC)	Additional funding from Scottish Government to meet new responsibilities and commitments	-25,300
2	Inflationary Pressures – including pay 23-24 shortfall	To meet estimated liability	15,170
3	Superannuation – Reduction in Employer Contribution	Reduction to reflect changes in scheme contributions	-29,005
4	Scottish Living Wage and National Care Home Contract	Investment – meet Scottish Government Commitment	24,813
5	Free Personal Care Uplift	Investment – meet Scottish Government Commitment	487
6	Homelessness Demand	Increased to meet increasing demand to core services.	15,400
7	Prescribing Cost and Volume Pressure for both 23-24 and 24-25	Increased to meet increased costs and demand for prescribing services.	18,500
8	Mental Health Inpatient Services – Increase Cost Due to Demand and Staffing Pressures	Increased to meet increased demand and cost.	4,700
9	Residential Staffing Pressure	Increased to meet increased demand and cost.	1,000
10	Demographics at 6%	Increased to meet increased demand and cost.	4,638
11	Health and Social Care Connect – phased transitional funding	Investment to support delivery.	2,300
12	Prison Service – New Pharmacy Contract and Drug Prices	Increased to meet increases costs.	900
13	Prescribing	Efficiency	-8300
14	Pharmacy: Cost Reduction Associated with Paliperidone	Efficiency	-650
15	Carers Service: Removal of Surplus Funds	Efficiency	-300
16	Reduction in Non-Staffing Budgets	Efficiency	-269
17	2% Uplift on Service Level Agreements	Income Maximisation	-180
18	Office 365 Licenses - 10% Reduction	Efficiency	-90
19	Increase Charges to Service Users by 5% 24/25 and 12.8% for Hot Meals	Income Maximisation	-80
20	Review of Managed Care Services	Efficiency	-42
21	Performance and Planning -	Efficiency	-70

	Removal of Post		
22	Increase to Equipu Management Fee	Income Maximisation	-9
23	Maximising Independence Programme	Service Reform and Innovation	-3,500
24	Children and Families: Transforming the Balance of Care	Service Reform and Innovation	-2,145
25	Review of Support Services	Service Reform and Innovation	-247
26	Self-Directed Support: Non Funding Demographics: Wait List for Services	Service Prioritisation and Reduction	-4,638
27	A Review of Access to Social Care Support	Service Prioritisation and Reduction	-3,000
28	Homelessness Recovery Plan	Service Prioritisation and Reduction	-776
29	Removal of Integrated Care Fund	Service Prioritisation and Reduction	-400
30	A Review of the Childrens Change Fund Programme	Service Prioritisation and Reduction	-280
31	Removal of Thriving Places Funding to Support Community Connectors	Service Prioritisation and Reduction	-160
32	Alcohol Drug Partnership: 10% Reduction Applied	Service Prioritisation and Reduction	-50
33	External Contracts: CDRS and Mental Health Employability - 5% Reduction	Service Prioritisation and Reduction	-41
34	All Services - Non Recurring Turnover Savings to be Delivered Through Vacancy Management Processes	Service Prioritisation and Reduction	-13,000
35	5% Reduction in Administration Support	Service Prioritisation and Reduction	-378
36	Shared Care: Withdrawal of Internal Support and Replace with Third Sector Resources	Service Prioritisation and Reduction	-168
37	Adult Mental Health Liaison Service: Change to Operating Model Including Moving to 9-5 Operating Hours and Reducing Discretionary Spending Areas	Service Prioritisation and Reduction	-67
38	Nurse Addictions Liaison: Reduction in Staffing and Non Pay Budgets	Service Prioritisation and Reduction	-50
39	Discharge and Resettlement Team: Reduction in Service	Service Prioritisation and Reduction	-179
40	Psychosis Clinical Information System Data Team: Closure of Service	Service Prioritisation and Reduction	-104
41	A Review of Sexual Health Services Including A Review of Service Delivery	Service Prioritisation and Reduction	-101
42	Nursing/Allied Health Professional Posts: Reduction in Service	Service Prioritisation and Reduction	-150
43	Planning: Reduction in Service	Service Prioritisation and Reduction	-49

44	Psychology: Reduction in Service	Service Prioritisation and Reduction	-75
45	Professional Nursing Structure: Reduction	Service Prioritisation and Reduction	-205
46	Reduction in Care Home Nursing Team	Service Prioritisation and Reduction	-244
47	Reduction in Treatment Room Nursing	Service Prioritisation and Reduction	-70
48	Removal of 2 Posts from Home First Response Service	Service Prioritisation and Reduction	-66
49	Asylum Bridging Team - Remove Vacant Admin Posts	Service Prioritisation and Reduction	-30
50	Complex Needs Team - Remove Vacant Posts	Service Prioritisation and Reduction	-100
51	Review of Support Services	Service Prioritisation and Reduction	-66
52	Review and Re-design of Staffing and Service Delivery Structure of Primary Care and Health Improvement Teams	Service Prioritisation and Reduction	-550
53	Cessation of Hospital @ Home Service	Service Prioritisation and Reduction	-1,035
54	A Review of Community Health Services within Children and Families Including A Review of Service Delivery	Service Prioritisation and Reduction	-1,019
55	Budget Smoothing Strategy - Transfer of Additional Council Savings to General Reserves	Budget Smoothing Strategy to Support Increase of Superannuation Contributions in 2026/27.	9,331

Total	£0
NET BUDGET CHANGE (£)	£0
NET BUDGET CHANGE (%)	0%

When the budget was set it was forecast that the IJB would start 2024-25 with a General Reserve of £5.7m. If assumptions hold as outlined in the budget report, it will result in the IJB closing with a General Reserve of £15m at the end of 2024-25, which represents 0.9% compared to the targeted 2% for General Reserves.

The delivery of savings are monitored closely by the Chief Officer through the Transformation Programme Board.

Capital Investment

The HSCP has a capital investment programme with the Council of £5.4m for 2024-25, details of which can be found below: -

Capital Investment		
Ref.	Option	Investment (£m)
1	Riverside Care Home	3.446
2	Church Street Redevelopment	0.977
3	Brighton Place Redevelopment	0.827
4	Other Minor Projects	0.170
Total Investment (£m)		5.420

Delivery of this programme is monitored by the IJB's Capital Programme Board.

4. Delivering Our Local HSCP Priorities

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, we have prepared a Strategic Plan for the delivery of those functions which have been delegated to the Integration Joint Board by Glasgow City Council and NHS Greater Glasgow and Clyde. [The Glasgow City IJB Strategic Plan \(2023-26\)](#) sets out our agreed vision and priorities for health and social care services in Glasgow, as outlined in section 4.1 below.

4.1 Future Plans

i. 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 wellbeing
- 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

ii. Our Priorities

The following six Partnership Priorities are the key strategic priorities for Glasgow City IJB/HSCP and it's partners in delivering health and social care in Glasgow City.

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

iii. Key Actions

Within the [IJB Strategic Plan](#) we highlight key actions to achieve the priorities of the IJB and its partners and 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 wellbeing outcomes](#).

4.2 Key Local Achievements

The HSCP is required by the Public Bodies (Joint Working) (Scotland) Act 2014, to produce an [Annual Performance Report](#) (APR). This reviews performance against agreed local and national performance indicators, as well as progress in delivering the commitments set out within the IJB's Strategic Plan. The 2023/24 APR can be accessed [here](#).

4.3 Staff Development

Workforce Plan

The [Glasgow City HSCP Workforce Plan 2022-25](#) was approved at Glasgow City Integration Joint Board (IJB) in November 2022. Governance and review of progress in achieving the actions in this plan are monitored annually by the IJB. An [updated Workforce Action Plan](#) was published in November 2023. The update details progress on actions required around the 5 Pillars of the Workforce Journey – Plan, Attract, Train, Employ, and Nurture.

Staff Survey

iMatter is the National Staff Experience continuous improvement tool, which measures both levels of staff engagement and experience within teams and supports the production of action plans to highlight strengths and progress opportunities to improve. In 2024 the HSCP achieved a response rate of **54%** (equating to 6,814 respondents) compared to 55% in 2023 (6,885 respondents). The overall HSCP Employee Engagement Index (EEI) remains positive with a score of **77%** in 2024. This is fairly consistent with the last few years (78% 2023, 77% 2022) and is classed by iMatter as being 'Strive and Celebrate.'

Training and Workforce Development

The HSCP's training, learning and education approach is designed to prepare for changes to the work environment brought about by developments in practice, changing legislation, advances in technology and national strategies.

Within Social Work, training and development is ongoing, based on specific roles, workforce planning and organisational need. Training is delivered in a wide variety of service areas, including induction of new staff, moving and handling, and service specific training such as Child Protection, Adult Protection, and suicide prevention. For NHSGGC staff all employees are required to undertake statutory and mandatory training appropriate to their role on entry to the organisation and at regular intervals during their career. Compliance with these and HSE training requirements are a priority for the HSCP.

Examples of activity carried out by the HSCP in relation to training and workforce development include:

- Professional leads and internal training educators/ practice teachers work in partnership with professional bodies e.g., SSSC, SQA, colleges and universities to develop courses and design ways of learning to support staff in their career journey.
- We provide placement opportunities for HNC (Social Care) students in our Care Homes.
- Newly qualified Social Workers are supported through mentoring and coaching.
- A Modern Apprenticeship programme continues to be successfully implemented in our Older People Day Care Centres where trainees develop a blend of on-the-job practical learning whilst gaining an SVQ qualification.
- Management training programmes are offered each year for staff who wish to develop their leadership and coaching skills.

Performance Coaching and Review (PCR)

The majority of Social Work staff use 'Supervision' to monitor performance in line with Social Work and Social Care professional practice standards. PCR is available to support staff, with the facility to record this on GOLD.

For NHS staff, performance and personal development is managed and administered via the KSF / TURAS system. The completion of KSF reviews for staff continues to be a priority for the HSCP. Learning and development should be reviewed with line managers or supervisors throughout the year and at the annual [Personal Development Planning and Review](#) (PDP&R) conversation.

Attendance Management

Training for managers will continue during 2024/25 as part of the ongoing HR Training Programme; this helps to support managers' development, build confidence and improve their skills in effectively managing staff attendance across health and social work. The implementation of new robust measures to address concerning absence trends will be an HR priority whilst promoting a coaching and wellbeing culture across the HSCP. An Attendance Management Action Plan for 2024/25 identifies the following 6 key priority action themes to try and address ongoing sickness absence challenges:

1. HR Support and Action
2. Occupational Health and Long-Term Absence
3. Redeployment – Capability
4. Governance and Reporting
5. Training for Managers
6. Staff Wellbeing

Staff Health Initiatives

A Staff Mental Health and Wellbeing group has been established within the HSCP and a range of activities to support staff mental health and wellbeing have been progressed in the last year by the HSCP and parent organisations. These include the following:

- Peer Support framework supporting the wellbeing of HSCP staff. There are 53 trained peer supporters, and 533 staff have accessed training on looking after themselves and others.
- [Active Staff programme](#) which offers opportunities to engage in a range of free physical activity sessions for all ages and levels of fitness.
- Online Wellbeing sessions delivered by Lifelink, covering a range of topics including resilience, self-care, stress and isolation for hybrid workers.
- Staff Mindfulness programme to enable staff to gain skills and knowledge on mindfulness approaches.
- Menopause sessions offering information and peer support for those experiencing menopausal symptoms, as well as awareness raising programmes including one specifically for male managers.
- Wellbeing Hub at Bridgeton which offers a range of free in-person wellbeing sessions including fitness, yoga and tai chi.
- Leadership programme providing leaders with skills in resilience and compassionate leadership.

Work/Life Balance Provision

The HSCP recognises that our employees are our greatest asset, and it is through them that our services are delivered and continually improved. GCC and NHSGGC continue to promote the Work Life Balance Policy and Flexible Working Procedure, to enable us to have reasonable influence and flexibility over when, how and where we work, allowing us to combine our working life with our social, health, family, caring and other responsibilities. This policy also promotes gender equality across the workforce. In addition, as part of the HSCP's wider succession planning the HSCP has been promoting both flexible retirement and "retire and return" initiatives to ensure the HSCP retains the skills and knowledge of older workers.

5. Benchmarking, Inspection and Equalities

5.1 Benchmarking

Benchmarking is part of Best Value requirements and is one way that Council Services can demonstrate that they provide Value for Money. Comparisons between Glasgow City HSCP and other areas can be made using a number of national datasets, including the following:








i) National Integration Indicators







The Core Suite of 23 National Integration Indicators were published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development. The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland; and provide trends over time where available.

a. Scottish Health and Care Experience Survey (2023/24)

National Integration Indicators 1 to 9 are derived from the national [Health and Care Experience Survey \(HACE\)](#), which is a sample survey of people aged 17 and over registered with a GP in Scotland. Due to changes in the survey wording, only indicators 1, 6 and 8 can be compared to the previous 2021/22 survey.

National Integration Indicator	2023/24 Survey Results (21/22 results shown in brackets if comparable)				Direction of Travel Since Last Survey (21/22)
	Outcome*	Glasgow	Scotland	Compared to Scottish average	
				Above  Below 	
1. % adults able to look after their health very well or quite well	1	87.6% (88.1%)	90.7% (90.9%)		▼
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	72.3%	72.4%		N/A
3. % adults supported at home who agree that they had a say in how their help, care or support was provided	3	61.5%	59.6%		N/A
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	65.2%	61.4%		N/A
5. % adults receiving any care or support who rate it as excellent/good	3	71.2%	70%		N/A

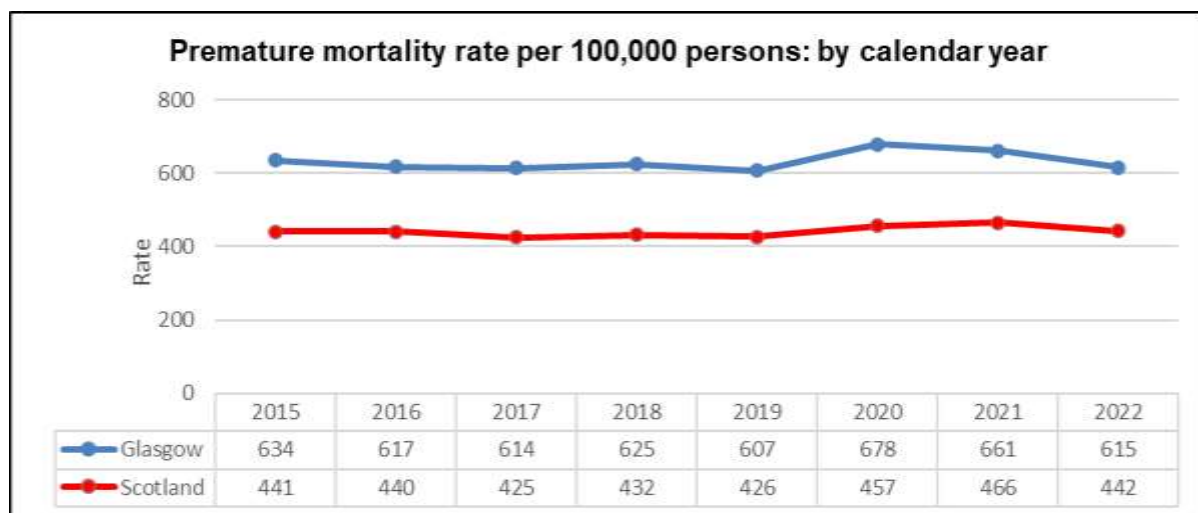
National Integration Indicator	2023/24 Survey Results (21/22 results shown in brackets if comparable)				Direction of Travel Since Last Survey (21/22)
	Outcome*	Glasgow	Scotland	Compared to Scottish average	
				Above  Below 	
6. % people with positive experience of the care provided by their GP practice	3	73.7% (71.4%)	68.5% (66.5%)		▲
7. % adults supported at home who agree that their services/support had impact on improving /maintaining their quality of life.	4	69.7%	69.8%		N/A
8. % carers who feel supported to continue in their caring role	6	34.5% (33.7%)	31.2% (29.7%)		▲
9. % adults supported at home who agreed they felt safe	7	72.6%	72.7%		N/A

*N.B. Outcomes relate to the [9 national health and wellbeing outcomes](#) which can be found at this link and in Appendix A.

b. Operational Performance Indicators

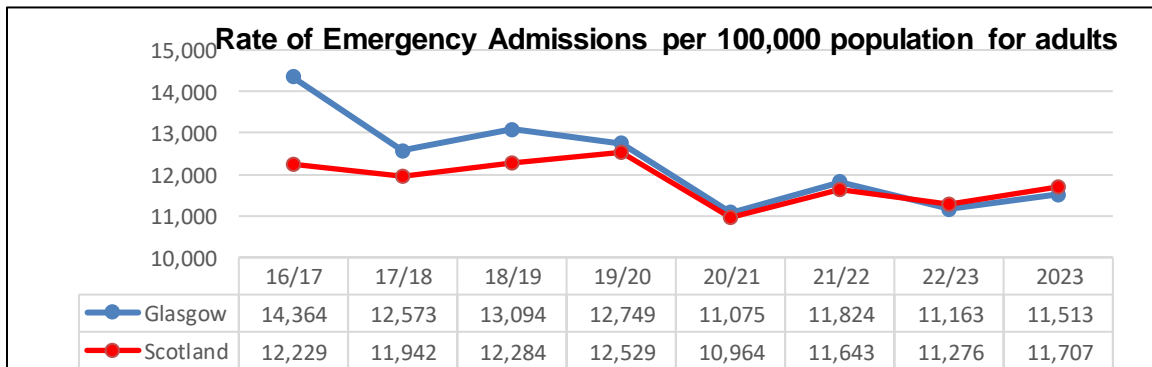
Graphs showing performance in relation to National Integration Indicators 11-19 for Glasgow and Scotland are shown below:

National Integration Indicator 11



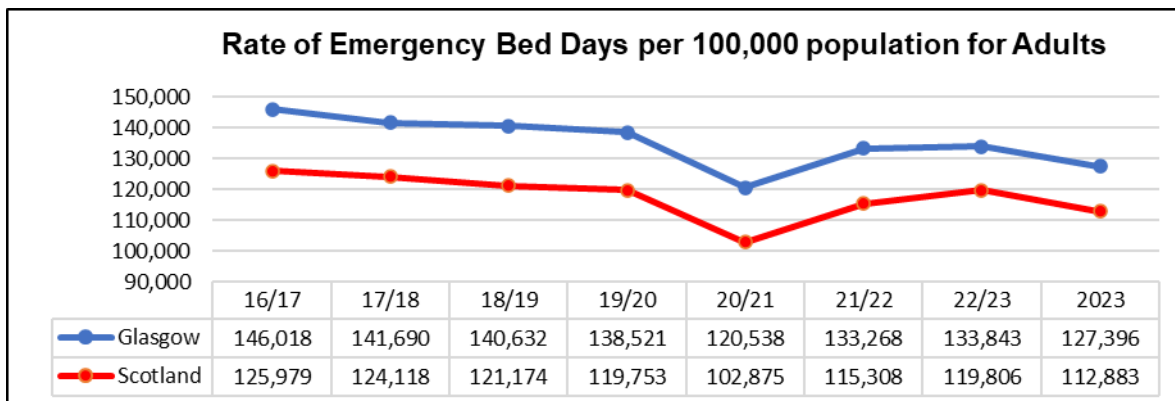
- Glasgow consistently higher than the Scottish average
- Decrease in Glasgow over the last two years after an increase in 2020.
- No data currently available beyond 2022.

National Integration Indicator 12



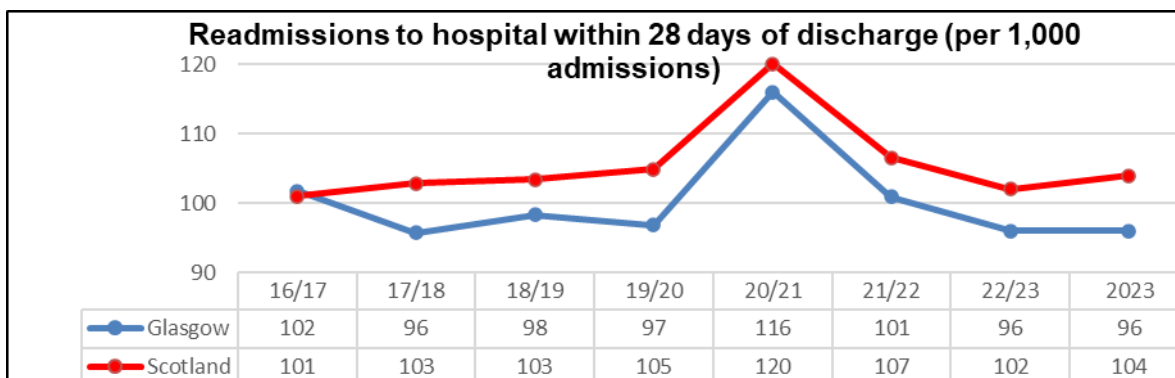
- Reduction over the period shown in Glasgow. Rate slightly increased in the last year after a decrease in 22/23.
- Glasgow remains slightly below the Scottish average having been above it in the period up until 2022/23.

National Integration Indicator 13



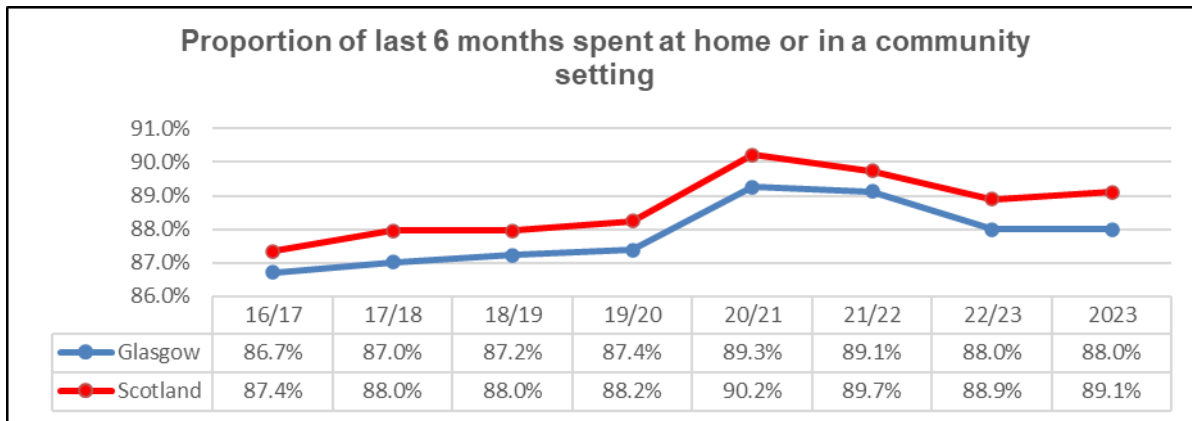
- Reduction over the period shown in Glasgow. Rate decreased in the last year after an increase in 2021/22 and 22/23.
- Glasgow continues to be higher than the Scottish average although the gap has narrowed over the period shown.

National Integration Indicator 14



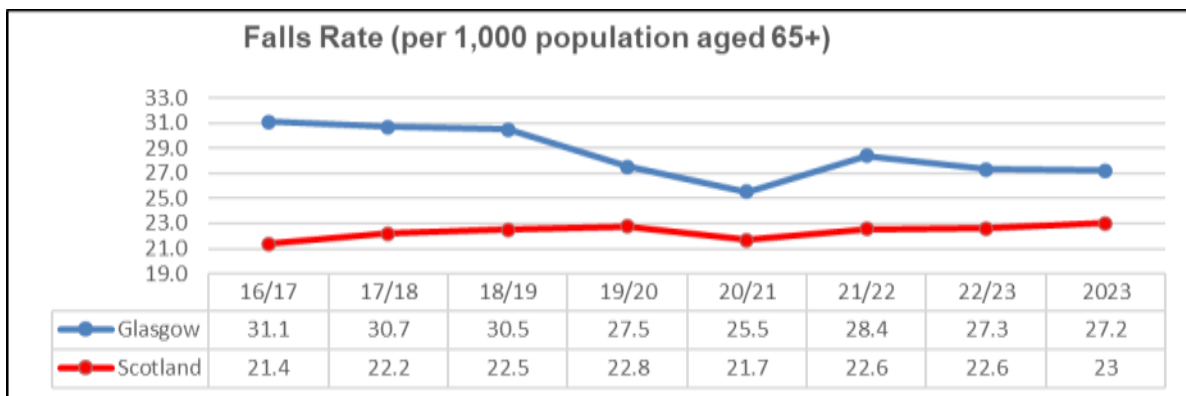
- Reduction over the period shown in Glasgow. Numbers remained the same in the last year after a decrease in 2022/23.
- Glasgow has remained lower than the Scottish average since 2017/18

National Integration Indicator 15



- Increase over the period shown in Glasgow. Remained the same in the last year after a decrease in 2021/22 and 2022/23.
- Glasgow slightly lower than the Scottish average over the period shown.

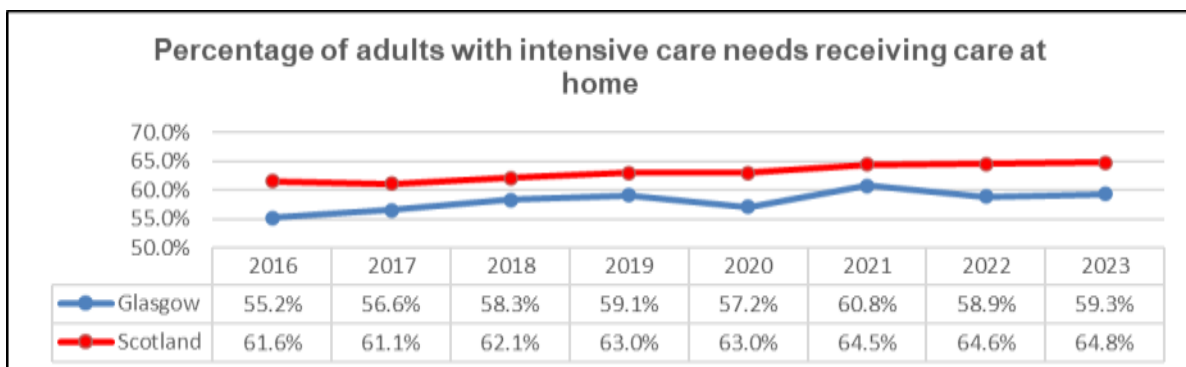
National Integration Indicator 16



- Reduction over the period shown in Glasgow with a decrease in the last two years after an increase in 2021/22.
- Glasgow higher than the Scottish average over the period shown although the gap has reduced and the Scottish average has increased over this period.

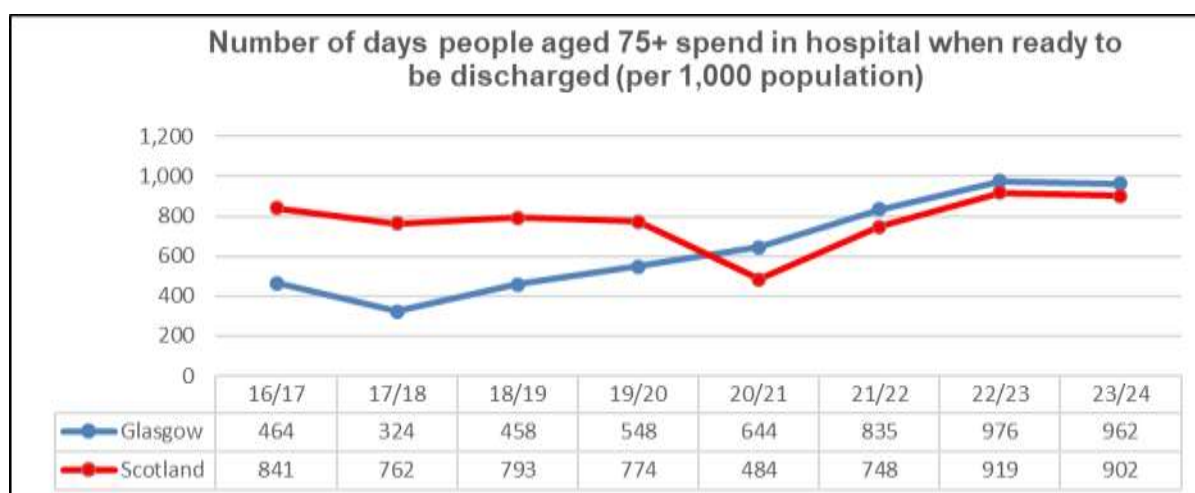
National Integration Indicator 17 is shown in Section 5.2

National Integration Indicator 18



- Increase over the period shown in Glasgow and over the last year after a slight fall in 2022.
- Glasgow lower than the Scottish average over the period shown.

National Integration Indicator 19



- Significant increase in Glasgow over the period shown although there has been a small reduction in the last year.
- Glasgow higher than the Scottish average since 2020/21 having been lower prior to that for the period shown. Rates increased nationally to a lesser extent than in Glasgow.

Notes

Please note that calendar year 2023 is used for indicators 12-16 above as a proxy for 2023/24 due to the national data for 2023/24 being incomplete at this stage. This is in line with guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Indicators 11 and 18 are reported as normal by calendar year and 19 is reported by financial year.

ii. Scottish Local Government Benchmarking Framework Indicators

The [Local Government Benchmarking Framework](#) is used by Audit Scotland to compare all 32 Scottish local authorities against a suite of statutory performance measures to understand how the Council is performing in its duty to deliver Best Value.

A number of indicators from the Vulnerable Children and Adult Social Care Themes of the [Local Government Benchmarking Framework](#) are relevant to the business of the Health and Social Care Partnership. Data for 4 Adult/Older People Social Care and 5 Children's Services indicators are provided below, which enable comparisons to be made with Scotland and Glasgow's Family Group Average. Family Groups are councils that have been classified as similar in terms of the type of population they serve (e.g., relative deprivation and affluence) and the type of area in which they serve them (e.g., urban, semi-rural, rural). Some of the National Integration Indicators described in the section above are also included in the LGBF but have not been included here to avoid duplication.

Adult/Older People Social Care (2022/23)

Indicator	Glasgow	Family Group Average	Scotland
Home Care Costs per Hour for People Aged 65 and Over (SWO1)	£42.57	£42.92	£30.45
Residential costs per week per resident for people aged 65 or over (SWO5)	£731	£688	£684
Spend on direct payments or personalised managed budgets as a % of total adult social work spend (SWO2)	14%	9.2%	8.7%

% of people aged 65+ with long term care needs who are receiving personal care at home (SWO3a)	61.2%	64.4%	61.5%
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Children's Services (2022/23)

Indicator	Glasgow	Family Group Average	Scotland
Gross costs of 'Children Looked After' in residential based services (£ per child per week) (CHN08a)	£7,167	£4,788	£4,804
Gross costs of 'Children Looked After' in a community setting (£ per child per week) (CHN08a)	£415	£359	£422
Proportion of children being looked after in the community (CHN09)	93.0%	87.9%	89.2%
Proportion of Child Protection Re-registrations within 18 months (CHN22)	8.4%	6.5%	5.6%
Proportion of 'Children Looked After' with more than one placement in the last year (CHN23)	10.3%	15.2%	17.2%

5.2 Inspection

HSCP Registered Services – Care Inspectorate

Between April 2023 and March 2024, the [Care Inspectorate](#) undertook 28 inspections of HSCP provided services. The following tables detail the individual services inspected during this period, the care grades achieved across each Standard and the number of requirements made. Full details of these inspections can be accessed from the [Care Inspectorate Website](#) and via the individual links provided in the tables below.

Care Inspectorate grades are regularly reviewed by the IJB Finance, Audit and Scrutiny Committee. Reports for inspections carried out in 2023 were presented in February 2024, giving details of inspections by care group and details of Requirements and Areas for Improvement. In addition, detailed Action Plans for Improvement were provided where relevant. These can be accessed on the HSCP website via the following links:

[Children's Residential Services - Care Inspectorate Activity and Update](#)
[Families for Children Adoption & Fostering Service - Care Inspectorate Activity and Update](#)
[Older People's Residential and Day Care Services - Care Inspectorate Activity](#)
[Care at Home and Housing Support Service - Care Inspectorate Activity](#)

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our setting?	How good is our Staff Team?	How good is our leadership?	No. of Requirements
OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES							
Wallacewell Day Care Service	11/08/23	5	not assessed	not assessed	not assessed	4	0
Carlton Day Care Centre	22/11/23	See below for details					
Hawthorn House	23/11/23	3	3	4	3	3	2
CARE AT HOME AND HOUSING SUPPORT SERVICES							
Home Care Service -	13/06/23	5	not	not	not	4	0

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our setting?	How good is our Staff Team?	How good is our leadership?	No. of Requirements
North West			assessed	assessed	assessed		
Home Care Service – South	13/06/23	4	not assessed	not assessed	not assessed	4	0
Home Care Service - North East	13/06/23	5	not assessed	not assessed	not assessed	4	0
Community Support Project	07/07/23	5	not assessed	not assessed	not assessed	4	0
North West - HSCP - Community Support Service	18/12/23	5	5	not assessed	5	4	0
South - HSCP Community Support Service	16/01/24	5	5	not assessed	4	3	1
HOMELESSNESS SERVICES							
Homelessness Emergency/ Assessment Centre 1	7/12/23	5	not assessed	not assessed	not assessed	5	0
Homelessness Emergency/ Assessment Centre 3	11/01/24	5	not assessed	not assessed	not assessed	5	0
FAMILIES FOR CHILDREN ADOPTION AND FOSTERING SERVICES							
Adoption Service	15/06/23	3	3	not assessed	not assessed	3	3
Fostering Service	15/06/23	3	4	not assessed	not assessed	3	4

Key to Grading: 1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4 – Good, 5 – Very Good, 6 – Excellent

Carlton Day Care Centre - Core Assurance Inspection Pilot – Grade awarded 4 (Good)

In November 2023 Carlton Day Care Centre was inspected as part of a pilot to test a new way of confirming that better performing, low risk services continue to provide good quality care and support. This inspection type, called a *Core Assurance Inspection*, looks at key areas essential to a service being safe namely: legal assurances, wellbeing, leadership, staffing, the setting, and planned care/support. The Core Assurance Inspection confirmed that the previous evaluation of “good” (Grade 4) has been maintained for [Carlton Day Care Centre](#).

Children’s Residential Services

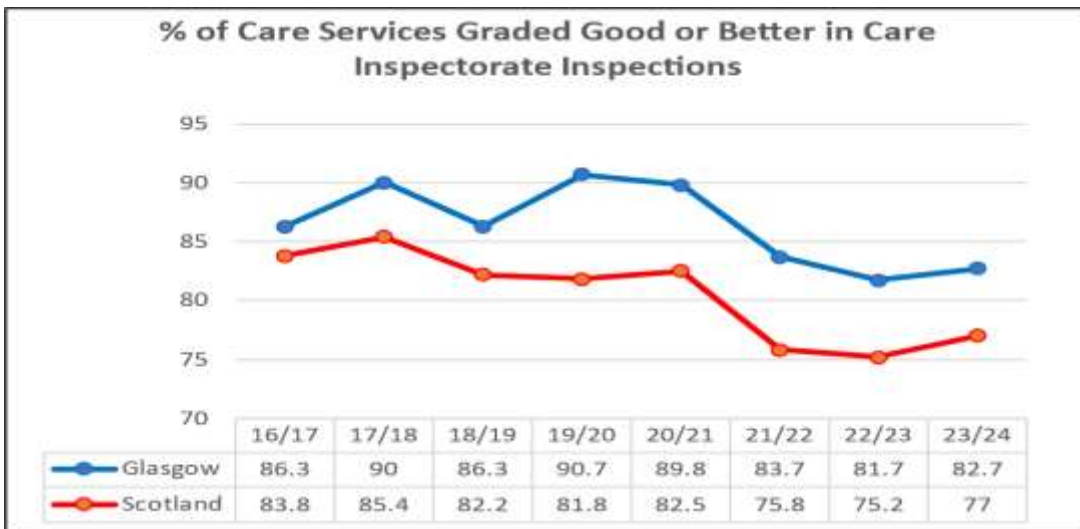
Inspection of Children’s Residential Services is underpinned by the [Quality Framework for Care Homes for Children and Young People](#). From 1st April 2022, a new question, [Key Question 7](#), was introduced: *How well do we support children and young people’s rights and wellbeing?* This question was introduced to produce a more regulatory footprint and prioritise the quality of relationships experienced by children and young people in line with the aspirations of [The Promise](#). Key Question 7 has 2 quality indicators:

- Children and young people are safe, feel loved and get the most out of life.
- Leaders and staff have the capacity and resources to meet and champion children and young people’s needs and rights.

Children's House	Date of Inspection	Key Question 7: How well do we support children and young people's rights and wellbeing?	No. of Requirements
Mosspark Drive	04/04/23	5	0
Hamilton Park Avenue	13/04/23	4	0
Crossbank Crescent Residential Children's Unit	09/05/23	4	0
Norse Road	26/06/23	3	2
Netherton Children's Unit	03/08/23	5	0
Balmore Children's Unit	15/08/23	5	0
Main Street Residential Children's Unit	26/09/23	3	3
Crawford Street Young Person's Unit	05/10/23	6	0
Wallacewell Residential Children's Unit	09/11/23	5	0
Kempsthorn Residential Children's Unit	30/10/23	4	0
Milncroft Road Residential Children's Unit	24/11/23	3	5
Hinshaw St Residential Children's Unit	30/11/23	3	0
Newlands Road Residential Children's Unit	06/12/23	2	4
Larkfield Children's House	21/12/23	5	0
Chaplet Avenue Children's Unit	26/03/24	6	0

Key to Grading: 1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4 – Good, 5 – Very Good, 6 – Excellent

National Integration Indicator Number 17 (Care Inspectorate Grades) shows Glasgow's performance over time, and in comparison with the overall figure for Scotland. Glasgow is higher than the Scottish average over the period shown below, with the gap increasing since the baseline year (16/17). Performance at city and national level has declined slightly over the period shown.



Mental Welfare Commission Local Visits

The [Mental Welfare Commission for Scotland](#) (MWCS) has a key role to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions. The MWC undertake local visits, either announced or unannounced, which involve visiting a group of people in a hospital, care home or prison service. These visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice; follow up on individual cases where the MWC have concerns; and provide information, advice, and guidance to people they meet with. Local Visits are not inspections, however the Commission details findings from the visit and provide recommendations, with the service required to provide an action plan within three months.

During 2023 the MWC made a number of [Local Visits](#) in Glasgow to a range of adult inpatient wards, older adult inpatient wards, intensive psychiatric care units (IPCU), and rehabilitation wards. 25 reports have been published for those visits undertaken in 2023 and the reports from 4 other visits will be published in due course. Details of the sites visited, and the recommendations and good practice noted during these visits, was presented to the IJB in [February 2024](#).

5.3 Equalities

[The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#), list the following specific duties which the IJB is required to undertake:

- Report progress on mainstreaming equality
- Publish equality outcomes and report on progress in relation to them
- Assess and review policies and practices in respect to equality
- Consider award criteria and conditions in relation to public procurement
- Publish equality information in an accessible manner

Glasgow City HSCP Equalities Working Group oversees the programmes of work related to the Equalities and [Fairer Scotland Duties](#) to further advance equalities practice across all our business areas.

A key activity over the last year was the development of our new Equality Outcomes for 2024 to 2028. It is important that our Equality Outcomes are evidence-based and developed in consultation with stakeholders. Work was undertaken throughout 2023 and early 2024 to gather evidence and engage with equality groups and partners across the city to shape our new outcomes. Further information can be found in our [Equality Outcomes Report](#).

The new outcomes and supporting action plan were approved by the Integration Joint Board in May 2024 and are as follows:

1. Information and communications about our services and how to access them are inclusive and accessible to everyone. In particular, those who may face barriers through disability, language and digital exclusion.
2. People with protected characteristics and the organisations that represent them, are regularly and systematically supported to be involved in service delivery design by the IJB/HSCP.
3. LGBT+, Disabled, and Black and Minority Ethnic People of all ages are able to access Mental Health and Wellbeing support which better meets their needs.
4. The IJB/HSCP actively challenges prejudices, discrimination and harassment within services and the workplace, including a focus on anti-racism.
5. Glasgow City HSCP is an equalities-focused and inclusive workplace, which has embedded approaches to support Black and Minority Ethnic People, Disabled People, LGBT+ People, Women and a workforce that more accurately reflects the diversity of the City's population.

Other equalities activity has included:

- Production of our [Equalities Outcome Progress and Mainstreaming Report](#), providing an overview of mainstreaming equalities activity and progress towards our Outcomes from 2022 to 2024.
- We participated in the Employers Network for Equalities and Inclusion (enei) Talent Inclusion and Diversity Evaluation (TIDE). The TIDE mark allows organisations to assess their status in equalities and inclusion across eight mainstreaming domains. We achieved an overall score of 69%, an increase on the 2021 score of 65%. We have maintained or made improvement across each of the categories.
- The completion of 26 [EQIAs \(Equality Impact Assessments\)](#) These provide a key way for us to design and deliver services that are responsive and appropriate to protected characteristic groups and intersectionality.
- Working in partnership with [NHS GGC](#) and [Glasgow City Council](#), we committed to actions to promote and support British Sign Language (BSL) through the new local BSL Action Plans for 2024 to 2030. We also continued to deliver on existing actions, including the work of a dedicated Deaf Peer Support Worker within Mental Health Services and facilitating the delivery of BSL classes for frontline Social Work staff.

APPENDIX A - National Health and Wellbeing Outcomes

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

Feedback

Let us know what you think about our Annual Business Plan.

What did you like? How do you think it could be improved?

Contact Details

Business Development
Glasgow City Health and Social Care Partnership
Commonwealth House
32 Albion Street
Glasgow G1 1LH

Email

Duncan.Goldie@sw.glasgow.gov.uk

Craig.Cowan@glasgow.gov.uk