APPENDIX 1

Social Work Services / Glasgow City Health and Social Care Partnership

Annual Business Plan 2026

1. Introduction

1.1 Background

Glasgow City Council introduced Annual Business Plans (ABP) in 2023 as a 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 (GCHSCP).

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 2026/27, 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 (2023-28). 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 Workforce Data

2.2.1 Staffing Numbers

Fig. 2a: Social Work & Health staff breakdown by Care Groups (August 2026)

Breakdown by Care Groups						
Staff Group	**Head Count**		**WTE**		**Totals**	
	SW	**NHS**	**SW**	**NHS**	**Head**	**WTE**
Adult Services	505	2656	475.2	2400.3	3,161	2,876
Care Services	3518	0	2776.1	0.0	3,518	2,776
Children Services	1096	641	1016.7	529.7	1,737	1,546
Finance & Resources	978	373	918.6	314.8	1,351	1,233
Older People & Primary Care	313	1507	295.0	1256.3	1,820	1,551
Operations & Governance	825	203	768.3	188.0	1,028	956
Totals	**7,235**	**5,380**	**6249.9**	**4689.2**	**12,615**	**10,939**

As shown in Figure 2a, in August 2026, Social Work Services employed **7,235** staff (**6,249.9** Whole Time Equivalent (WTE)) and NHS Greater Glasgow and Clyde employed **5,380** staff (**4,689.2** WTE) within GCHSCP. This gave a combined workforce of **12,615** staff (**10,939** WTE).

Compared with August 2025, the combined workforce had five fewer staff but approximately 33 more WTE. Social Work Services headcount fell from 7,261 to 7,235, while WTE increased from 6,223.8 to 6,249.9. The NHS-employed workforce increased from 5,359 to 5,380 staff and from 4,682 to 4,689.2 WTE.

Adult Services remains the largest NHS-employed care group at 2,400.3 WTE, followed by Older People and Primary Care at 1,256.3 WTE. Care Services is the largest Council-employed group at 2,776.1 WTE, followed by Children's Services at 918.6 WTE.

2.2.2 Sex, Ethnicity and Disability

A breakdown of the Social Work and NHS workforce by sex is shown below, split by Grade/Band. Information on ethnicity and employees with a disability, where available, is also shown.

Fig. 2b: Social Work Breakdown by Sex, Ethnicity, and Disability (August 2026)

HEADCOUNT	SEX						ETHNICITY				DISABILITY	
	MALE		FEMALE		Total		WHITE		ETHNIC MINORITY			
GRADE	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1 - 4	630	42.42	3141	54.63	3771	52.12	1358	35.56	1504	78.05	92	35.66
5 - 7	724	48.75	2274	39.55	2998	41.44	2118	55.46	375	19.46	145	56.20
8	100	6.73	245	4.26	345	4.77	263	6.89	35	1.82	3	1.16
9 - 14	29	1.95	72	1.25	101	1.40	73	1.91	11	0.57	17	6.59
MA & Non WPBR	2	0.13	18	0.31	20	0.28	7	0.18	2	0.10%	1	0.39
TOTAL	1485		5750		7235		3819		1927		258	
							Not Declared		1489			

Fig. 2c: Health Breakdown by Sex, Ethnicity, and Disability (August 2026)

BAND	SEX					
	Male		Female		Total	
	No.	%	No.	%	No.	%
2, 3	251	4.67	874	16.25	1125	20.91
4, 5	183	3.40	1307	24.29	1490	27.70
6, 7	264	4.91	1841	34.22	2105	39.13
8A, 8B	48	0.89	220	4.09	268	4.98
8C, 8D, 9	6	0.11	56	1.04	62	1.15
TOTAL	878	16.32	4502	83.68	5380	100

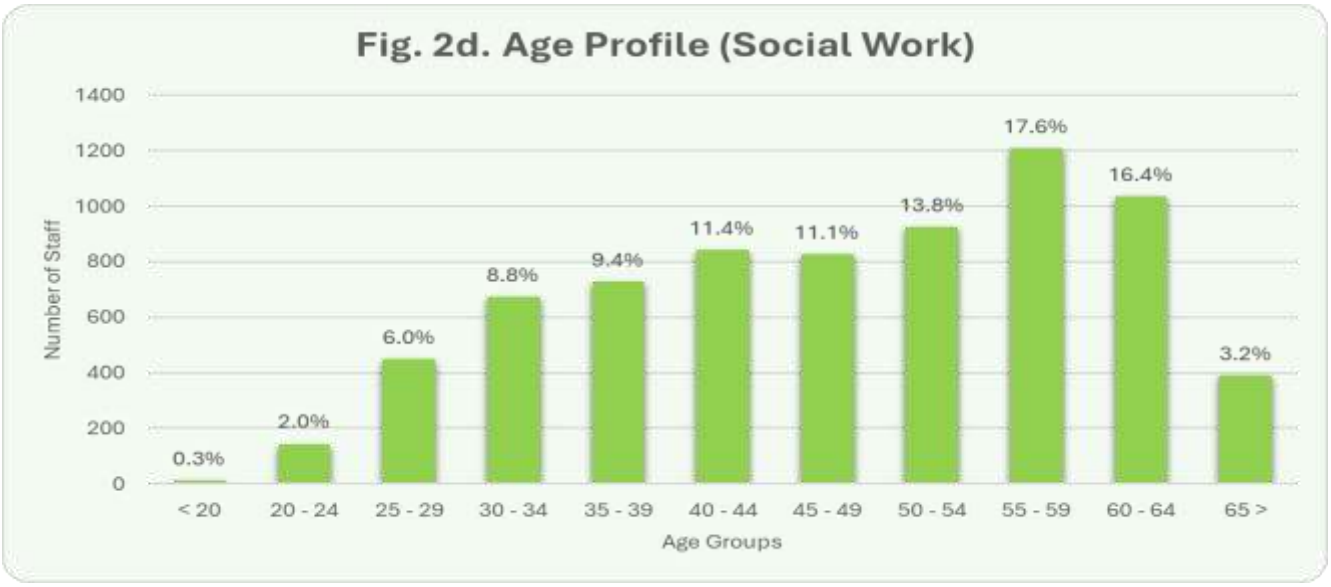
DISABILITY	%
Declared a disability	1.81
Not disabled	55.62
Not known/declined	42.57

ETHNICITY	%
Black/Minority Ethnic	6.42
White	73.75
Not known/ declined	19.83

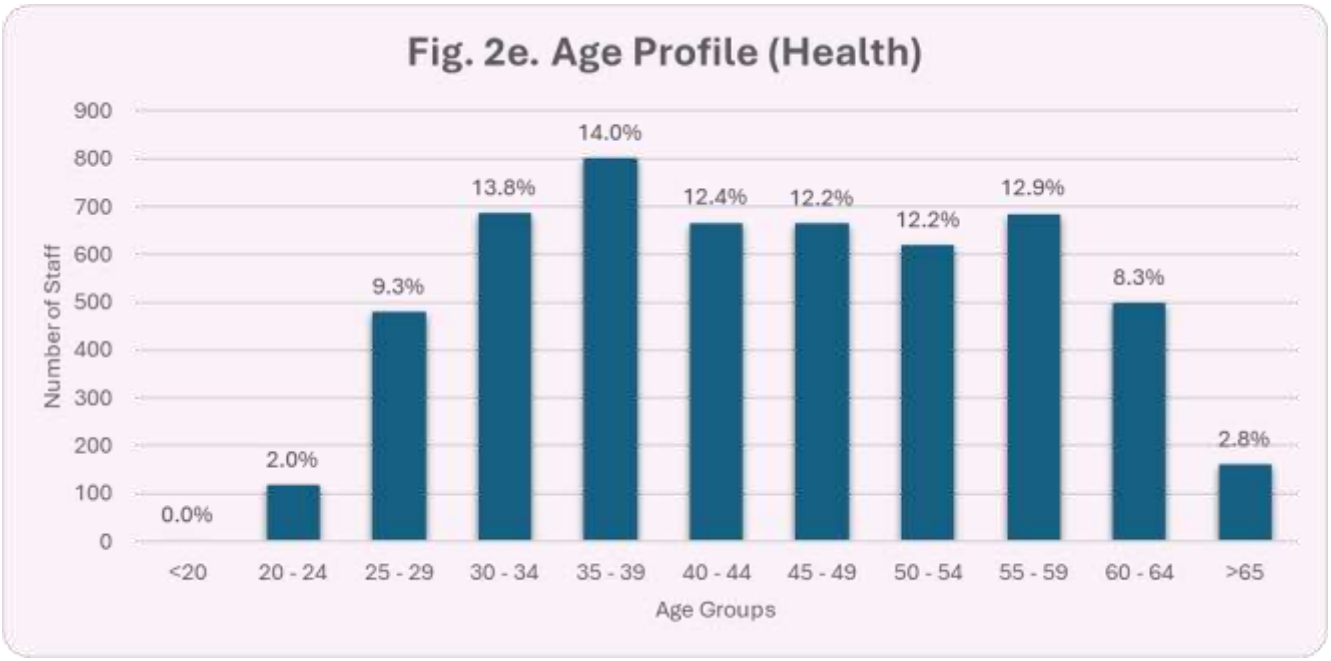
2.2.3 Age Profile

The age profile of the GCHSCP workforce is shown in the charts below, showing the relatively high proportion of staff aged 50 or over, particularly within social work. Actions being taken to respond to this and ensure workforce sustainability are set out in the HSCP's latest Workforce Plan, which is discussed further in section 4.3.

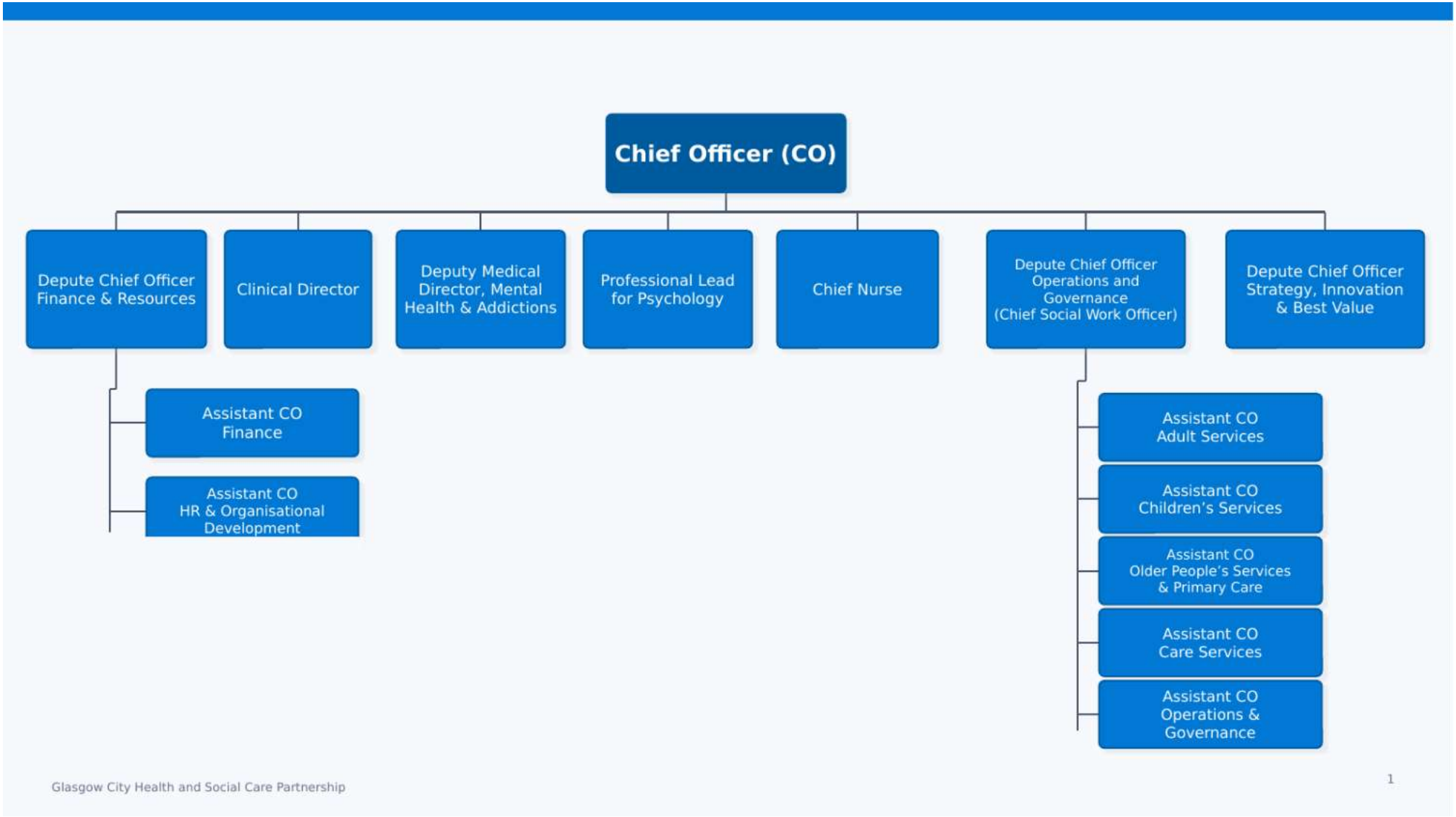
Social Work



Health



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



2.4 Financial outturn

The total financial resources expended by the Partnership for 2024/25 and 2025/26 are outlined below. The Council's contribution to this overall budget for 2025/26 was £627.410 million.

Client Group	2024/25 Net Expenditure Outturn	2025/26 Net Expenditure Outturn	Movement
	£000's	£000's	£000's
Children and Families	168,251	175,490	7,239
Adult Services	429,715	470,976	41,261
Older People Services	371,695	407,184	35,489
Resources	70,935	58,808	(12,127)
Criminal Justice	(1,211)	(548)	663
Primary Care	452,919	471,347	18,428
Set Aside	271,170	287,666	16,496
TOTAL	**1,763,474**	**1,870,923**	**107,449**

Source: 2025/26 audited accounts

An operational underspend of £0.579 million, and a planned underspend as a result of budget smoothing of £8.250 million was delivered during 2025/26. 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 (£22.779 million). This 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. Details of the outturn position for 2025/26 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 (2023-28).

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: • 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 support 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 people in line with the aspirations of The Promise and ensure they are key partners in deciding upon the support they want and need	Whole Family Wellbeing Fund	Whole Family Wellbeing Fund – Element I (£4.66M)
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 support 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
		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 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	Roll out Hospital at Home across all HSCP localities. Increase throughput and activity, and develop additional referral pathways and interventions.
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.
		Development and implementation of the Flexible Homelessness Prevention Fund.
		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.
		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.

		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 ensuing 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
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 2026/27

The IJB approved the following changes to its budget for services for 2026/27 on 18 March 2026.

Revenue Budget Change Summary 2026/27

The cost pressures and associated funding uplifts from Partners and the Scottish Government are outlined in the table below. These result in a net budget gap of £33.835 million. In order to deliver financial balance and meet the £33.835 million funding gap, the IJB plans to deliver:

- In year savings from the first tranches of Service Prioritisation reviews
- Specific savings proposals approved by the IJB
- The replacement of non-recurring turnover savings with recurring turnover savings within employee costs
- Management of pressures within existing budgets
- Use of general unearmarked reserves to allow time for additional Service Prioritisation savings to take effect through the year.

Pressures	Total £millions
2025-26 Pressure Funded Non-Recurringly Through Turnover	10.152
Superannuation - Increased Employer Superannuation Rates - Council Services – Budget Smoothing	8.025
Pay Inflation – 2026-27 Award - Council and Health Services	22.638
Pay Inflation - Changes to Employer NI Thresholds and Rates - Council Services	2.800
Cost Pressure - Inflation (Contractual and Economic)	9.579
Scottish Government Funding - Adult and Children and Families Scottish Living Wage	22.284
Unachieved Savings from Prior Years	5.400
Cost Pressure - Homelessness (Asylum)	56.000
Total Pressures	**136.878**

Funding	Total £millions
NHS Funding indicative budget proposal	17.965
Council Funding: supplementary budget approval	5.400
Scottish Government Funding: Adult and Children and Families Scottish Living Wage	22.284
Scottish Government Funding: Children and Families Scottish Living Wage	1.394
Council Funding – Homelessness (Asylum)	56.000
Total Funding	**103.043**
Funding Gap	**33.835**

When the budget was set it was forecast that the IJB would start 2026/27 with a General Reserve of £28.9 million. If assumptions hold as outlined in the budget report, it will result in the IJB closing with a General Reserve of £18.9 million at the end of 2026/27, which represents 1.1% compared to the targeted 2% for General Reserves.

The delivery of savings will continue to be monitored closely by the Chief Officer through the Integration Transformation Board.

Capital Investment

The HSCP has a capital investment programme with the Council of £7.397 million for 2026/27, details of which can be found below:

Capital Investment		
Ref.	**Option**	**Investment (£m)**
1	Riverside Care Home	0.904
2	Brighton Place Redevelopment	2.783
3	Housing First Acquisition Fund	0.570
4	Other Minor Projects	3.140
Total Investment (£m)		**7.397**

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. At its meeting on 14th May 2025 the IJB approved an extension to the current strategic planning cycle (2023-26) and agreed that the current plan would run from 2023 – 2028.This Glasgow City IJB Strategic Plan (2023-28) 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 its 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 2025/26 APR can be accessed here.

4.3 Staff Development

The above Annual Performance Report includes an update on a range of actions taken forward over the last year in relation to our staff. These include work in relation to recruitment; career pathways; succession planning; learning and development; staff health and wellbeing; and supporting attendance. Actions across all of these areas will continue to be progressed going forward and include the following:

Workforce Plan

The HSCP's latest Workforce Plan (2025–2028) was agreed by the Integration Joint Board on 21 January 2026. It sets out actions to support recruitment, retention, succession planning, learning and development, staff wellbeing and workforce sustainability. It aligns with the Scottish Government's National Workforce Strategy for Health and Social Care and aims to ensure that the organisation and its workforce continue to have the capacity and capability to deliver sustainable, high-quality care.

Supporting Attendance

The 2026/27 Supporting Attendance Action Plan aims to improve attendance and staff health and wellbeing, with particular emphasis on the two most prevalent causes of sickness absence: musculoskeletal and psychological health conditions. It sets out plans to strengthen managers' knowledge, skills and confidence in managing absence while maintaining a compassionate and person-centred approach. Work is also ongoing to improve the quality of attendance data, with scrutiny of it being embedded within the work of recently established Performance Improvement Groups, enabling a greater focus on absence trends and the development of more targeted interventions.

Staff Learning and Development

Learning and development activity across GCHSCP is monitored by the Social Work Professional Governance Board, where initiatives and projects are discussed and decisions made. The 2026/27 training and development budget for social work staff is £180k, supporting role-specific, workforce planning and organisational priorities. During 2026/27:

- We will continue to deliver core training programmes including statutory and mandatory training.
- The e-learning team will continue to develop online modules to support all service areas and strengthen blended learning opportunities.
- 160 Social Work staff will undertake PDA or SVQ Level 3 awards. As an approved Qualifications Scotland centre, we will also support approximately 16 staff to achieve an HNC in Care, with a further 16 due to start in late 2027, supporting SSSC registration requirements.
- Nineteen staff will complete the Professional Development Award in Practice Learning, with a further 12 commencing in August 2026. They will help support an estimated 70 social work students undertaking placements within the HSCP in 2026/27.
- Four staff will undertake the MHO award in 2026/27, supported by Scottish Government funding.
- In partnership with the University of the West of Scotland, we secured Scottish Government funding to support social care workers to achieve a BA in Social Work. Eleven social care workers will start in September 2026, with a further 10 in 2027.
- We will also continue to deliver a range of leadership development opportunities. These include the **Leadership Accelerator Programme** for new and existing team leaders and service managers; the **Women in Leadership** programme, which supports women to build peer networks and develop key leadership skills; the **Leading to Change** programme, which is open to all HSCP staff and is designed to strengthen personal leadership capability; and the **K318** leadership and management award which twenty managers are already registered for.

Performance Development Discussions

Performance Coaching Reviews (PCRs) for Social Work staff are being relaunched in May 2026, and the Supervision Policy in October 2026, with both supported by staff/manager briefings. NHS staff will continue to hold annual Personal Development Planning and Review conversations based on the Knowledge and Skills Framework (KSF). Both processes enable staff to discuss role expectations, receive feedback and agree any learning and development needs.

iMatter Staff Survey

iMatter is the national staff survey, which measures staff engagement and experience. In 2026, GCHSCP achieved a response rate of **58%** (6,872 respondents), compared with 57% in 2025. The overall GCHSCP Employee Engagement Index remains positive, with a score of **79** in 2026, compared with 77% in 2025. This is classed by iMatter as “Strive and Celebrate”. The survey results are being used by teams across the HSCP to develop action plans that highlight team strengths and identify opportunities for improvement.

Staff Health Initiatives

Staff wellbeing continues to be a strategic workforce priority. The HSCP Mental Health and Wellbeing Group has undertaken a staff wellbeing survey in the last year, to improve understanding of our staff’s awareness and use of available health and wellbeing supports. This has informed a refresh of the remit and priorities of the group, with programmes during the next year focusing on mental health, prevention, early intervention and managers’ capability to support healthy workplaces.

Work–Life Balance Provision

GCC and NHSGGC continue to promote the Work Life Balance Policy and Flexible Working Procedure, enabling employees to have reasonable influence and flexibility over when, how and where they work. These help employees balance work with social, health, family, caring and other responsibilities and promote gender equality across the workforce. In addition, as part of the wider succession planning agenda, GCHSCP has promoted flexible retirement and retire-and-return initiatives to provide more planned and phased retirement opportunities.

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

a. Scottish Health and Care Experience Survey (2025/26)

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.

National Integration Indicator	2025/26 Survey Results (23/24 results shown in brackets)				Direction of Travel Since Last Survey (23/24)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above / Below	
1. % adults able to look after their health very well or quite well	1	**87.5%** (87.6%)	**90.6%** (90.7%)	🔴	▼
2. % adults supported at home who agreed that they are supported to live as independently as possible	2	**72.9%** (72.3%)	**73.6%** (72.4%)	🔴	▲
3. % adults supported at home who agree that they had a say in how their help, care or support was provided	3	**67.2%** (61.5%)	**63.9%** (59.6%)	🟢	▲
4. % adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	**68.9%** (65.2%)	**65.0%** (61.4%)	🟢	▲
5. % adults receiving any care or support who rate it as excellent/good	3	**76.8%** (71.2%)	**72.1%** (70.0%)	🟢	▲
6. % people with positive experience of the care provided by their GP practice	3	**75.7%** (73.7%)	**70.7%** (68.5%)	🟢	▲

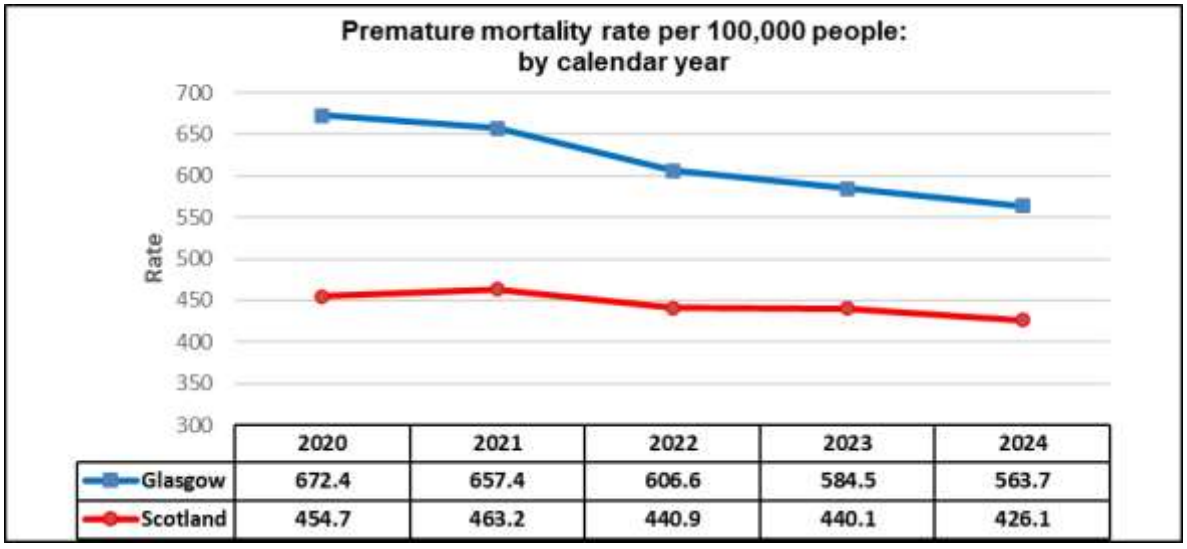
National Integration Indicator	2025/26 Survey Results (23/24 results shown in brackets)				Direction of Travel Since Last Survey (23/24)
	Outcome	Glasgow	Scotland	Compared to Scottish average Above ✅ Below 🛑	
7. % adults supported at home who agree that their services/support had impact on improving /maintaining their quality of life.	4	**72.7%** (69.7%)	**71.7%** (69.8%)	✅	▲
8. % carers who feel supported to continue in their caring role	6	**36.2%** (34.5%)	**31.9%** (31.2%)	✅	▲
9. % adults supported at home who agreed they felt safe	7	**75.0%** (72.6%)	**74.7%** (72.7%)	✅	▲

*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:

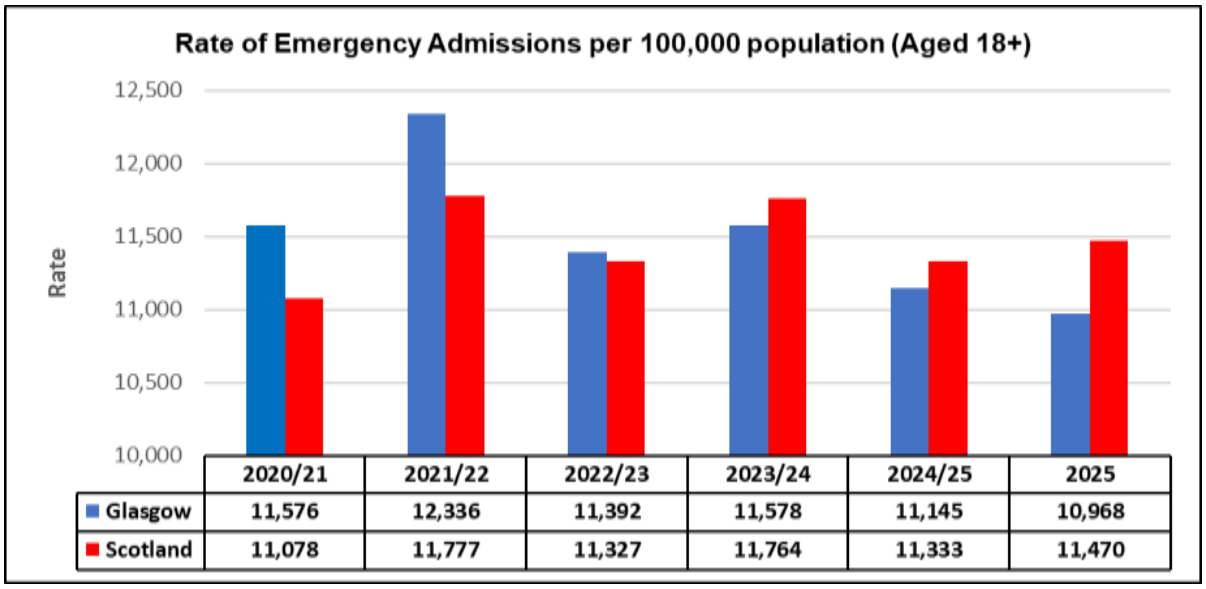
National Integration Indicator 11



	2020	2021	2022	2023	2024
Glasgow	672.4	657.4	606.6	584.5	563.7
Scotland	454.7	463.2	440.9	440.1	426.1

- Decrease in Glasgow over the period shown.
- Glasgow consistently higher than Scottish average but gap has been narrowing
- No data currently available beyond 2024

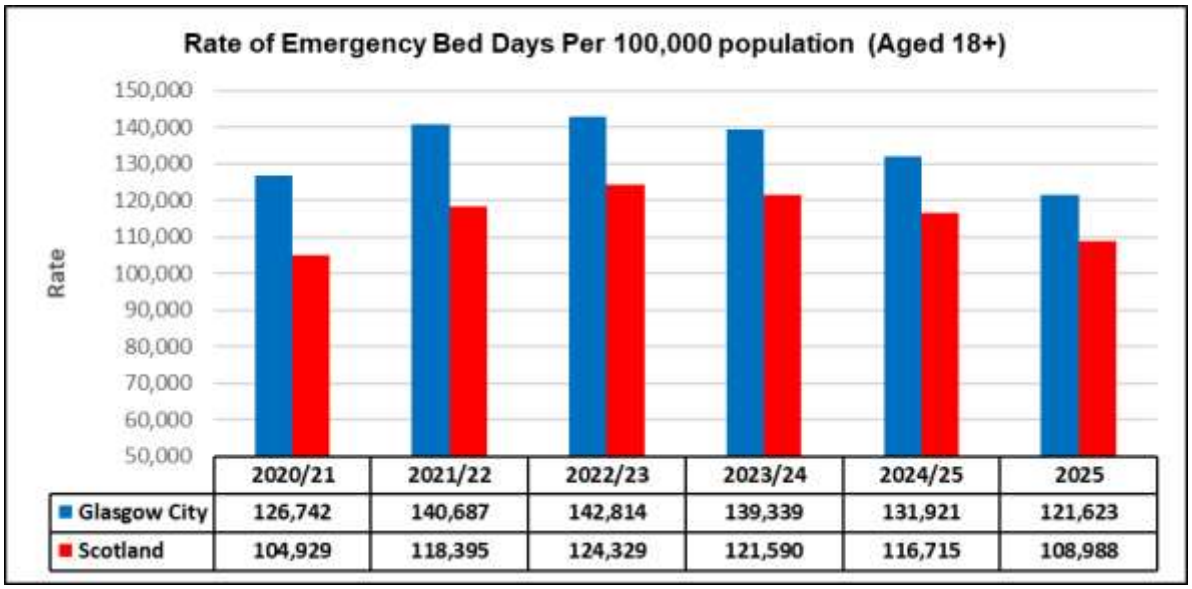
National Integration Indicator 12



	2020/21	2021/22	2022/23	2023/24	2024/25	2025
Glasgow	11,576	12,336	11,392	11,578	11,145	10,968
Scotland	11,078	11,777	11,327	11,764	11,333	11,470

- Reduction in Glasgow over the last two years with the rate falling to its lowest level over the period shown
- Glasgow has fallen below the Scottish average over the last three years having been above it prior to then

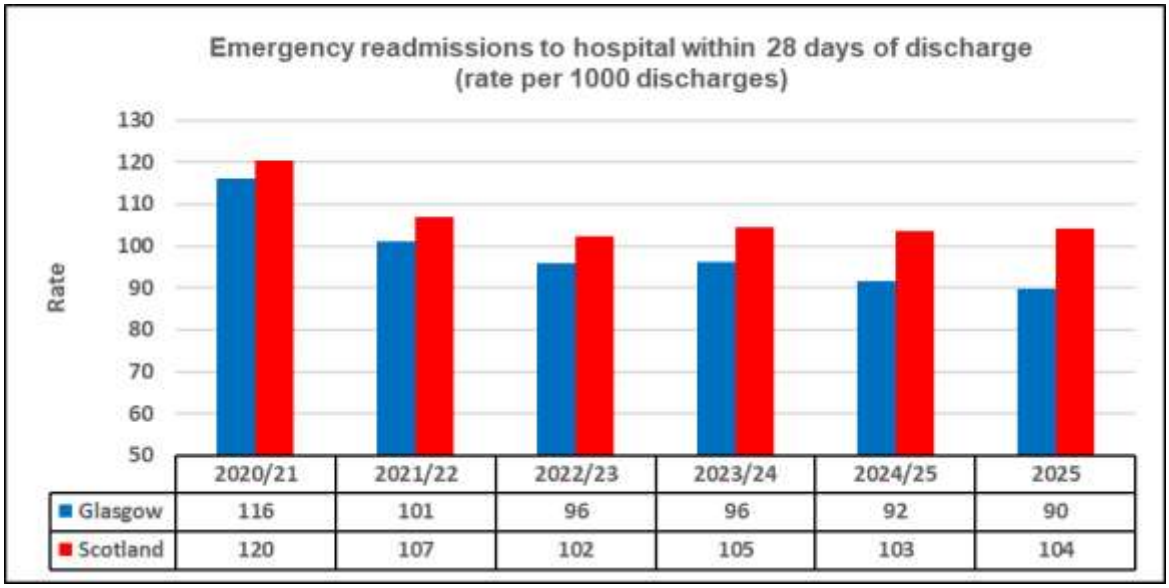
National Integration Indicator 13



	2020/21	2021/22	2022/23	2023/24	2024/25	2025
Glasgow City	126,742	140,687	142,814	139,339	131,921	121,623
Scotland	104,929	118,395	124,329	121,590	116,715	108,988

- Reduction in Glasgow over the last three years after increases prior to that, with the rate falling to its lowest level over the period shown
- Glasgow continues to be higher than the Scottish average although the gap has reduced over the last two years

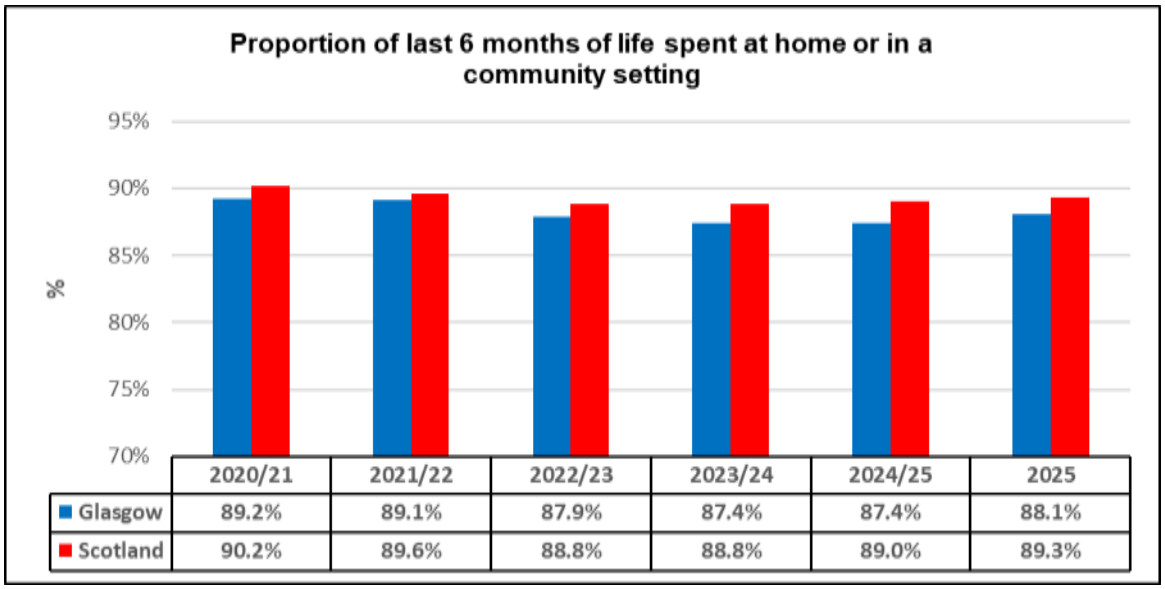
National Integration Indicator 14



	2020/21	2021/22	2022/23	2023/24	2024/25	2025
Glasgow	116	101	96	96	92	90
Scotland	120	107	102	105	103	104

- Rate has been falling in Glasgow since 2020/21 and continued over the last year
- Glasgow has remained lower than the Scottish average over the period shown

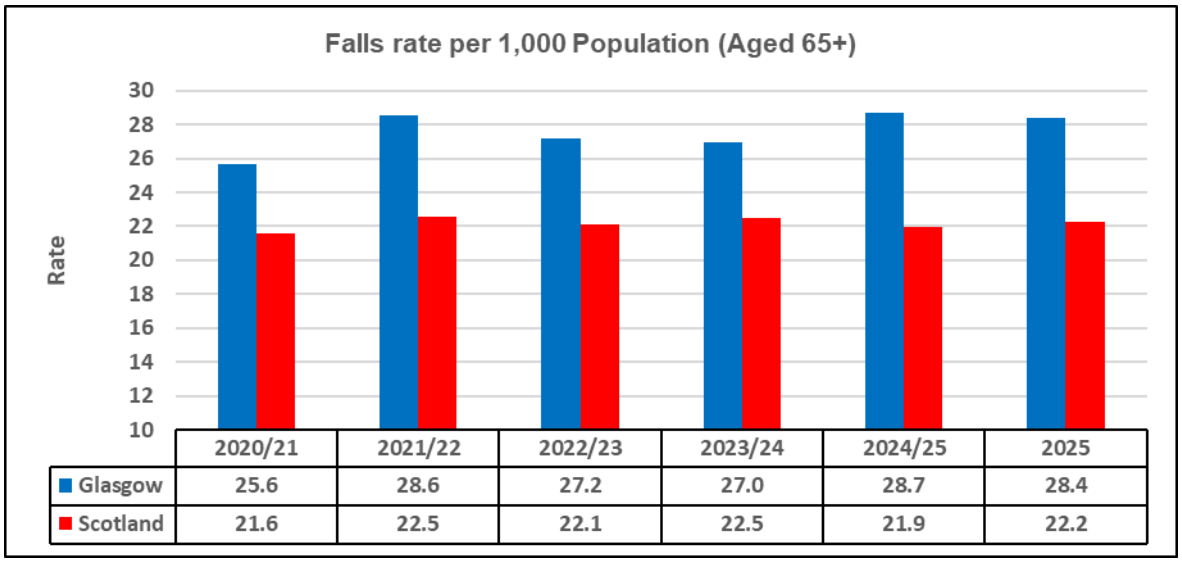
National Integration Indicator 15



	2020/21	2021/22	2022/23	2023/24	2024/25	2025
Glasgow	89.2%	89.1%	87.9%	87.4%	87.4%	88.1%
Scotland	90.2%	89.6%	88.8%	88.8%	89.0%	89.3%

- Rate increased slightly in the last year in Glasgow after falling prior to that, but remains below the 2020/21 and 2021/22 rates
- Glasgow has remained lower than the Scottish average over the period shown

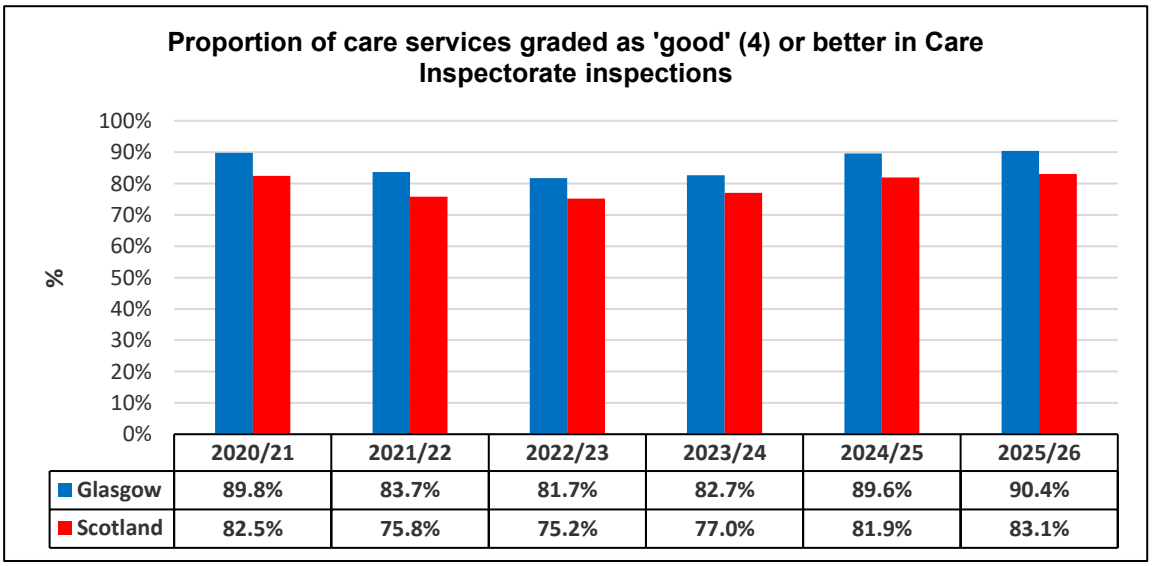
National Integration Indicator 16



	2020/21	2021/22	2022/23	2023/24	2024/25	2025
Glasgow	25.6	28.6	27.2	27.0	28.7	28.4
Scotland	21.6	22.5	22.1	22.5	21.9	22.2

- Reduction over the last year in Glasgow, but the rate is at its highest since 2021/22
- Glasgow consistently higher than the Scottish average

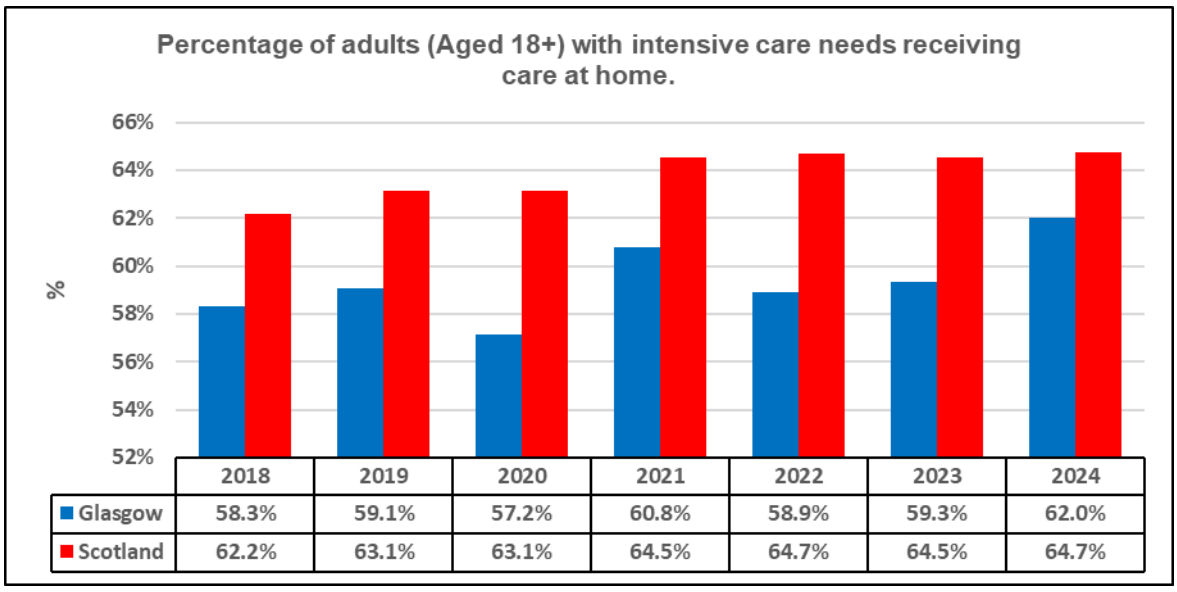
National Integration Indicator 17



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Glasgow	89.8%	83.7%	81.7%	82.7%	89.6%	90.4%
Scotland	82.5%	75.8%	75.2%	77.0%	81.9%	83.1%

- Glasgow is consistently higher than the Scottish average over the period shown.
- Grades have improved over the past three years.

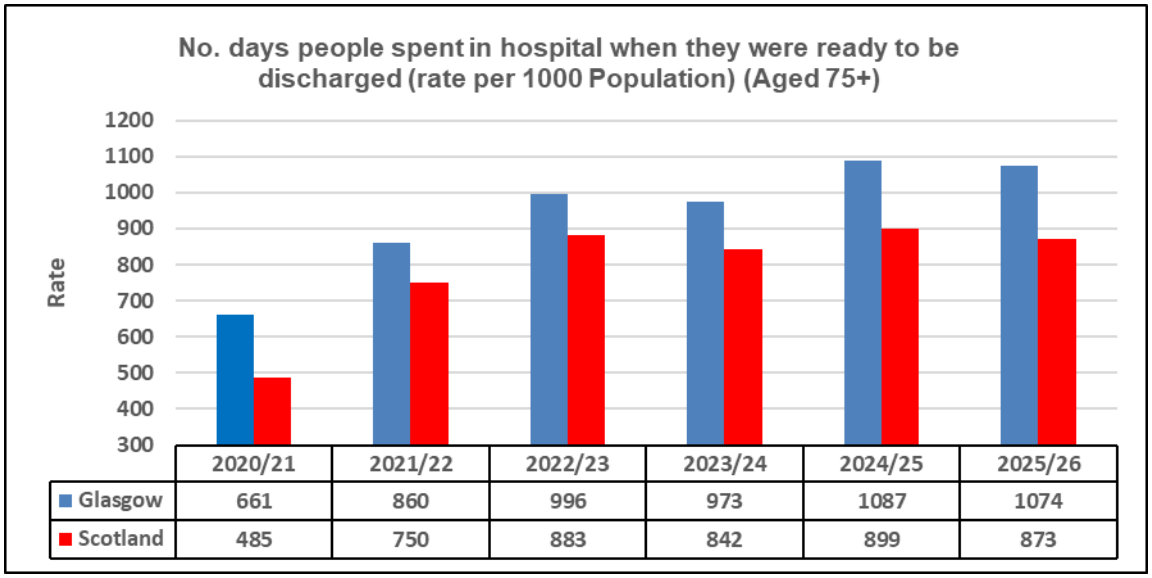
National Integration Indicator 18



	2018	2019	2020	2021	2022	2023	2024
Glasgow	58.3%	59.1%	57.2%	60.8%	58.9%	59.3%	62.0%
Scotland	62.2%	63.1%	63.1%	64.5%	64.7%	64.5%	64.7%

- Increase over the last two years in Glasgow and at highest in 2024 for the period shown
- Glasgow consistently lower than the Scottish average over the period shown
- No data currently available beyond 2024

National Integration Indicator 19



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Glasgow	661	860	996	973	1087	1074
Scotland	485	750	883	842	899	873

- Rates showed a slight reduction over the last year in Glasgow after significant increases since 2020/21
- Glasgow higher than the Scottish average over the period shown

Notes

Please note that calendar year 2025 is used for indicators 12-16 above as a proxy for 2025/26, due to the national data for 2025/26 being incomplete at this stage. This is in line with guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Indicators 18 and 19 are reported as normal by calendar year (18) and financial year (19).

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 (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 (2024/25)

Indicator	Glasgow	Family Group Average	Scotland
Home Care Costs per Hour for People Aged 65 and Over (SWO1)	£33.41	£50.19	£32.37
Residential costs per week per resident for people aged 65 or over (SWO5)	£806	£795	£725
Spend on direct payments or personalised managed budgets as a % of total adult social work spend (SWO2)	14.2%	10.7%	9.4%
% of people aged 65+ with long term care needs who are receiving personal care at home (SWO3a)	62.5%	64.5%	62.3%

Children's Services (2024/25)

Indicator	Glasgow	Family Group Average	Scotland
Gross costs of 'Children Looked After' in residential based services (£ per child per week) (CHN08a)	£6,300	£5,365	£5,267
Gross costs of 'Children Looked After' in a community setting (£ per child per week) (CHN08b)	£471	£396	£480
Proportion of children being looked after in the community (CHN09)	91.0%	87.8%	88.3%
Proportion of Child Protection Re-registrations within 18 months (CHN22)	5.8%	6.9%	6.8%
Proportion of 'Children Looked After' with more than one placement in the last year (CHN23)	12.7%	17.8%	16.5%

5.2 Inspection

HSCP Registered Services – Care Inspectorate

Between April 2025 and March 2026, the Care Inspectorate undertook 26 inspections of HSCP provided services. The following tables detail the individual services inspected, the care grades achieved across the assessed standards, and the number of requirements specified by the Care Inspectorate. Full details of these inspections can be accessed from the Care Inspectorate Website and via the individual links provided in the tables below.

5.2.1 Older People's Residential Services

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How good is our leadership?	How good is our Staff Team?	How good is our setting?	How well is our care and support planned?	No. of Require-ments
Riverside House	25/06/25	5			5		0
Victoria Gardens Care Home	10/07/25	5	5		5	5	0
Orchard Grove Care Home	01/10/25	5			5		0
Hawthorn House	05/02/26	5	5	5	5	4	0
Meadowburn Care Home	18/02/26	5			5		0

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

5.2.2 Home Care and Community Support Services

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How good is our leadership?	How good is our Staff Team?	How good is our setting?	How well is our care and support planned?	No. of Require-ments
North West - HSCP Community Support Service	07/08/25	5			Not applicable	5	0
Home Care Service – North West	04/02/26	5	4	4	Not applicable	4	0
Home Care Service – South	04/02/26	5		4	Not applicable	4	0
Home Care Service – North East	04/02/26	5		4	Not applicable	4	0
South, HSCP Community Support Service	12/02/26	5			Not applicable	5	0

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

5.2.3 Families for Children Community Services

UNIT/SERVICE	DATE OF INSPECTION	How well do we support people's wellbeing?	How good is our leadership?	How good is our Staff Team?	How good is our setting?	How well is our care and support planned?	No. of Require-ments
Adoption Service	02/10/25	5			Not applicable		0
Fostering Service	02/10/25	3	3	4	Not applicable	2	4
Families for Children Adult Placement Service	02/10/25	3	3	4	Not applicable	2	4

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

5.2.4 Children's Residential Services

Key Question 7 Inspections

Inspection of Children's Residential Services is underpinned by the Quality Framework for Care Homes for Children and Young People. In April 2022, 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; to prioritise the quality of relationships experienced by children and young people, in line with the aspirations of *The Promise*; and to support engagement with greater numbers of children and young people by enabling more services to be inspected. 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

Between April 2025 and March 2026, the Care Inspectorate undertook 8 inspections of children's residential services using Key Question 7 as outlined in the table below:

Children's House	Date of Inspection	*Key Question 7: How well do we support children and young people's rights and wellbeing?* Grade Awarded	No. of Requirements
Newlands Road	06/05/25	5	0
Hinshaw Street	29/05/25	4	0
Norse Road	17/06/25	4	0
Milncroft Road	11/07/25	5	0
Wallacewell	23/10/25	5	0
Crossbank Crescent	19/11/25	5	0
Balmore	29/01/26	6	0
Kempsthorn	06/03/26	5	0

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

Promise Assurance Inspections

In addition to the above 8 inspections, another 5 children's residential services were inspected using a new assessment model - *Promise Assurance Inspections* - which were piloted from April 2025. These are designed to provide assurance that higher-performing services continue to meet the ambitions of *The Promise*. As part of this model, no new grades are awarded; instead, inspections confirm whether services continue to perform at previously assessed high levels. A Promise Assurance Inspection focuses on key areas essential to upholding children and young people's rights, particularly that they are safe and at the centre of their own care. Findings are reported under the Promise foundation headings of *Voice, Care, and People*. During 2025/26, Promise Assurance Inspections were used to assess services that had achieved grades of *Excellent (6)* or *Very Good (5)* within the previous two years, as shown in the table below. These inspections confirmed that the services have continued to place the rights and voices of children and young people at the heart of their care and continued to provide a very good standard of support.

Children's House	Grade Awarded Previously	Date of Inspection
Netherton	5	02/12/25
Main Street	5	11/12/25
Wellhouse	5	13/01/26
Larkfield	5	28/01/26
Crawford Street	6	26/02/26

5.2.5 Finance, Audit and Scrutiny Committee Reports

Care Inspectorate grades are also regularly reported to and reviewed by the IJB Finance, Audit and Scrutiny Committee. The reports presented to this Committee provide details for each care group of inspections undertaken; requirements specified; areas for improvement; along with detailed improvement action plans where relevant. Reports for inspections carried out during 2025/26 can be accessed via the following links on the HSCP website:

Fostering and Adoption Services Care Inspectorate Activity

Children's Residential Services - Care Inspectorate Activity

Older Peoples Residential Services - Care Inspectorate Activity

5.3. 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, to a group of people in a hospital, care home or prison service. In 2024 the MWC also began undertaking local visits to Community Mental Health Teams (CMHTs) across NHS Greater Glasgow & Clyde (NHSGGC). These local visits:

- identify whether individual care, treatment and support is in line with the law and good practice
- challenge service providers to deliver best practice in mental health, dementia and learning disability
- follow up on individual cases where the Commission have concerns and may investigate further
- provide information, advice and guidance to people they meet with.

Local Visits are not inspections; however, the Commission's report details findings from the visit and provides recommendations. The service is then required to produce an action plan to respond to these recommendations within three months. The MWC published a total of 17 local visit reports relating to Glasgow during the latest reporting period (1st January 2025 to 31st December 2025). All visits were to Glasgow city mental health hospital wards, with 11 announced and 6 unannounced. Details of the sites visited, and the recommendations and good practice noted during these visits, was presented to the IJB in February 2026.

5.4 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 of 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.

During 2025/26, equalities activity has included:

- 22 Equality Impact Assessments (EQIA) were published. In addition, a report was produced summarising the equalities impact of each of the budget proposals for 2026/27, which included an overview of their cumulative impact. The EQIAs include considerations of equality, socio-economic circumstance, and human rights. Children's rights have also been added and are currently being considered on a pilot basis.
- Work has been undertaken to increase awareness and understanding of Equality Impact Assessments at organisational levels. This included briefings for IJB members linked to the budget setting process; awareness raising sessions for the HSCP's Senior Management Team; as well as sessions with staff involved in reviews and service redesign. Promotion of access to the NHS GG&C Equality Impact Assessment training has also continued.
- Work has continued to deliver the BSL (British Sign Language) (Scotland) Act. A programme of work is underway to pilot the use of BSL Video Remote Interpreting (VRI), with an initial focus on health centres. This enables real-time communication between deaf BSL users and people who can hear via a remote BSL interpreter accessed through a video link. This service does not replace face-to-face interpreters but aims to support communication for routine reception desk staff and in unscheduled or emergency situations, if no in-person interpreter is available.
- A Glasgow City HSCP British Sign Language Interpreting Pathway has also been developed to support all staff to access interpreting support when and where it is needed. The pathway provides information on how to access BSL Interpreting services for both NHS and social work appointments, out of hours and emergency services, as well as upon the wider supports available for BSL users and staff.
- In partnership with NHS Greater Glasgow and Clyde, a boosted Health and Wellbeing survey was undertaken with the five largest ethnic minority communities in Glasgow. This research will be used to inform HSCP and wider community planning forums of the needs and issues faced by members of these communities. The results of the survey were published in October 2025 and a launch event was held to share the findings with partners and discuss next steps.
- Regular equality training is important for all staff and in addition to promoting the equality and diversity e-learning modules, further work has been undertaken to promote uptake of training and awareness sessions. There have also been spotlight communications, pulling together information on a range of local and national resources and supports. Topics covered within these included Black History Month, Pride Month, British Sign Language, Neurodiversity, Staff Equality Peer Support Networks and Hate Crime Awareness Week.
- Our latest Equalities Progress report for 2024 to 2026 provides full details of the wider range of actions and progress to date against our agreed Equality Outcomes.

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 about this report? 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
Steven.Blair2@glasgow.gov.uk