APPENDIX 1

Social Work Services / Glasgow City Health and Social Care Partnership

Annual Business Plan 2025

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 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

In August 2025, Social Work Services had a workforce of **7,261**(**6,223.8** Whole Time Equivalent WTE). In addition, within GCHSCP there are **5,359** (**4,682** WTE) employed by NHS Greater Glasgow and Clyde, making a total combined workforce of **12,620** (**10,906** WTE). The breakdown of staff across care groups and between Council and Health Board is shown in the table below.

Workforce data - NHSGGC & Social Work (August 2025)

Fig. 2a: Social Work & Health breakdown by Care Groups

Breakdown by Care Groups						
Staff Group	Head Count		WTE		Totals	
	SW	NHS	SW	NHS	Head	WTE
Adult	540	2698	507.9	2420.8	3,238	2,929
Care Services	3760	0	2973.8	0.0	3,760	2,974
Childrens Services	1095	710	1019.4	589.8	1,805	1,609
Hosted	0	110	0.0	104.8	110	105
Older People	325	1202	306.5	1000.9	1,527	1,307
Primary Care	0	361	0.0	303.8	361	304
Public Protection and Complex Care	456	201	431.1	191.1	657	622
Resources	1085	77	985.1	70.8	1,162	1,056
Totals	**7,261**	**5,359**	**6223.8**	**4682.0**	**12,620**	**10,906**

Social Work Workforce Data – Sex, Ethnicity and Disability (August 2025)

A breakdown of the Social Work Services workforce by sex and identified ethnicity, where known, is shown below 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 MINORITY			
GRADE	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1 - 4	610	42.19%	3222	55.41%	3832	52.78%	1380	36.10%	1522	78.98%	92	35.66%
5 - 7	702	48.55%	2259	38.85%	2961	40.78%	2105	55.06%	357	18.53%	145	56.20%
8	31	2.14%	74	1.27%	105	1.45%	71	1.86%	13	0.67%	3	1.16%
9 - 14	99	6.85%	234	4.02%	333	4.59%	253	6.62%	32	1.66%	17	6.59%
MA & Non WPBR	4	0.28%	26	0.45%	30	0.41%	14	0.37%	3	0.16%	1	0.39%
TOTAL	1446		5815		7261		3823		1927		258	
							Not Declared		1511			

NHSGGC Workforce – Sex, Ethnicity and Disability (August 2025)

A breakdown of the Health workforce by sex is shown below split by pay bands. The percentage split of employees recorded ethnicity or with a disability, if known, is also shown.

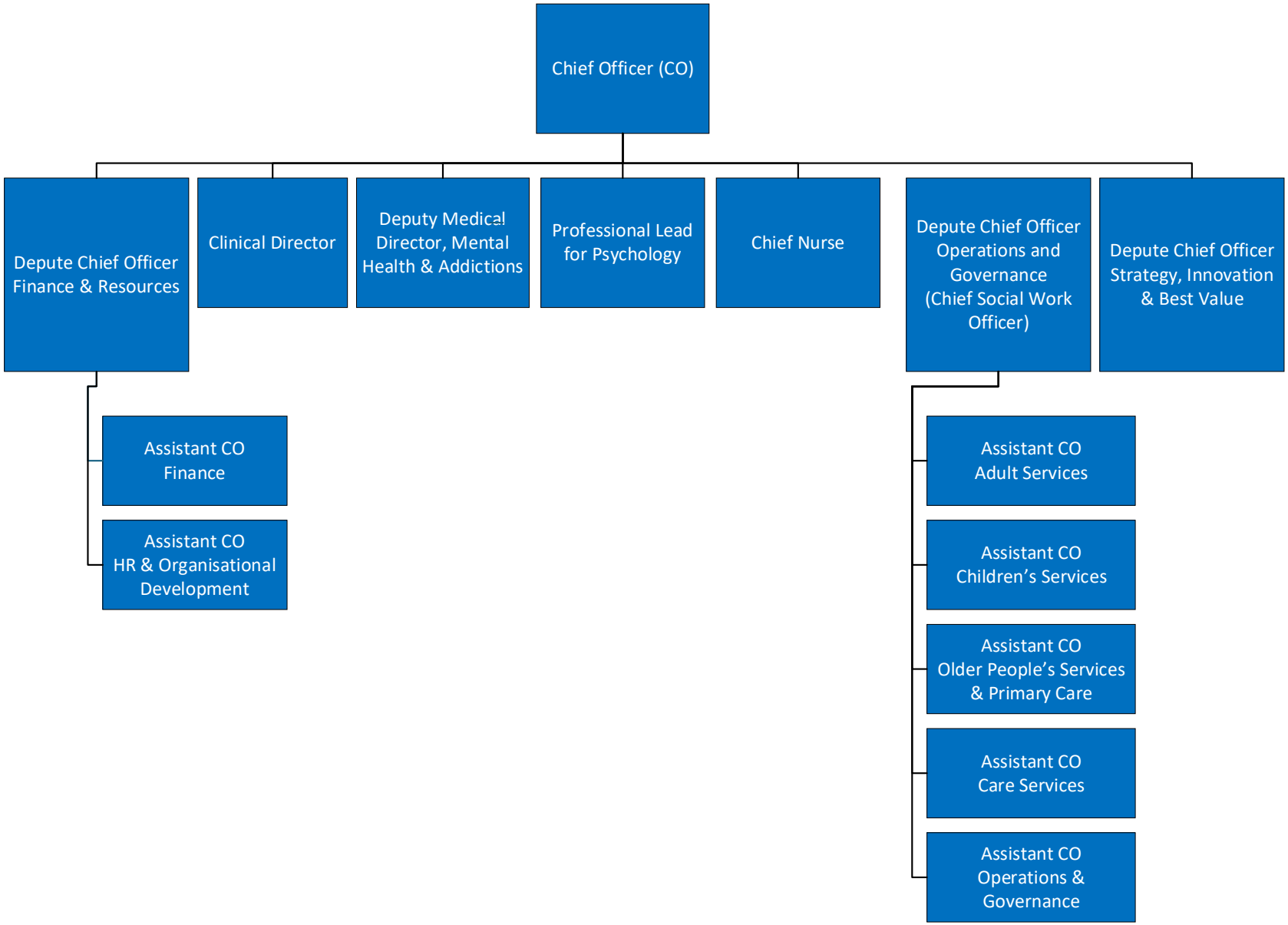
Fig. 2c: Health Breakdown by Sex, Ethnicity, and Disability

	SEX					
BAND	**Male**		**Female**		**Total**	
	No.	**%**	**No.**	**%**	**No.**	**%**
2, 3	254	4.74%	881	16.44%	1135	21.18%
4, 5	178	3.32%	1422	26.53%	1600	29.86%
6, 7	260	4.85%	1691	31.55%	1951	36.41%
8A, 8B	48	0.90%	212	3.96%	260	4.85%
8C, 8D, 9	8	0.15%	57	1.06%	65	1.21%
Medical and Dental & Non-AFC	129	2.41%	219	4.09%	348	6.49%
TOTAL	**877**	**16.36%**	**4482**	**83.64%**	**5359**	

DISABILITY	**%**
Declared a disability	1.14%
Not disabled	44.55%
Not known/declined	54.31%

ETHNICITY	**%**
Black or Minority Ethnic	3.58%
White	74.70%
Not known/declined	21.73%

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



2.4 Budgets

The total financial resources available to the Partnership for 2023-24 and 2024-25 are outlined below. The Council's contribution to the overall budget for the Glasgow City Integration Joint Board for 2024-25 is £573,674 K.

Client Group	2023/24 Net Expenditure Budget	2024/25 Net Expenditure Budget	Movement
	£000's	£000's	£000's
Children and Families	163,086	158,493	(4,593)
Adult Services	349,992	374,356	24,364
Older People Services	355,406	358,105	2,699
Resources	20,322	45,737	25,415
Criminal Justice	14,686	14,589	(97)
Primary Care	393,863	424,813	30,950
Set Aside	257,228	271,170	13,942
TOTAL	**1,554,583**	**1,647,263**	**92,680**

Notes
* 23/24 and 24/25 budgets are opening budgets for the HSCP. Set Aside updated to reflect actual activity levels.

Outturn

An operational underspend of £0.381m was delivered during 2024-25. 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 (£16.143m). 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. The IJB elected to transfer this to earmarked reserves. In addition, they also approved the re-alignment of earmarked reserves to general reserves totalling £0.096m. 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: • 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 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 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 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.
	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 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
	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 2025-26

The IJB approved the following changes to the budget for Council services for 2025-26 on 19 March 2025.

Revenue Budget Change Summary 2025/26

Title of Budget Change	Reason for Change	Financial Impact (£000s)
	(Investment, Income Maximisation, Service Review, Resource Redirection)	**2025/26**
NHS Funding Uplift 3%	Investment - meet Scottish Government Commitment	-18,361
Inflationary Pressures	To meet estimated liability in pay settlements	17,649
Prescribing Cost and Volume Pressure 24/25 and 25/26	Increased to meet increased costs and demand for prescribing services	16,608
Scottish Living Wage	Investment - meet Scottish Government Commitment	-16,203
Adult Scottish Living Wage	To meet estimated liability	13,280
24/25 Pressure Funded Non-Recurringly Through Turnover	Service Prioritisation and Reduction	13,000
All Health Services - Non-Recurring Turnover Savings to be delivered through Vacancy Management Processes	Service Prioritisation and Reduction	-11,000
24/25 Budget Strategy - Budget Smoothing	Budget Smoothing Strategy to Support Increase of Superannuation Contributions in 2026/27	8,250
Inflationary Uplift - Contractual and Economic	To meet estimated liability	3,737
C&F Scottish Living Wage	To meet estimated liability	2,923
ENiCs Shortfall	To meet estimated liability	2,800
Children and Young People Community Health Funding	To meet estimated liability	1,843
Kinship Carers - Impact of Introduction of Universal Credits	To meet estimated liability	1,800
Health and Social Care Connect - Phased Transitional Funding	Investment to support delivery	1,000
Reduction in Scottish Government Funding - Mental Health Renewal and Recovery Officers	Reduction in funding from Scottish Government	412
Free Personal Care	To meet estimated liability	387
24/25 Recovery Plan	Service Prioritisation and Reduction	-5,165
Prescribing Efficiency Programme (including full year impact of 24-25)	Efficiency and Income Maximisation	-4,592

Council Funding Offer	Investment - meet Scottish Government Commitment	-4,000
Additional 2.3% Turnover Savings for Council	Service Prioritisation and Reduction	-3,500
Removing the provision of a Supported Living Service within Glasgow HSCP Care at Home Services	Service Prioritisation and Reduction	-2,823
Use of General Reserves	Investment to support delivery	-2,800
Children and Young People Community Health Funding	Investment - meet Scottish Government Commitment	-1,843
Maximising Independence/Access to Social Care – Self Directed Support/Purchased Services Budget	Service Prioritisation and Reduction	-1,791
Review of Health Improvement Services	Service Prioritisation and Reduction	-1,057
Review of Commissioned Services in Homelessness	Service Prioritisation and Reduction	-1,000
Reduction to non-pay budgets	Service Prioritisation and Reduction	-688
Review of Support to Carer and Integration of Carers Service within Localities	Service Reform and Innovation	-604
Reduction in Primary Care Mental Health Service	Service Prioritisation and Reduction	-600
Reduction in Health Visiting Service	Service Prioritisation and Reduction	-530
Review of Psychotherapy Service	Service Prioritisation and Reduction	-500
Cessation of Wellbeing for Longer Fund	Service Prioritisation and Reduction	-487
Reduction in Scottish Government Funding - Mental Health Renewal and Recovery Officers	Scottish Government Reduction in Funding	-412
Review of Commissioned Services in Alcohol and Drug Recovery Services	Service Prioritisation and Reduction	-400
Review of Central Parenting Team	Service Prioritisation and Reduction	-388
Free Personal Care	Investment - meet Scottish Government Commitment	-387
Maximisation of Funding Sources Available for Treatment Rooms and Pharmacy Staff	Efficiency and Income Maximisation	-370
Reduction in Aids and Adaptation Equipment Spend	Service Prioritisation and Reduction	-354
Review of Support Services	Service Prioritisation and Reduction	-330
Support Services: Budget Realignment Following Review of Budget and Establishment	Efficiency and Income Maximisation	-292

and Staff Turnover Application		
Reduction in Mental Health Employability Commissioned Services	Service Prioritisation and Reduction	-221
Continence products spend	Efficiency and Income Maximisation	-200
Reduction in Complex Needs Service	Service Prioritisation and Reduction	-200
Reduction in Trauma Service, Aligned to Review Outcomes	Service Prioritisation and Reduction	-200
Consolidation of Crisis and Outreach Services	Service Prioritisation and Reduction	-200
Reduction in Alcohol and Drug Partnership Programmes	Service Prioritisation and Reduction	-200
Removal of Counselling Service currently sitting within Sandyford Sexual Health Service	Service Prioritisation and Reduction	-200
Cease Financial Advice Patient Referral Service	Service Prioritisation and Reduction	-190
Review of Commissioned Services in Adult Mental Health Services	Service Prioritisation and Reduction	-175
Termination of test of Change of Scottish Ambulance Service Triage Car Operation in Mental Health Assessment Unit	Service Prioritisation and Reduction	-165
Removal of Vacant Posts in Learning Disability	Service Prioritisation and Reduction	-159
Reduction in Dementia Post-Diagnostic Support Link Workers	Service Prioritisation and Reduction	-137
Review of Linguistic Service - Result of New Tender	Efficiency and Income Maximisation	-112
Maximisation on Income from Third Party Organisations	Efficiency and Income Maximisation	-100
Income Maximisation	Efficiency and Income Maximisation	-93
Cessation of Funding of Care and Repair Service	Service Prioritisation and Reduction	-88
Review of Commissioned Services Teams	Efficiency and Income Maximisation	-85
Increase Charges to Service Users by 5% 25/26	Efficiency and Income Maximisation	-80
Realigning Future Care Planning Work	Efficiency and Income Maximisation	-56
Older People Community Mental Health Team – Removal of Vacant OT Post	Service Prioritisation and Reduction	-55
Cessation of Huntingtons Services	Service Prioritisation and Reduction	-46
Older People Mental Health – Removal of Vacant Psychology Post	Service Prioritisation and Reduction	-44

Removal of Practice Development Nursing Post	Service Prioritisation and Reduction	-44
HR Training Income Generation	Service Prioritisation and Reduction	-40
Closure of Dementia Resource Centre	Service Prioritisation and Reduction	-38
Home First Response Service	Service Prioritisation and Reduction	-33
Cease funding of Independent Sector Lead Funding – Scottish Care	Service Prioritisation and Reduction	-31
Reduction in GP Engagement Budgets	Service Prioritisation and Reduction	-16
Increase to Equipu Management Fee	Service Prioritisation and Reduction	-4
Total		**£0**
Net Budget Change (£)		**£0**
Net Budget Change (%)		**0%**

When the budget was set it was forecast that the IJB would start 2025-26 with a General Reserve of £14.9m. If assumptions hold as outlined in the budget report, it will result in the IJB closing with a General Reserve of £23.1m at the end of 2025-26, which represents 1.5% 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 £18.7m for 2025-26, details of which can be found below: -

Capital Investment		
Ref.	**Option**	**Investment (£m)**
1	Riverside Care Home	3.163
2	Church Street Redevelopment	11.170
3	Brighton Place Redevelopment	4.000
4	Other Minor Projects	0.350
Total Investment (£m)		**18.683**

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.

At its meeting on 14th May 2025 the IJB approved an extension to the current strategic planning cycle and agreed that the current plan would run from 2023 – 2028.

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 2024/25 APR can be accessed here.

4.3 Staff Development

Workforce Plan

GCHSCP has well developed workforce planning governance arrangements and processes in place with Workforce Planning Board meetings taking place fortnightly. In addition, Services have monthly meetings that have a more operational focus to meet the workforce needs of the service, safe staffing legislation and ensure that recruitment is forecasted and planned throughout the year.

The Glasgow City HSCP Workforce Plan 2022-25 was approved at Glasgow City Integration Joint Board (IJB) in November 2022. Governance of the achievement of the actions in this plan are monitored annually by the IJB. An updated action plan and progress report was last submitted to the IJB in March 2025.

Work is currently underway on developing the Glasgow City HSCP Workforce Plan for 2025-2028.

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 2025, GCHSCP achieved a response rate of **57%** (equating to 7,109 respondents), compared to 54% in 2024 (6,814 respondents). The overall GCHSCP Employee Engagement Index (EEI) remains positive with a score of **78%** in 2025. This is consistent with the last few years (77% 2024, 78% 2023) and is classed by iMatter as being 'Strive and Celebrate.'

Training and Development

The budget for the training and development of staff within Social Work for 2024/25 is £180k and 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.

Leadership and Management Development

A range of leadership development programmes are being delivered across GCHSCP, targeting various leadership levels. These include the 'Leadership Accelerator Programme' for new and existing team leaders and service managers, offering experiential learning and skills development. The 'Women in Leadership' programme to support women in building their peer network and developing key leadership skills will be piloted in October 2025.

Coaching, mentoring, and influencing workshops support leadership capability across middle and senior roles. Primary Care leadership sessions focus on quality improvement and change leadership for GPs and practice managers. A mentoring programme is being developed to support succession planning and network development. Senior leaders are engaged in the West of Scotland Adaptive Leadership Programme, which builds capacity for complex systems leadership. Additionally, the Scottish Coaching and Leadership for Improvement Programme supports leaders in applying coaching and QI methodologies to drive service improvement.

PCR Performance

The majority of our staff use 'Supervision' to monitor performance in line with Social Work and Social Care professional practice standards. The council's Performance Coaching Review 'PCR' system is available to support staff performance and development conversations with the facility to record this on GOLD. Personal development and career development opportunities are actions included within GCHSCP Workforce Plan.

Workforce Development

Our 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. Our 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.

GCHSCP Learning and Development team supports the delivery of the HNC in Social Care as well as SVQ's to support registration requirements and workforce planning. Placement opportunities are available for HNC (Social Care) students in our Care Homes and an increased capacity of student Social Worker placements is supported by our own in-house practice teachers which has led to an increase in applications for jobs with GCHSCP and successful appointments. GCHSCP's Learning and Development function has also recently received full approval from SSSC to deliver the Professional Development Award in Practice Learning (PDAPL) and currently has 10 social workers undertaking the programme, which will increase capacity to support social work students. Newly qualified Social Workers are also supported through mentoring and coaching.

A successful Modern Apprenticeship programme in our Older People Day Care Centres continues where trainees develop a blend of on-the-job practical learning whilst gaining an SVQ qualification, with all trainees to date, securing permanent employment at the end of their apprenticeship programme.

Statutory and Mandatory Training and KSF/PDP

For NHSGGC staff, to ensure the provision of a continuously improving, safe and person-centred working environment, all employees are required to undertake statutory and mandatory training appropriate to their role on entry to the organisation (Induction) and at regular intervals during their career. Compliance with statutory and mandatory training and HSE training requirements are a priority for the HSCP.

The completion of KSF (Knowledge and Skills Framework) reviews for staff continues to be a priority for GCHSCP. Learning and development of health staff is discussed and reviewed with line managers or supervisors throughout the year and at the annual Personal Development Planning and Review conversation. The PDP&R process enables staff to discuss what matters to them in their role, be clear about what's expected of them and receive feedback, as well as having the opportunity to review any learning, development and support required.

Performance Improvement

This year a new Performance Framework was introduced for NHS staff to ensure that every ACO has performance discussions with their management teams on 3 priority areas: Attendance Management, KSF and HSE compliance. This is then reported to a GCHSCP-wide Performance Improvement Group chaired by the Chief Officer. Since this commenced incremental improvement is being seen in KSF and HSE compliance and improved record keeping and policy management for attendance. It is anticipated that this paired with the Attendance Action Plan will see a further decrease in absence levels.

Supporting Attendance

An integrated GCHSCP Supporting Attendance Action Plan has been refreshed and updated for 2025/26 and continues with the same 6 priority action themes below. Training for managers will continue to be reviewed and tailored to meet managers training needs, to support their learning and build confidence in having caring and compassionate conversations with their staff. New HR interventions to support managers in addressing Psychological, Stress and Musculoskeletal absence reasons will be a focus for the year, together with implementing robust measures for addressing concerning absence trends of short and long-term absence.

1. HR Support and Action
2. Staff Wellbeing
3. Manager Training and Development
4. Occupational Health
5. Redeployment
6. Governance, Compliance and Reporting

Staff Health Initiatives

The HSCP's Staff Mental Health and Wellbeing Working Group will continue to support the priorities within the GHSCP Action Plan and promote interventions and initiatives that relate to the 4 key principles below:

1. Staff mental health becomes part of the HSCP's local strategies and action plans
2. Staff mental health and wellbeing is everybody's responsibility
3. All staff deserve to work in a mentally healthy workplace where discussions about mental health and wellbeing are valued and met with kindness and compassion
4. All staff have the opportunity to talk about mental health and wellbeing with their manager to ensure they receive the appropriate supports.

Over 929 staff have participated in 'Lifelink' wellbeing sessions, covering topics such as stress management, confidence building, financial wellbeing, menopause, and self-care. Twelve themed sessions have been delivered so far. Additionally, drop-in menopause coffee mornings and in-person menopause sessions for Home Care staff were held at various work bases.

The 'Wellbeing Hub' continues to offer in-person classes including yoga, tai chi, reiki, tango, kundalini dance, and sound baths. Twelve team mindfulness sessions and twelve in-person wellbeing sessions were delivered in 2024/25.

Specifically with a focus on our leaders and managers, 680 leaders and managers attended online leadership sessions. Kapow Coaching delivered sessions on resilience, mindset, and compassionate leadership, while Gwen Stirling-Wilkie led sessions on hybrid working and team connection, attended by 205 team leaders and managers.

Work/life Balance Provision

GCHSCP 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 wider succession planning agenda GCHSCP has been promoting both flexible retirement and retire and return initiatives to allow more planned and phased opportunities for retirement.

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.

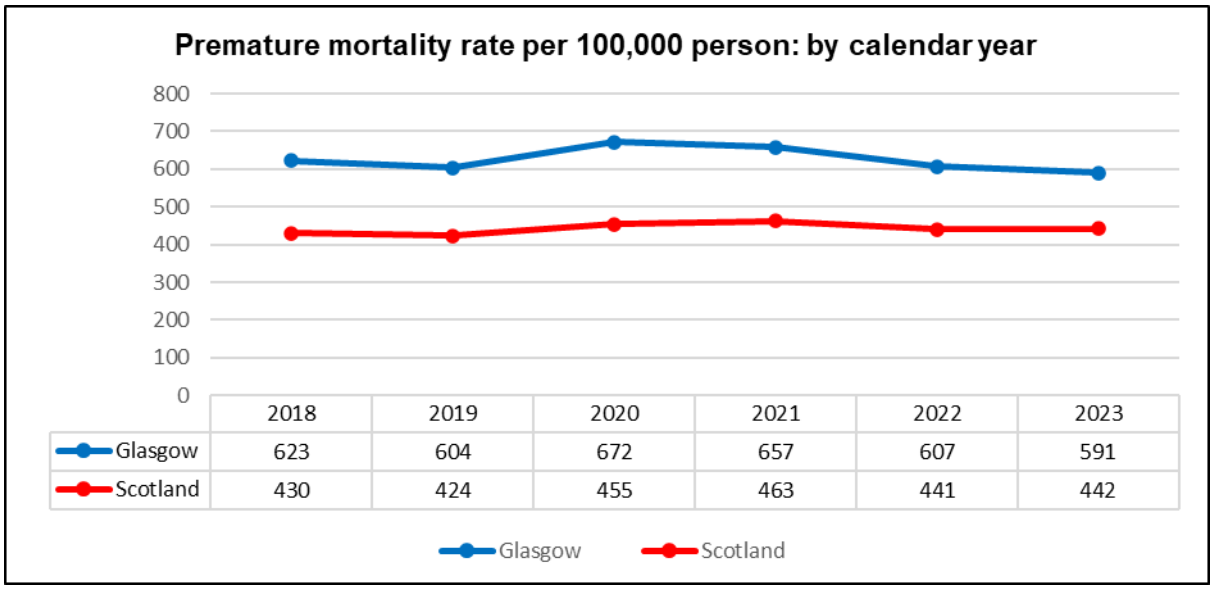
National Integration Indicator	2023/24 Survey Results (21/22 results shown in brackets if comparable)				Direction of Travel Since Last Survey (21/22)
	Outcome*	Glasgow	Scotland	Compared to Scottish average Above ✅ Below 🛑	
1. % adults able to look after their health very well or quite well	1	**87.6%** (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
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

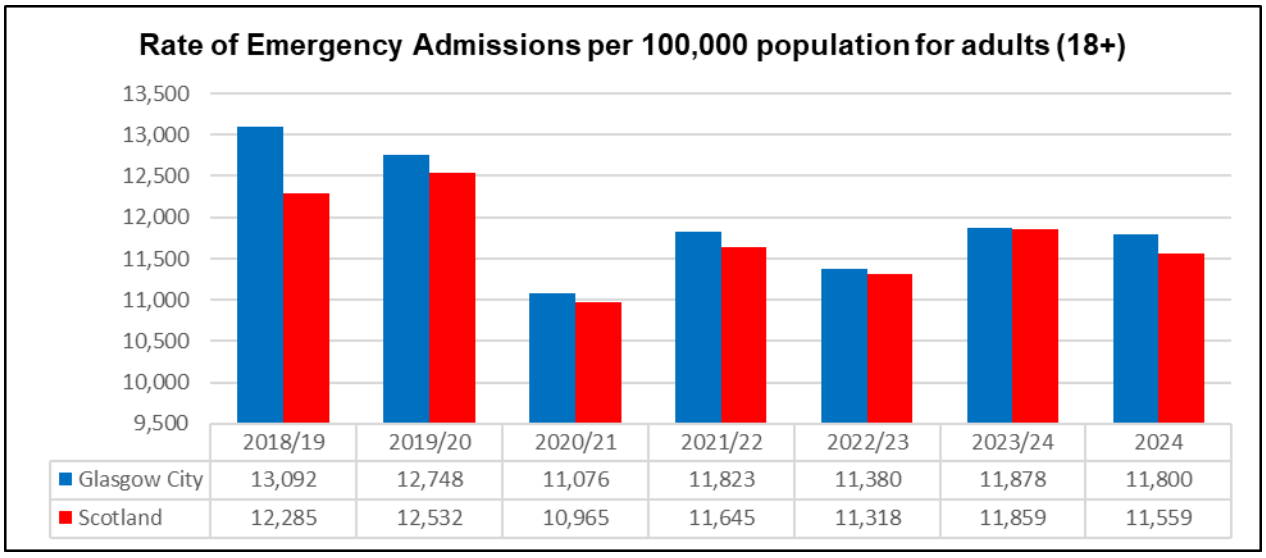
Graphs showing performance in relation to National Integration Indicators 11-19 for Glasgow and Scotland are shown below:

National Integration Indicator 11



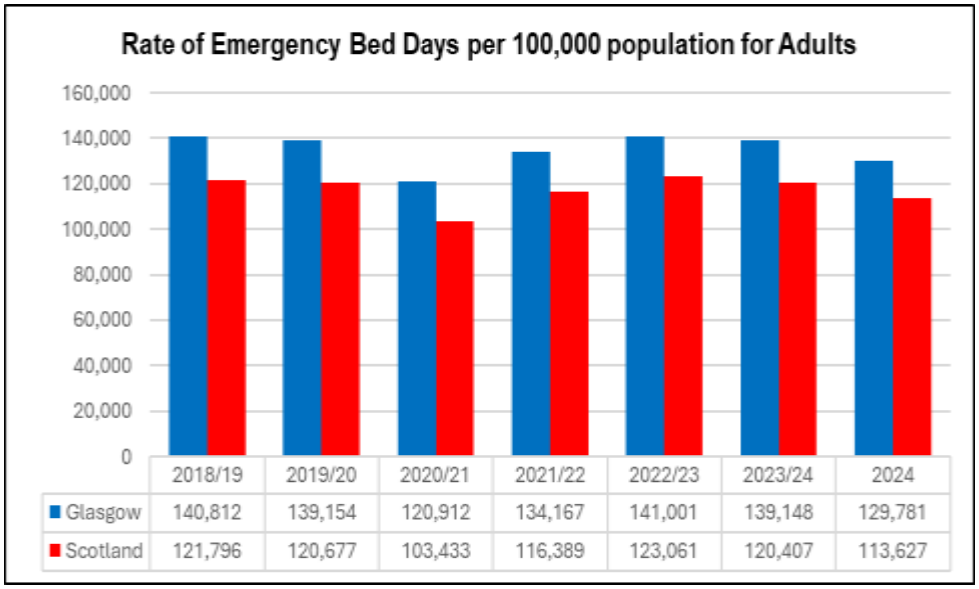
- Decrease in Glasgow over the last three years after an increase in 2020.
- Glasgow consistently higher than Scottish average but gap narrowed over last three years.
- No data currently available beyond 2023.

National Integration Indicator 12



- Reduction in Glasgow in the last year, with rates also falling over the period since 2018/19.
- Glasgow remains above the Scottish average.

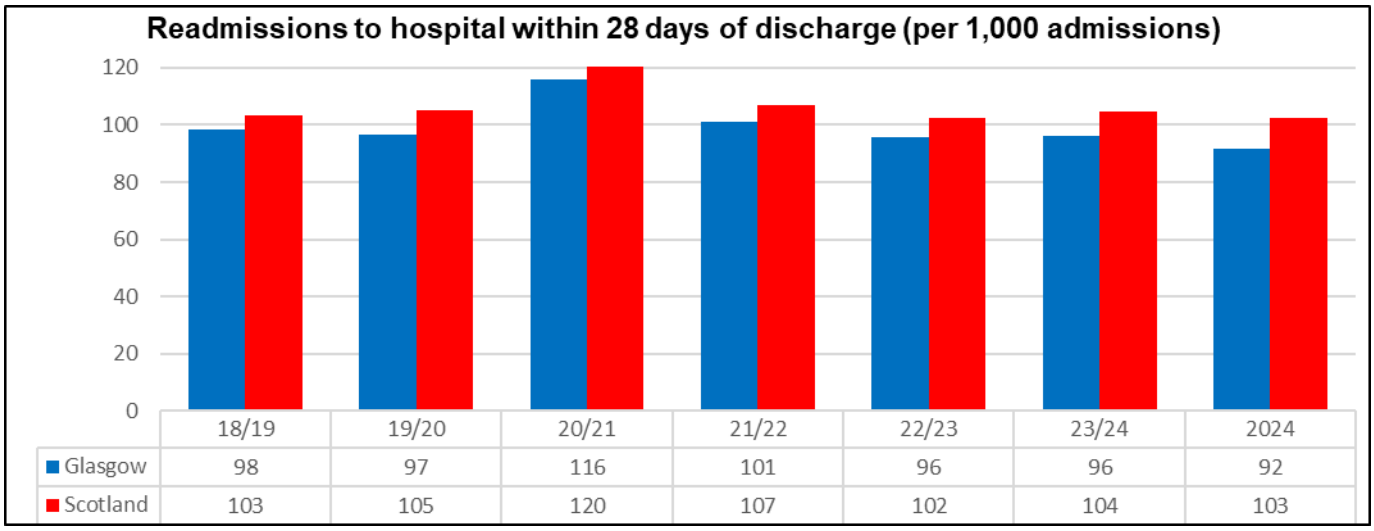
National Integration Indicator 13



	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024
Glasgow	140,812	139,154	120,912	134,167	141,001	139,148	129,781
Scotland	121,796	120,677	103,433	116,389	123,061	120,407	113,627

- Rate have fallen in the last year in Glasgow. Prior to this, they remained similar since 2018/19, apart from the period 2020/22 when they reduced.
- Glasgow continues to be higher than the Scottish average.

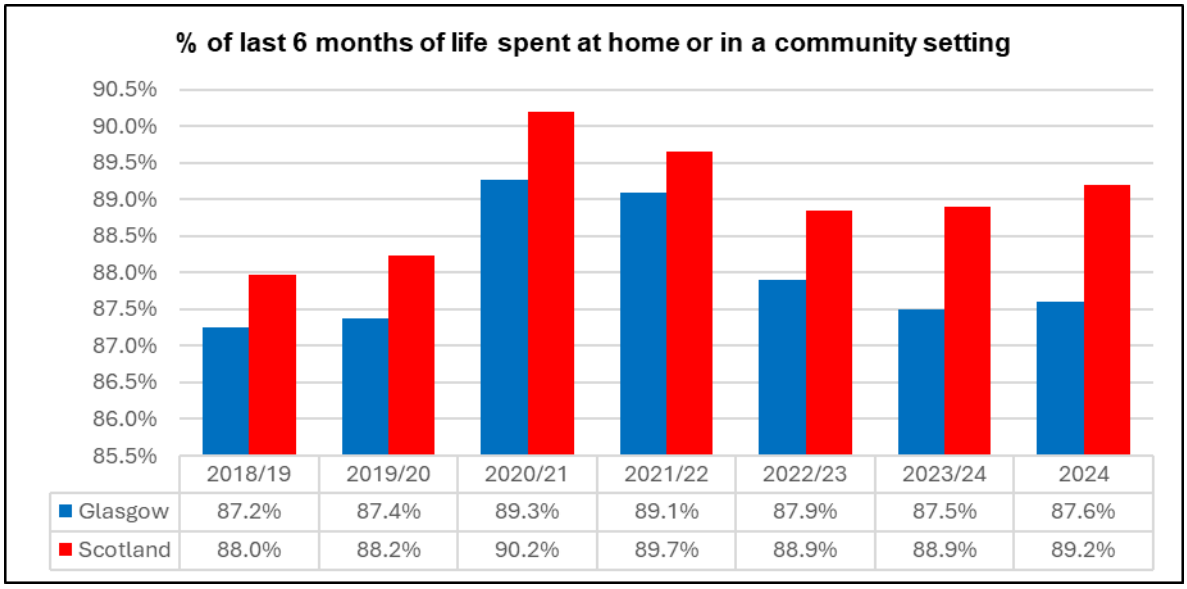
National Integration Indicator 14



	18/19	19/20	20/21	21/22	22/23	23/24	2024
Glasgow	98	97	116	101	96	96	92
Scotland	103	105	120	107	102	104	103

- Rates peaked in 2020/21 in Glasgow and have since reduced, including over the last year.
- Glasgow has remained lower than the Scottish average since 2017/18.

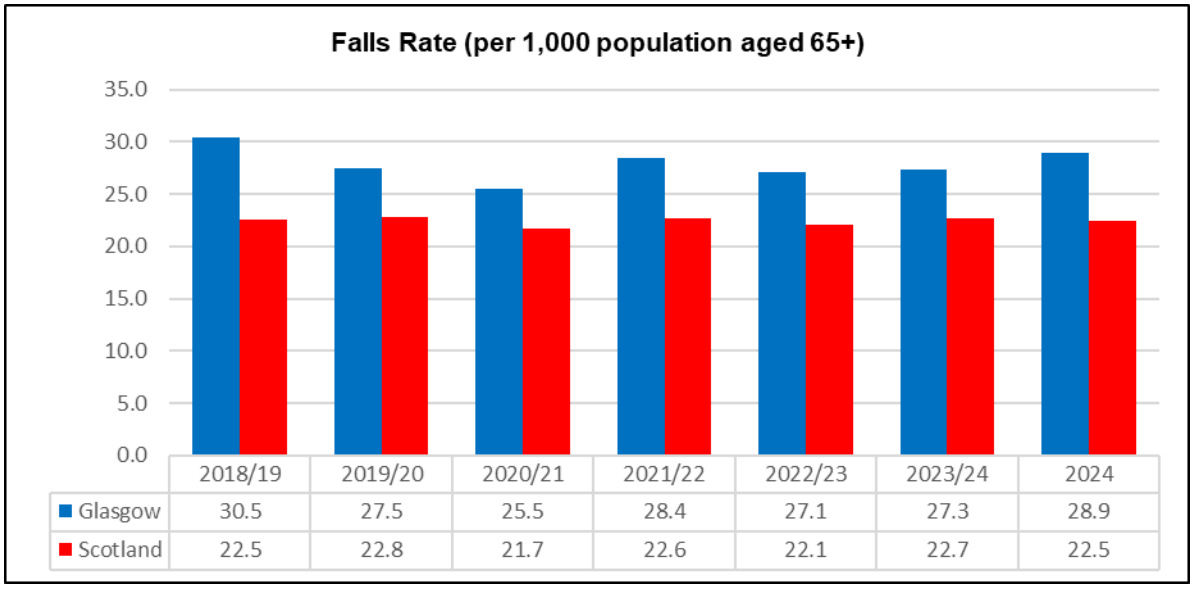
National Integration Indicator 15



	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024
Glasgow	87.2%	87.4%	89.3%	89.1%	87.9%	87.5%	87.6%
Scotland	88.0%	88.2%	90.2%	89.7%	88.9%	88.9%	89.2%

- Rates in the last year in Glasgow increased slightly, but have remained similar since 2018/19, apart from the period 2020/22.
- Glasgow remains lower than the Scottish average.

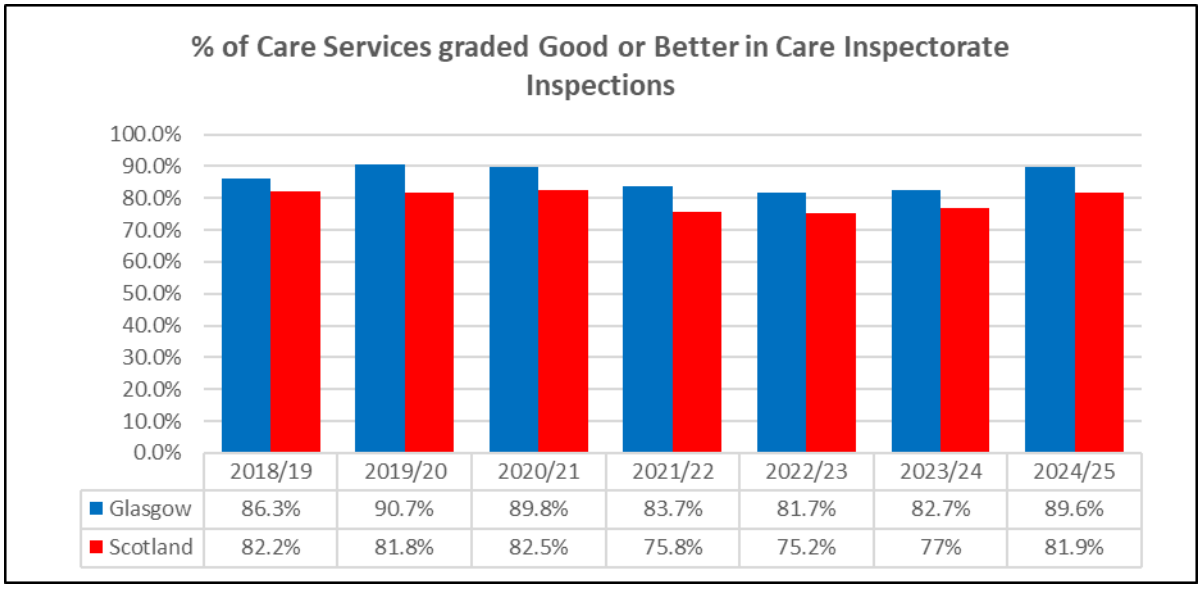
National Integration Indicator 16



	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024
Glasgow	30.5	27.5	25.5	28.4	27.1	27.3	28.9
Scotland	22.5	22.8	21.7	22.6	22.1	22.7	22.5

- Reduction over the period since 2018/19 in Glasgow, but the rate has increased over the last year.
- Glasgow consistently higher than the Scottish average.

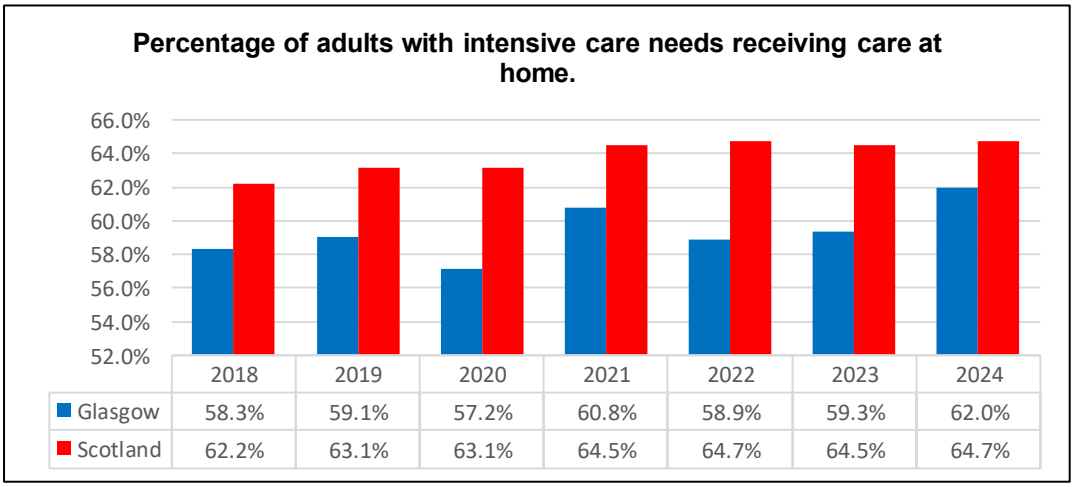
National Integration Indicator 17



	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Glasgow	86.3%	90.7%	89.8%	83.7%	81.7%	82.7%	89.6%
Scotland	82.2%	81.8%	82.5%	75.8%	75.2%	77%	81.9%

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

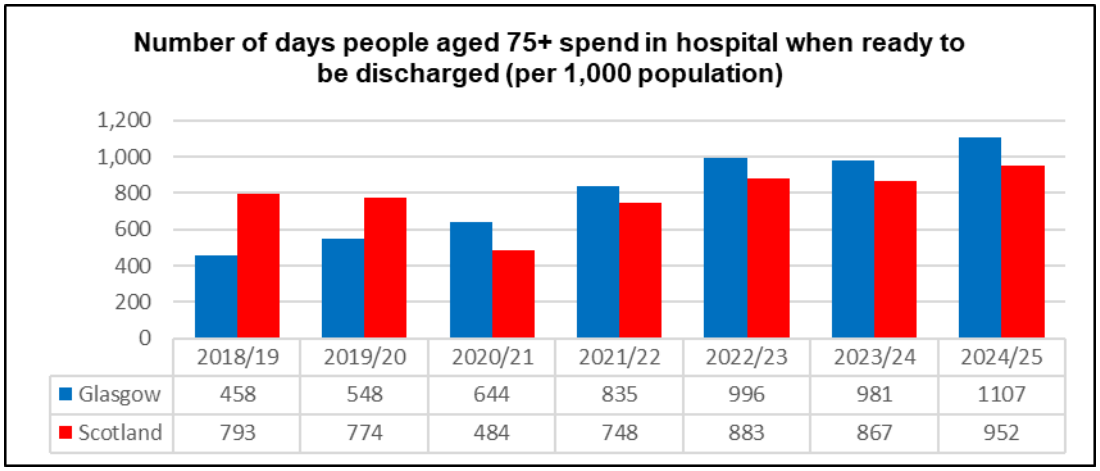
National Integration Indicator 18



	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 period since 2018/19 in Glasgow, as well as over the last two years after falling from a peak for the period shown in 2021.
- Glasgow consistently lower than the Scottish average over the period shown.

National Integration Indicator 19



- Rates doubled over the period shown in Glasgow with a significant increase over the last year.
- Glasgow higher than the Scottish average since 2020/21 having been lower prior to that for the period shown.

Notes
Please note that calendar year 2024 is used for indicators 12-16 above as a proxy for 2024/25, due to the national data for 2024/25 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 (2023/24)

Indicator	Glasgow	Family Group Average	Scotland
Home Care Costs per Hour for People Aged 65 and Over (SWO1)	£39.21	£47.60	£33.61
Residential costs per week per resident for people aged 65 or over (SWO5)	£780	£724	£723
Spend on direct payments or personalised managed budgets as a % of total adult social work spend (SWO2)	14.6%	10.4%	9.0%
% of people aged 65+ with long term care needs who	63.8%	64.2%	62.6%

are receiving personal care at home (SWO3a)			

Children's Services (2023/24)

Indicator	Glasgow	Family Group Average	Scotland
Gross costs of 'Children Looked After' in residential based services (£ per child per week) (CHN08a)	£7,355	£5,822	£5,282
Gross costs of 'Children Looked After' in a community setting (£ per child per week) (CHN08b)	£476	£391	£475
Proportion of children being looked after in the community (CHN09)	92.6%	88.9%	88.8%
Proportion of Child Protection Re-registrations within 18 months (CHN22)	1.7%	6.8%	5.8%
Proportion of 'Children Looked After' with more than one placement in the last year (CHN23)	10.9%	17.7%	17.5%

5.2 Inspection

HSCP Registered Services – Care Inspectorate

Between April 2024 and March 2025, the Care Inspectorate undertook 17 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 during 2024/25 provide details of inspections by care group, details of Requirements and Areas for Improvement, and detailed Action Plans for Improvement where relevant. These can be accessed on the HSCP website via the following links:

Fostering and Adoption Services Care Inspectorate Activity
Children's Residential Services - Care Inspectorate Activity
Older People's Residential Services - Care Inspectorate Activity

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
OLDER PEOPLE'S RESIDENTIAL SERVICES							
Victoria Gardens Care Home	30/05/24	5	not assessed	5	not assessed	not assessed	0
Meadowburn Care Home	05/06/24	4	4	4	5	4	0
Orchard Grove Care Home	05/09/24	4	4	4	5	4	0
Hawthorn House Care Home	28/10/24	4	4	4	4	3	0
COMMUNITY AND HOUSING SUPPORT SERVICES							
South - HSCP Community Support Service	10/06/24	5	4	5	not assessed	5	0

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
FAMILIES FOR CHILDREN ADOPTION AND FOSTERING SERVICES							
Adoption Service	26/06/24	4	4	4	not assessed	4	0
Fostering Service	26/06/24	3	2	4	not assessed	4	4

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

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 well-being?* This additional question was introduced to produce a more regulatory footprint, prioritise the quality of relationships experienced by children and young people in line with the aspirations of *The Promise*, and to support engagement with more 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.

From April 2024 to March 2025, the Care Inspectorate undertook 10 inspections of children's residential services. All houses were assessed using key question 7.

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
Newlands Road Residential Children's Unit	17/04/24	3	2
Norse Road Residential Children's Unit	07/05/24	2	4
Plenshin Court Residential Children's Unit	21/05/24	5	0
Wellhouse Residential Children's Unit	16/07/24	5	0
Broomfield Residential Children's Unit	24/07/24	5	0

Dalness Residential Children's Unit	01/08/24	5	0
Milncroft Road Residential Children's Unit	14/08/24	5	0
Main Street Residential Children's Unit	24/10/24	5	0
Norse Road Residential Children's Unit	27/11/24	3*	0
Mosspark Drive Residential Children's Unit	13/12/24	5	0

Key to Grading:1 – Unsatisfactory**, 2 –** Weak**, 3 –** Adequate**, 4 –** Good**, 5 –** Very Good**, 6 –** Excellent
* N.B. This was a follow up inspection where significant improvement to practice and management were evidenced. A grade of 3 was awarded which is the maximum grade which can be awarded in a follow up inspection.

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).

The 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; 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.

The MWC published a total of 20 local visit reports during the reporting period (1st January 2024 to 31st December 2024) across Glasgow sites. 19 of these visits relate to Glasgow City Mental Health Hospital wards and one Community Mental Health team. Details of the sites visited, and the recommendations and good practice noted during these visits, was presented to the IJB in February 2025.

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 programmes of work related to the Equalities and Fairer Scotland Duties, in order to advance equalities practice across all HSCP business areas. During 2024/25, activity has included:

- Continued to deliver regular equality training to staff to increase their understanding of equality, diversity and human rights, and support them to better interact with service users and each other.
- Shared monthly equality training communications with all staff to promote learning opportunities, including the refresh and further rollout of hate crime awareness training.
- Published 46 Equality Impact Assessments (EQIAs).
- Published EQIAs on IJB budget proposal reports, including an overview of the cumulative impact of the budget savings. Assessments include considerations of equality, socio-economic circumstance and human rights.
- Implemented a pilot to incorporate United Nations Convention on the Rights of the Child (UNCRC) considerations as part of the EQIA process, following the Act coming into force in July 2024.
- Introduced an annual audit to consider the changes made as a result of EQIAs.
- Continued to deliver in relation to the British Sign Language (BSL) (Scotland) Act, including awareness raising and training sessions, which over the last year have been targeted at a range of groups including health visitors, mental health staff, primary care and care home staff. 6 BSL training classes for frontline social work staff have also been delivered.
- The Glasgow City Youth Health Service has been accredited with the LGBT Charter at Gold level which is awarded by LGBT Youth Scotland and supports organisations to review their policies and practices to ensure they're inclusive to LGBTQ+ people.
- North East/West Health Improvement teams were recognised at the Scottish Health Awards 2024, where in partnership with Glasgow and Clyde Rape Crisis, they were finalists in the Tackling Health Inequalities category. This project has successfully increased accessibility to specialised support for survivors of sexual violence; and increased awareness of and responsiveness to gender-based violence amongst local partners in the North of Glasgow.
- Delivered clinics targeted at those with protected characteristics, to make more use of everyday technology such as smart phones.

Our latest Equalities Progress report provides full details of the actions and progress to date against our 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?

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