

Purpose

This briefing provides an overview of the Glasgow City Health and Social Care Partnership and Glasgow City Integration Joint Board, and it highlights progress to date since the Integration Joint Board was constituted in February 2016.

Key Acronyms Used in Briefing

A number of acronyms are used throughout this briefing:

- IJB: Glasgow City Integration Joint Board
- GCHSCP: Glasgow City Health and Social Care Partnership
- LEF: Locality Engagement Forum and
- the Act: Public Bodies (Joint Working) (Scotland) Act 2014.

About Health and Social Care Integration In Scotland

The way in which health and social care services are planned and delivered across Scotland was changed by the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the 'Act'). Local Authorities and Health Boards are required by law to work together to plan and deliver adult community health and social care services, including services for older people. This new way of working is referred to as 'Health and Social Care Integration.' The Act also permitted Local Authorities and Health Boards to integrate other services, such as Children's Services, Homelessness and Criminal Justice, if they wished to do so.

At its heart, Integration is about ensuring that those who use health and social care services get the right care and support whatever their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

In Glasgow City

The Act required Local Authorities and Health Boards to jointly prepare an Integration Scheme. The Integration Scheme sets out the key arrangements for how Integration is to be planned, delivered and monitored within their local area:

- the model of integration chosen
- the scope of functions and services that are to be delegated
- the clinical and care governance arrangements
- financial management
- operational arrangements and
- a number of other key agreements.

In Glasgow City, Glasgow City Council and NHS Greater Glasgow and Clyde have gone further than the minimum requirements of the Act, and integrated the planning and delivery of all community health and social care services, including services for children, adults and older people, along with homelessness and criminal justice services. This work is led and directed by the Glasgow City Integration Joint Board (IJB), with the Council and Health Board delivering services under the banner of the 'Glasgow City Health and Social Care Partnership' (GCHSCP).

Glasgow City's [Integration Scheme](#) was approved by the Cabinet Secretary for Health, Wellbeing and Sport and was laid before the Scottish Parliament on 8 January 2016. It came into force on 6 February 2016.

The functions and services delegated by the Council and Health Board to the IJB include:

- social care services provided to children and families (including fostering and adoption services and child protection)
- social care services for adults and older people services
- carers support services
- homelessness services
- mental health services
- alcohol and drug services
- criminal justice services
- welfare rights services
- district nursing services
- palliative care services
- services provided by allied health professionals such as dieticians and occupational therapists
- dental services
- primary medical services (including out of hours)
- ophthalmic services
- pharmaceutical services
- sexual health services
- services to promote public health and improvement
- school nursing and health visiting services
- the strategic planning for Accident and Emergency services provided in a hospital and
- the strategic planning for inpatient hospital services relating to branches of medicine (general medicine, geriatric medicine, rehabilitation medicine and respiratory medicine).

Reports are available on how the Council and Health Board worked together to develop integrated arrangements in Glasgow City:

- Glasgow City Council Executive Committee
[20 February 2014](#)
[5 February 2015](#)
- NHS Greater Glasgow and Clyde NHS Board
[18 February 2014](#)
[20 January 2015](#)

Glasgow City Health and Social Care Partnership (GCHSCP)

The Glasgow City Health and Social Care Partnership (GCHSCP) comprises of around 7,800 Social Work (Glasgow City Council) and Health (NHS Greater Glasgow and Clyde) staff, and it is led by the Chief Officer David Williams, along with an integrated Executive and Senior Management Team. It provides services through the three localities of North East, North West and South, as well as directly provided residential and day care. Some services cover the wider NHS Greater Glasgow and Clyde Health Board area (for example, sexual health services). A [visual](#) of the Executive and Senior Management Team is available.

Key functions include:

- Operations (Children's, Adult and Older People and Primary Care Services), led by Alex MacKenzie
- Planning, Strategy and Commissioning (Children's, Adult and Older People Services; Public Protection and Quality Assurance and Health Improvement and Inequality), led by Susanne Millar
- Finance and Resources (Finance, Human Resources, Organisational Development and Business Development), led by Sharon Wearing and
- Clinical, Medical (Mental Health and Addictions) and Nursing, led by Dr. Richard Groden, Dr. Michael Smith and Mari Brannigan (Nurse Director) respectively.

Glasgow City Integration Joint Board (IJB) and the Strategic Plan

The Integration Joint Board (IJB) was established by Order of the Scottish Ministers upon approval of Glasgow City's Integration Scheme. It was constituted at its first meeting on 8 February 2016.

As a separate legal entity, the IJB has full autonomy and capacity to act on its own behalf, and it can make decisions about the exercise of its functions and responsibilities as it sees fit, without reference to or instruction from the Council or Health Board. However, it is

recognised that the IJB is less likely to achieve its aims by taking a one dimensional 'directing' approach, and there has therefore been an approach of mutuality developed between the IJB, Council and Health Board in the development of strategy and policy.

The IJB is made up of voting and non-voting members (the [current full membership](#) is available):

- voting members: eight Elected Members from Glasgow City Council and eight Non-Executive Directors of NHS Greater Glasgow and Clyde NHS Board
- non-voting members: professional advisors like the Chief Officer, Chief Finance and Resources Officer, Chief Social Work Officer and Clinical Leads and also stakeholder members representing patients, service users, carers, the third and independent sectors and staff.

The IJB also has three committees, and their terms of reference and remits are available:

- [IJB – Executive Committee](#)
- [IJB – Finance and Audit Committee](#) and
- [IJB – Public Engagement Committee](#).

The IJB is required by the [Act](#) to produce a single Strategic Plan for health and social care to deliver the nine [National Health and Wellbeing Outcomes](#). The IJB then commissions (or 'directs') the Council and Health Board to deliver services in line with the Strategic Plan, and the IJB allocates the budget for said delivery accordingly. The Council and Health Board then deliver these services within the budget and any other parameters directed by the IJB.

The IJB's final draft of its three-year [Strategic Plan 2016-19](#) was formally approved by the IJB on [21 March 2016](#). Preceding its formal approval, a range of groups of people were [consulted](#) on it.

The IJB's Strategic Plan sets out the vision and outcomes the IJB wishes to achieve for health and social care services in Glasgow City:

"We believe that the City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives."

The key priorities include:

- early intervention, prevention and harm reduction

- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer and
- public protection.

Governance

Since its constitution in February 2016, the IJB has formally met 12 times (as at June 2017). Over this period, it has considered and approved a number of governance documents that set out the various arrangements/processes, principles and standards of the IJB and GCHSCP. Some of these have been reviewed and updated a number of times since originally being approved. The main ones include with links to current versions:

- [Standing Orders](#): the rules and regulations for the conduct and proceedings of the IJB and its committees. This includes among other areas: membership including term of office/resignation, appointment and role of the Chair and Vice Chair, admission of the public and media to meetings, conduct of meetings and establishment of committees
- [Code of Conduct](#): there is a Code of Conduct in place for the IJB to secure the observance of high standards by persons holding public appointments. It includes information and guidelines on, among other areas: key principles to Code of Conduct, general conduct, registration of interests, declaration of interests and lobbying and access to members of public bodies
- [Declaration of Interests](#): as part of the Code of Conduct, all Members of the IJB are required to make a declaration of interests, which must be made publicly available
- [Public Petitions](#): the IJB aims to provide good quality services that are easy to access and meet the health and social care needs of the people of Glasgow. The public petitions process plays a key part in these aims by encouraging people to participate fully in the decision making process, either individually or as part of a group and
- [Freedom of Information and Publication Scheme](#): the IJB is required by law to make information that it holds available to the public either on request or proactively via its publication scheme.

In order to demonstrate that the IJB conducts its business in accordance with the law appropriate to standards, and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively, a governance statement for the IJB is produced each year, which is included within the Annual Accounts. As part of this, the IJB is required to review and assess the effectiveness of its governance arrangements and control environment, which is informed by the Senior Management Team, the work of the IJB's Chief Internal Auditor and the annual audit opinion and reports from the External Auditors and other review agencies and inspectorates. The most recent [Annual Governance Statement](#)

for the IJB was approved on [21 June 2017](#). The IJB has also adopted a [Local Code](#) for its governance arrangements based on the principles of CIPFA's and the Society of Local Authority Chief Executives' (SOLACE) framework 'Delivering Good Governance in Local Government.'

Participation and Engagement Strategy

The IJB is required by the [Act](#) to produce a Participation and Engagement Strategy. It sets out the principles and approach that the GCHSCP will take to engaging with individuals, groups and communities in service planning and development for health and social care services. The IJB approved the final draft of its [Participation and Engagement Strategy](#) on [31 October 2016](#), and an [action plan](#) was subsequently developed and approved on [28 November 2016](#) by the IJB Public Engagement Committee.

A range of groups of people were [consulted](#) on the Participation and Engagement Strategy through a variety of methods (for example, online, email, a city-wide engagement event and locality engagement opportunities).

Locality Plans

The Strategic Plan is a strategic document covering the entire city, and each of the GCHSCP's three localities (North East, North West and South) have a one-year locality plan to support local implementation of the IJB's strategy.

Locality plans show how the IJB Strategic Plan is being implemented locally, and how the localities will respond to local needs and issues. They focus on the key actions that localities are taking forward, and localities will be held accountable for delivery. They also include key performance indicators and improvement targets (where relevant) as part of the GCHSCP's wider performance management arrangements. The [Locality Plans 2016-17](#) were approved by the IJB on [21 September 2016](#). In developing them, each of the three localities undertook a programme of engagement with key groups of people, including patients, service users, carers, staff, community planning partners, General Practitioners and housing to consider the key local issues for health and social care.

[Draft Locality Plans for 2017-18](#) were presented to the IJB on [26 April 2017](#) and are subject to engagement locally via the Locality Engagement Forums.

Locality Engagement Forums (LEFs)

A Locality Engagement Forum (LEF) is active within each of the GCHSCP's localities (North East, North West and South). The roles of the LEFs are to:

- link to the governance, decision making and planning structures of the locality and Partnership
- receive and disseminate information about local and citywide services
- gather feedback, opinions and views of patients, service users and carers
- network and share good practice
- generate ideas and identify projects that individuals and community groups in the locality can develop or progress to support the health and social care needs of the locality
- contribute to raising public awareness of the role and work of the IJB and GCHSCP
- be consulted on Locality Plans and provide feedback on their delivery and
- increase and broaden representation on related groups and structures within the community, particularly from more vulnerable or historically less well-represented groups.

The LEFs include service users, patients and carers, and they link with local established forums, groups and networks.

An [update on the establishment of the LEFs](#) was reported to the IJB Public Engagement Committee on [22 March 2017](#).

Equalities

The Equality Act 2010 makes specific reference to groups of people who are understood to be at highest risk of discrimination. The groups are referred to as 'protected characteristic groups' and are defined in law as: age, sex, gender reassignment, race, sexual orientation, disability, marriage and civil partnership, pregnancy and maternity, religion and beliefs and socio-economic disadvantage. Legislation holds public bodies accountable for advancing equality within Scottish society, including IJBs.

The IJB approved its [Equalities Mainstreaming and Outcomes Plan](#) on [21 March 2016](#) (there are also ones for the Council and Health Board). The plan provides health and social care services in Glasgow the opportunity to develop as inclusive and fair from the start. The plan sets out the equalities mainstreaming outcomes the GCHSCP seeks to achieve and embed with associated performance measures.

Finance

There are systems and controls in place for the proper management, administration and reporting of the IJB's financial affairs and regular monitoring of financial performance, which are in line with statute and proper accounting practice and independently audited. The IJB has a Chief Finance Officer responsible for the administration of its financial affairs, and the IJB manages its affairs to achieve Best Value in the use of its resources and to safeguard its assets. The IJB's [Financial Regulations](#) were approved by the IJB on [8 February 2016](#).

The Council and Health Board make available a defined level of financial resources, which together make up the IJB's budget. In line with its Strategic Plan, the IJB then allocates these resources as it sees fit when making directions to the Council and Health Board. The IJB's financial allocations and budgets for 2017-18 were considered on [15 March 2017](#), and a verbal update was provided to the IJB on [21 June 2017](#).

The IJB's [Audited Annual Accounts 2015-16](#) and [Annual Audit Report](#) were approved by the IJB on [21 September 2016](#). The submission of the IJB's most recent [Unaudited Annual Accounts 2016-17](#) to Audit Scotland was approved on [21 June 2017](#). They primarily consist of the statement of income and expenditure in relation to the operation of the IJB, as well as the balance sheet, which represents the value of assets and liabilities.

Financial performance is regularly monitored and reported as budget monitoring reports at every IJB and IJB Finance and Audit Committee. The most recent [budget monitoring report](#) was reported to the IJB on [21 June 2017](#). Monitoring statements contain clear descriptions of management actions taken to mitigate budget pressures. Actions are assigned to budget holders, either service-wide or by specific areas of business, and are managed within timescales appropriate to the scale of remedial action required.

The [May 2016](#) IJB approved its [Commissioning and Procurement Strategy](#), which sets out the GCHSCP's evolving context and approach to commissioning and procurement and planned tender activity to ensure Best Value.

Performance

Routine performance management arrangements are in place for the IJB and GCHSCP, with joint quarterly performance on services scrutinised by the IJB and IJB Finance and Audit Committee and internally by the GCHSCP across a range of management structures. The most recent [quarterly performance report](#) was considered by the IJB on [21 June 2017](#). The performance reports cover the full range of health and social care services provided by the GCHSCP, and include sections upon older people's services, children's services, alcohol and drugs, mental health, primary care, unscheduled care, carers, homelessness, criminal justice, health improvement, human resources and business processes. All indicators within the reports have been aligned to the nine [National Health and Wellbeing Outcomes](#) to allow impact to be demonstrated. In addition to presenting performance trends against targets, the quarterly performance reports also include details of the actions that are being taken forward to improve performance, along with the anticipated timescales for improvement that have been identified by service leads, when performance is below target.

A requirement of the [Act](#) is that the IJB also produces an annual performance report outlining progress towards delivery of the nine [National Health and Wellbeing Outcomes](#) within its local area. The IJB approved its [Annual Performance Report 2016-17](#) on [21 June 2017](#). It reviews performance against agreed local and national performance indicators and against commitments within the [Strategic Plan 2016-19](#). Some of the key service developments and improvements undertaken over 2016-17 for the IJB's key priorities have included:

1. Early Intervention, Prevention and Harm Reduction

Early Years including Family Nurse Partnership and Breastfeeding
Healthy Living including Smoking Cessation, Reducing Alcohol Consumption and Healthier Eating
Promoting Positive Mental Health
Capacity Building
Healthy Ageing

2. Providing Greater Self-Determination and Choice

Personalisation
Power of Attorney
Fast Track Palliative Care Service
Advocacy
Engagement with Children and Young People
Supporting Minority Communities and Asylum Seekers

3. Shifting the Balance of Care

Unscheduled Care including Intermediate Care, Anticipatory Care and Community Respiratory Service
Housing First
Kinship Carers
Community Mental health Teams

4. Enabling Independent Living for Longer

Supported Living
Telecare
Supporting Carers including Carer Assessments, Outcomes and Short Breaks and Support
Supporting People with Dementia
Income Maximisation
Employability

5. Public Protection

Public Protection including Child Protection, Adult Protection and MAPPA
Suicide Prevention
Reducing Alcohol and Drugs Harm
Prison and Custody Suite Healthcare
Homelessness

The Annual Performance Report 2016-17 highlighted strong performance that was achieved in a number of areas, including:

- alcohol brief interventions
- delayed discharges
- carers' assessments
- allocation of children's health plan indicators
- waiting times for drug and alcohol referrals
- compliance with preferred prescribing lists and costs
- anticipatory care plans and
- deaths in acute hospitals.

It also highlighted areas where improvement will be sought during 2017-18, including:

- supported living packages
- emergency admissions
- accident and emergency attendances
- young people in aftercare known to be in employment, education or training
- homelessness services
- community payback order completions and
- sickness absence.

Integrated Clinical and Professional Governance

The IJB has established an Integrated Clinical and Professional Governance Group that is the main vehicle for reviewing and ensuring the effectiveness of clinical and professional governance arrangements within the IJB, and for the dissemination of information to the Council and Health Board. The Integrated Clinical and Professional Governance Group, chaired by the Chief Officer, acts on behalf of the IJB and is accountable to it. Any decisions taken by the Integrated Governance Group or the IJB following presentation by the Integrated Governance Group is reported to the GCHSCP's Senior Management Team for implementation.

There are six groups that report to the Integrated Clinical and Professional Governance Group (adults, older people and primary care, children and families/criminal justice, social work professional governance, mental health and hosted services). It meets quarterly and oversees the work of these governance groups and processes within the GCHSCP to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, incidents, complaints and litigation, and that lessons learnt and examples of good practice are disseminated appropriately across the GCHSCP. A [clinical and professional governance](#)

assurance statement is provided to the IJB by the Chief Officer on a quarterly basis, which was last reported on 21 June 2017.

Risk Management

A Risk Management Strategy and Procedure has been developed and implemented by the IJB, which demonstrates a considered, practical and systematic approach to addressing potential and actual risks related to the planning and delivery of services, particularly those related to the delivery of the IJB's Strategic Plan. It was approved by the IJB on 8 February 2016, and it is currently in the process of being reviewed.

Risk items are recorded on and monitored via IJB, Social Work and Health risk registers. Risk owners and risk managers are identified for each item and are responsible for the ongoing monitoring and updating of their respective risk items.

Risk registers are reported on and scrutinised by the IJB and IJB Finance and Audit Committee on a routine basis. The annual summary was recently reported to the IJB on 21 June 2017.

Complaints

There are appropriate arrangements operating within the IJB for complaints by patients or service users and those complaining on the behalf of them, including complaints performance reporting that is in line with statutory requirements.

The Chief Officer has overall responsibility for ensuring that an effective and efficient complaints system operates within the IJB. The Council and Health Board retain separate complaints policies and procedures reflecting distinct statutory requirements. The IJB Finance and Audit Committee considered new complaints procedures to be implemented from 1 April 2017 on 14 June 2017.

Other Strategies and Plans

In addition to the Strategic and Locality Plans and the Participation and Engagement Strategy, a number of strategies and plans have been considered by the IJB since it was constituted. The main ones include:

- Children and Young People Integrated Service Plan 2017-20
- Commissioning and Procurement Strategy
- Communications Strategy 2017-19
- Dementia Strategy 2016-19

- [Alcohol and Drug Partnership Prevention, Harm Reduction and Recovery Strategy 2017-20](#)
- [Homelessness Strategy 2015-20](#)
- [Property Strategy \(draft currently in consultation\)](#) and
- [Workforce Plan](#).

Transformation and Operational Highlights 2016-17

Operationally, work during 2016-17 has had a strong focus on the delivery of the IJB's Transformation Programme in support of Health and Social Care Integration and the [Strategic Plan 2016-19](#). The Transformation Programme consists of a range of activities across the entirety of the business of the GCHSCP. It is monitored via an Integration Transformation Board, chaired by the Chief Officer, the aims of which are to:

- deliver transformational change in health and social care services in Glasgow in line with the Integration Joint Board's vision and Strategic Plan, and the nine [National Health and Wellbeing Outcomes](#)
- monitor and evaluate the short, medium and long term impacts of the transformational change programme
- monitor and realise financial savings arising from the transformational change programme and
- engage with stakeholders and promote innovation within and beyond the GCHSCP.

The IJB reviewed a [mid-year update on progress of the Transformation Programme](#) in [October 2016](#). Individual reports at a care group level were reported to the [February](#) and [March 2017](#) IJBs for:

- [adult community learning disability services](#)
- [alcohol and drug services](#)
- [children's services](#)
- [homelessness services](#)
- [mental health services](#)
- [older people mental health services](#)
- [older people's community-based services](#) and
- [sexual health services](#).

Some operational highlights for 2016/17 include:

- the investment in 13 [new children's and young people's residential homes](#) in the city, which has contributed to bringing a reduction in placement breakdowns in 2016, and the promotion of positive engagement in education, college and work
- the implementation of a major transformation programme within Children's Services, with an objective to shift investment from high cost, residential forms of care towards [family-based, wrap-around support for children and young people](#), to enable them to remain within their families and community, wherever possible
- the commencement of the NHS Greater Glasgow and Clyde-wide [review of out of hours services](#) on which the GCHSCP is leading;
- IJB approval for taking forward the creation of [integrated neighbourhood older people's teams](#) based around the GP clusters and natural local communities
- continued development of [intermediate care provision and implementation of new 72-hour delayed discharge](#) targets
- the [redesign of homelessness purchased services](#) as part of a transformation programme, using a co-produced approach in preparation for the development of alliance commissioning
- the IJB approval and subsequent development of a [full business case for the UK pilot of the Safer Consumption Facility and Heroin Assisted Treatment](#)
- the opening of the new Maryhill Health and Care Centre, and the IJB approval of [full business cases for new health and social care centres in Gorbals and Woodside](#) and to the [development of a business case for a new health and social care facility in the North East of the city](#)
- the development of [two new fit-for-purpose wards at the Stobhill site](#), procured through the Hub West Design, Build, Finance and Maintain route to conclude the in-patient redesign programme in North Glasgow, was approved and is progressing with completion expected in 2019
- the [further investment in social care services](#). The Scottish Government directed £250m from the national Health budget to Integration Authorities in 2016/17 for social care. Glasgow City IJB's share of this funding was £33.3m. Half of this was allocated to support additional spend on expanding social care to support the objectives of integration, including increasing thresholds at which charges begin for all non-residential services, to address poverty. The balance was provided to help meet a range of existing costs faced by the IJB in the delivery of effective and high quality health and social care services in the context of reducing budgets. This included the impact of delivering the [Scottish Living Wage of £8.25 per hour](#) for all adult social care workers (there has been further funding for [implementation of the Scottish Living Wage of £8.45 per hour](#)) and
- the [Proof of Concept initiative](#) has been working with a small number of social care providers to develop more flexible and innovative models of service provision, with more use of community-based assets and local social networks and more of a focus on achieving service user outcomes.

Context Moving Forward: Challenges and Opportunities

The financial position for public services continues to be challenging, and the IJB must operate within significant budget restraints and pressures whilst at the same time continue to ensure the delivery of high quality services to meet the different health and social care needs of individuals. A wide-ranging programme of service reforms and efficiencies has been identified to address budget pressures going forward, and to support achievement of the nine [National Health and Wellbeing Outcomes](#).

As part of the Scottish Government budget announcement in December 2016, the Scottish Government and COSLA also set out their expectations in terms of IJBs' priorities for 2017-18, which may have further cost impacts for Glasgow. They include:

- reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible
- increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices
- enhance primary care provision, with particular focus on developing and expanding multidisciplinary team; sustainability of provision; development of GP clusters and responsiveness to a new GP contract
- reflect delivery of the new Mental Health Strategy
- where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018
- support delivery of agreed service levels for Alcohol and Drugs Partnerships' work
- ensure provision of the living wage to adult care workers and plan for sustainability of social care provision
- continue implementation of Self Directed Support and
- prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

This is against a backdrop of significant demographic change where demographic changes in Glasgow City will likely result in increasing demand for community health and social care services. This is particularly the case for the child and older person populations:

- Glasgow's total population is expected to rise around 1,600 per year, from 599,640 in 2014 to 639,847 in 2039; it will rise by 2.9% from 599,640 in 2014 to 616,938 in 2024 (National Records of Scotland, 2014-base population projections)

- the child population aged 0-17 is expected to increase by 5% from 109,067 in 2014 to 114,491 in 2024
- the older person population aged 65 and over is expected to increase by 11.6% from 83,546 in 2014 to 93,270 in 2024 and
- the older person population aged 85 and over is expected to increase by 12.5% from 10,499 in 2014 to 11,811 in 2024.

Integration of health and social care does present the IJB and the GCHSCP with a number of opportunities, which the IJB and GCHSCP are working towards throughout the lifetime of the [Strategic Plan 2016-19](#). These include:

- sustaining existing good quality services
- removing artificial divisions between health and social care minimising duplication and waste by improved coordination between health and social care services
- the ability for a range of non-health agencies to act in concert to prevent illness and promote better health
- a renewed focus on families and communities, as well as individuals
- delivering transformational change in service provision, leading to positive health and well-being outcomes for Glasgow's citizens
- improving connections between strategic and locality planning
- the opportunity to develop and embed a shared culture and identity across the GCHSCP, breaking down traditional organisational barriers
- opportunities to engage with primary care and acute services to support effective service planning and delivery and
- joining up of information and communication technology systems and processes to improve business and intelligence reporting.

More Information

For more information, then visit the GCHSCP's website www.glasgowcity.hscp.scot. There is a range of information on:

- [the GCHSCP, IJB and Health and Social Care Integration](#)
- [how to find a health and social care service](#)
- [publications and meetings](#) (including the IJB and its committees)
- [news and events](#) and
- [getting involved](#) (including information on LEFs).

The GCHSCP can also be followed on Twitter for some of the latest news and events happening across the Partnership, [@gchscp](https://twitter.com/gchscp).