



Item No: 7

Meeting Date: Wednesday 23rd March 2022

Glasgow City Integration Joint Board

Report By: Sharon Wearing, Chief Officer, Finance and Resources

Contact: Sharon Wearing

Phone: 0141 287 8838

Medium Term Financial Outlook 2022 - 2025

Purpose of Report:	This report outlines the Medium Term Financial Outlook for the Integration Joint Board (IJB) and has been prepared to support financial planning and delivery of the IJB's Strategic Plan.
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Background/Engagement:	This draft plan has been developed to support financial planning and delivery of the IJB's Strategic Plan. All services, Partner Bodies and IJB members have been engaged in the development of this outlook.
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Recommendations:	The Integration Joint Board is asked to: a) approve the Medium Term Financial Outlook 2022–2025 attached to this report at Appendix 1.
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Relevance to Integration Joint Board Strategic Plan:

This report outlines the funding and expenditure requirements over the medium term to support delivery of the Integration Joint Board Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Not applicable at this time.
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Personnel:	Any implications for Personnel can only be established once final funding allocations are known from Partner
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	Bodies, and the implications for Personnel can then be assessed.
Carers:	Expenditure in relation to Carers' services is included within this draft medium term financial outlook.
Provider Organisations:	Expenditure on services delivered to clients by provider organisations is included within this draft medium term financial outlook.
Equalities:	Not applicable at this time.
Fairer Scotland Compliance:	The expenditure on services supports the delivery of a Fairer Scotland.
Financial:	<p>The draft medium term financial outlook identifies an estimated funding gap of £60m over the three years, with £6.1m identified for 2022 - 23.</p> <p>This funding gap represents a challenging target and would be beyond a level which Chief Officers could support in light of the demographic and demand pressures and our ability to continue to deliver services which are safe. As a result, over the medium term the IJB will continue to engage with Partner Bodies in relation to future funding levels.</p>
Legal:	<p>The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their respective annual budget setting processes. This is required to include assumptions on a range of issues including but not limited to: -</p> <ul style="list-style-type: none">• activity changes• cost inflation• efficiencies• performance against outcomes• legal requirements• transfer to or from amounts sets aside by the Health Board• adjustments to address equity of resource allocation
Economic Impact:	Not applicable at this time.

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Sustainability:	Sustainability of service provision over the medium term will be dependent on the final medium term financial outlook and the decisions required to deliver a balanced budget.
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Sustainable Procurement and Article 19:	Not applicable at this time.
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Risk Implications:	<p>The IJB is required to set a balanced budget for 2022 – 23 by the end of March 2022. This requires both Glasgow City Council and NHS Greater Glasgow and Clyde to provide financial allocations to support this timescale.</p> <p>The Medium Term Financial Outlook makes a number of assumptions about funding and expenditure requirements between 2022 and 2025. Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests ‘what if’ scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.</p>
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Implications for Glasgow City Council:	The Integration Scheme requires Glasgow City Council to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes.
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Implications for NHS Greater Glasgow & Clyde:	The Integration Scheme requires NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>

1. Purpose

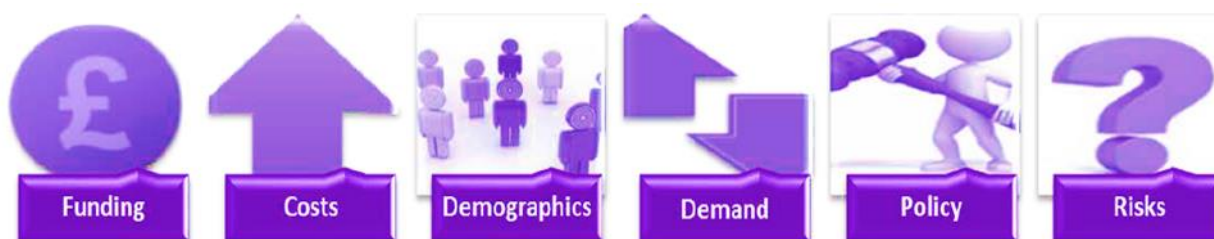
- 1.1. The IJB’s Strategic Plan set out the ambitions of Glasgow City IJB. However, it is important that this is set within the context of the funding which is available to support delivery, and medium term financial planning is an important part of the strategic planning process.

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- 1.2. This has been recognised by the Accounts Commission report in November 2018, which highlighted the need to link resources to strategic priorities, recommending longer-term, integrated financial planning between IJB's and Partner Bodies to deliver sustainable service reform.
- 1.3. Glasgow City IJB first developed a medium term financial outlook to support the development of the 2019 – 2022 Strategic Plan. This outlook has been updated and now covers the period 2022 – 2025.

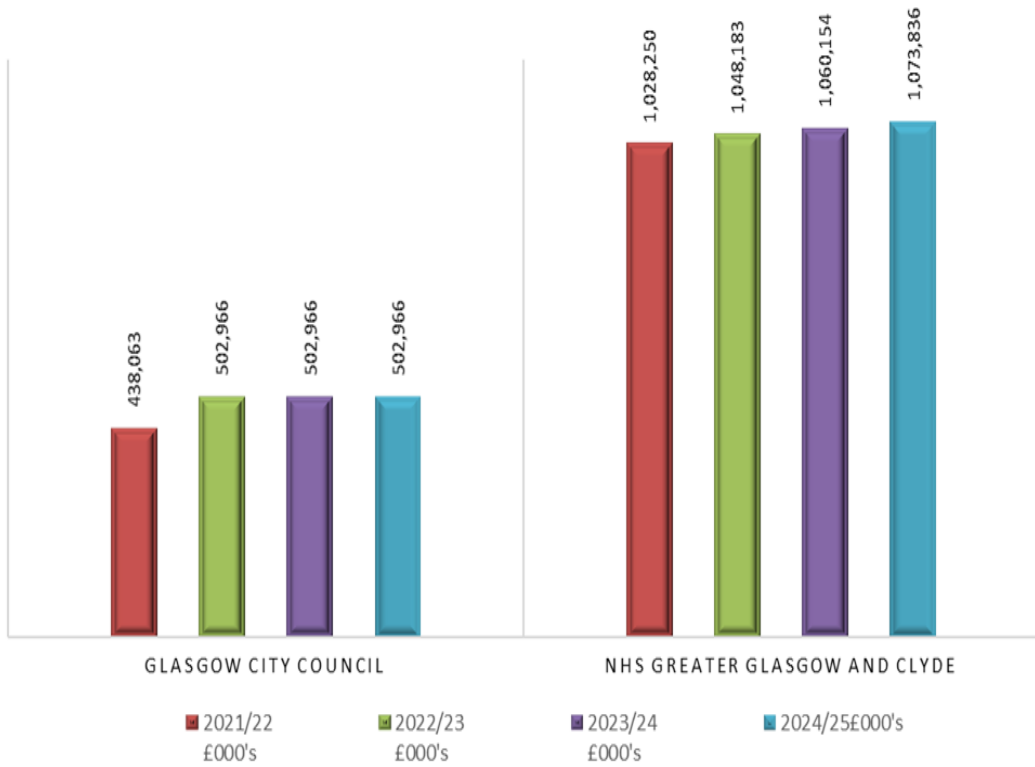
2. Financial Context

- 2.1. The Medium Term Financial Outlook provides an opportunity for the IJB to gain an understanding of the financial climate in which it will operate over the medium term. This has been done by considering the impact of a range of factors, which are illustrated below and reflect the complexity of factors which can impact on IJB financial pressures.



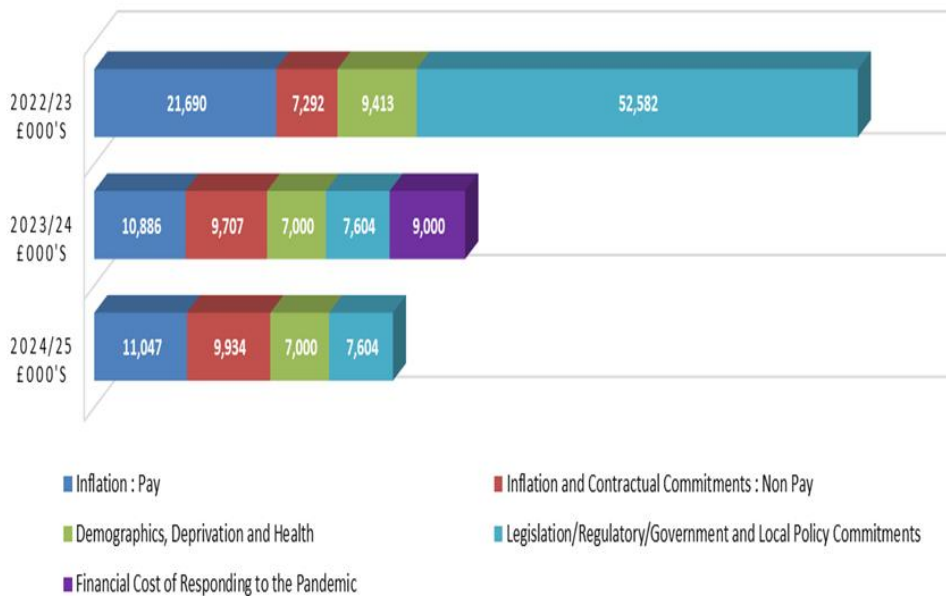
Impact on Funding

- 2.2. The IJB is reliant on funding from Glasgow City Council and NHS Greater Glasgow and Clyde. These Partners' contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. The budget setting process will also consider the level of savings which will be applied to the IJB by both Partner bodies.
- 2.3. The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their respective annual budget setting processes. The funding which is proposed to be delegated to the IJB from Glasgow City Council and NHS Greater Glasgow and Clyde for 2022-23 is reflected within this document. This is the subject of a separate report to the March IJB.
- 2.4. Funding assumptions beyond this are based on the best information available at this time and forecast that Health Board funding is likely to increase by £46m between 2022-23 and 2024-25, with Council funding expected to increase by £65m over the same time period, which reflects the additional Scottish Government funding awarded in 2022-23 for health and social care.



Impact on Expenditure

2.5. Each year the IJB will face cost pressures as a result of range of factors including demand, inflation and changes in legislation/regulations. This Outlook has assessed the key factors likely to impact over the medium term and estimates that the IJB will face cost and demand pressures of £171m over the next three years.

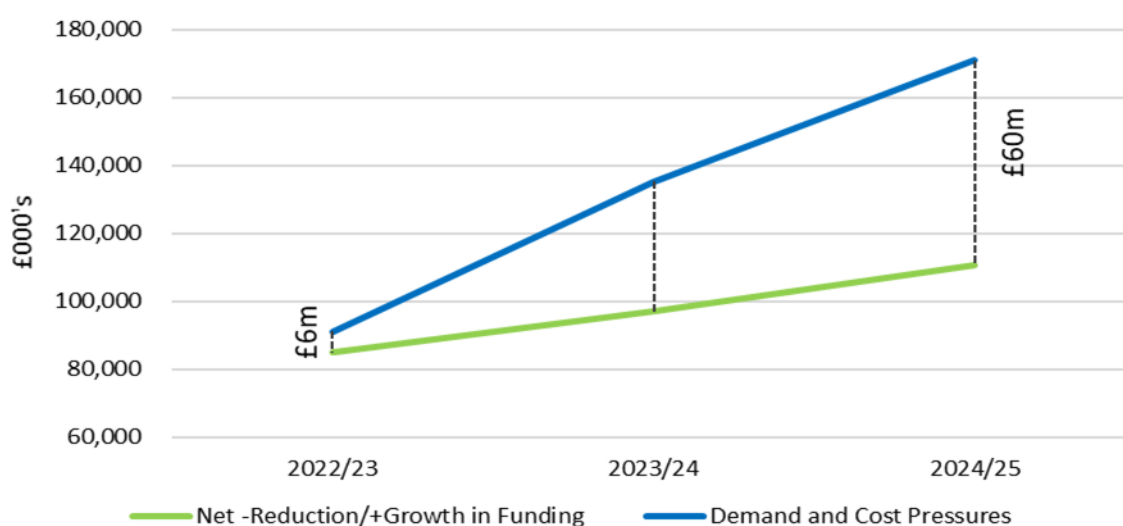


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- 2.6. These pressures reflect a number of inflationary pressures which the IJB is required to contractually pay which it has no control over and ranges from £21m to £29m per annum. In addition to this, services are experiencing high levels of demand for services as a result of demographics, deprivation and health issues some of which are being reflected in our financial performance in 2021-22. In addition to this there are a number of new commitments in relation to national and local policy commitments, and in relation to the Pandemic response.

Impact on Financial Position

- 2.7. The assessment of both funding and expenditure identifies a shortfall in funding of £60m and represents the scale of the challenge facing the IJB over the medium term.



- 2.8. This will require the IJB to consider options for savings in 2022 – 23 of £6.1m to deliver a balanced budget and this is the subject of a separate report to the March IJB.
- 2.9. This shortfall represents a challenging target and would be beyond a level which Chief Officers could support in light of the demographic and demand pressures and our ability to continue to deliver services which are safe. As a result, over the medium term the IJB will continue to engage with Partner Bodies in relation to future funding levels.

3. Recommendations

- 3.1. The Integration Joint Board is asked to:
- Approve the Medium Term Financial Outlook 2022 – 2025 attached to this report at Appendix 1.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	230322-7
2	Report Title	Medium Term Financial Outlook 2022 - 2025
3	Date direction issued by Integration Joint Board	23 March 2022
4	Date from which direction takes effect	23 March 2022
5	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	All functions as outlined in the Medium Term Financial Outlook.
8	Full text of direction	The Integration Scheme requires Glasgow City Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes. Both Partners are requested to consider this Medium Term Financial Outlook as part of their annual budget process for 2023 – 24 and 2024 – 25.
9	Budget allocated by Integration Joint Board to carry out direction	Not relevant at this stage.
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	31 March 2023

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1. EXECUTIVE SUMMARY

Glasgow City Integration Joint Board (IJB) Medium Term Financial Outlook is an essential piece of the strategic planning process which underpins the delivery of the ambitions and priorities as outlined in IJB's Strategic Plan. A robust medium term financial outlook will support strategic planning, balancing the financial impact of IJB policies and objectives whilst ensuring stability and continuity of service delivery.

Glasgow City IJB delivers a range of services to its citizens and in 2021-22 has funding of £1.5bn to spend on services. The Medium Term Financial Outlook recognises the challenging environment that the IJB operates and reflects the on-going challenges in relation to deprivation, ill health and inequality. It also recognises the opportunities which exist for everyone in the City to flourish and live longer and have healthier and more independent lives within stronger communities.

However, COVID-19 has had a profound impact on all of your lives and the services we have delivered in the last two years. The IJB has been actively responding to the COVID-19 pandemic since February 2020. This has required us to continually adapt and transform our services and deliver new services in response to the pandemic. The IJB continues to respond to the pandemic and there is no doubt that the full impact of the pandemic will not be fully known for years to come. However, we can already see the impact it is having on people's health, wellbeing and the economic impact including income, employment and housing. COVID-19 has exacerbated the existing inequalities and challenges we face within the City and we are seeing this translate into an unprecedented increase in demand for our services.

This creates a challenging environment in which to operate, managing demand within the financial constraints, whilst planning for recovery of services as we continue to navigate our way through the pandemic.

Glasgow City IJB is clear about the challenges which are ahead and its aspirations for its services. The IJB continues to have a clear transformation agenda which will focus on delivery of a sustainable health and social care service for the City. This will have a focus on prevention and early intervention approaches and will encourage individuals and communities to support each other. This recognises that the best health and care outcomes are associated with the highest possible levels of self-management and independence.

However, this needs to be considered in the context of the financial resources which will be available over the Medium Term. This outlook estimates a funding shortfall of £60m to fully fund the cost of delivering services to meet current demand predictions over the next three financial years. This is based on the best estimates available and sensitivity analysis has been undertaken to highlight the implication of changes to underlying assumptions.

The IJB has a responsibility to set a balanced budget and therefore as part of medium term financial planning needs to consider the options to bridge the funding gap. There has already been significant progress in transforming services. As well as delivering financial savings this has enabled services to increase their effectiveness and efficiency, managing the increasing demand and complexity of the patients and service users supported.

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The tolerance of the system in its current form to continue to reform to absorb the twin challenges of increasing demand and reducing resources is itself reducing. The IJB can and will continue to identify and effect any efficiency opportunities that exist, however moving forward it is anticipated that these will now be at the margins.

A clear strategy is required to ensure the IJB remains financially sustainable over the medium term. This requires not only a clear strategy in terms of service delivery, but it also needs to consider the continued impact of the pandemic both on demand pressures and also the ability of the IJB to deliver large scale change during this time. The IJB will continue to be ambitious about the delivery of this plan and will use the Medium Term Financial Outlook to support the IJB as it continues to respond to the pandemic whilst transforming services.

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2. PURPOSE

Glasgow City Integration Joint Board (IJB) is a joint venture between NHS Greater Glasgow and Clyde and Glasgow City Council. The purpose of the IJB is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The IJB is the decision making body that regularly meets to discuss, plan and decide how health and social care services are delivered in the city of Glasgow in line with its Strategic Plan. It then directs Glasgow City Council and NHS Greater Glasgow and Clyde to deliver services based on the decisions made by the IJB.

The biggest priority for the IJB is delivering transformational change in the way health and social care services are planned, delivered and accessed in the city. The IJB recognises that more of the same is not the answer to the challenges facing Glasgow and it will strive to deliver its vision by focusing on 5 key strategic priorities.

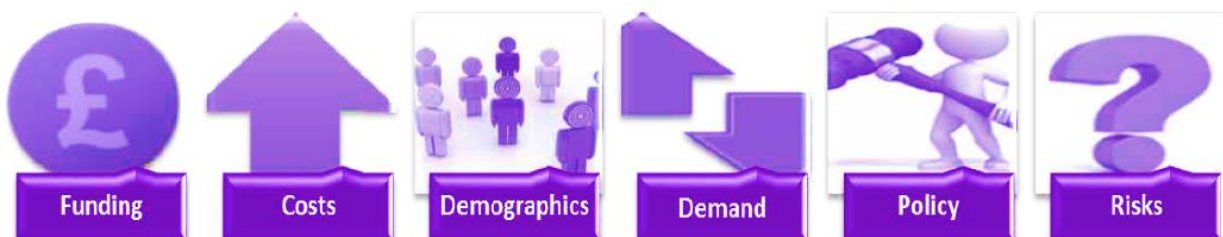
5 Key Strategic Priorities



As part of delivery, the IJB must decide how it allocates money to delivery of these priorities. Medium term financial planning is an essential piece of the strategic planning process. A robust medium term financial plan will enable the IJB to make informed decisions, balancing the financial impact of IJB policies and objectives and outlining how this contributes towards achieving desired outcomes whilst ensuring sustainability and continuity of service delivery.

Our Approach

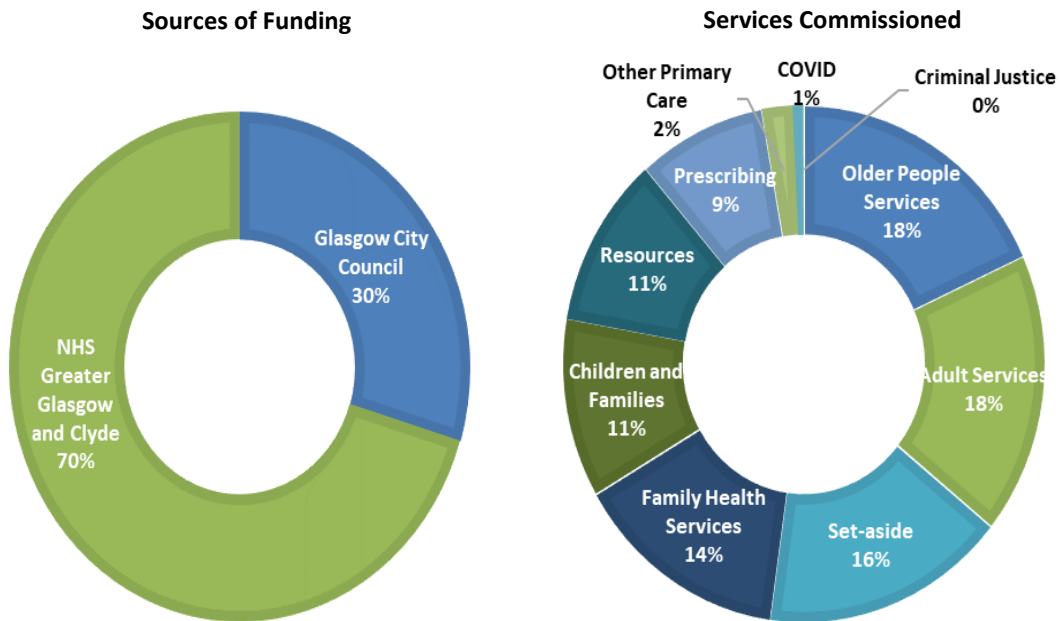
The IJB updates its Medium Term Financial Outlook on an annual basis to support the delivery of its Strategic Plan. This Outlook is key to translating the organisation’s ambitions and constraints into deliverable options for the future. This update will consider the impact of a range of factors, which are illustrated below and reflect the complexity of factors which can impact on IJB financial pressures.



3. LOCAL CONTEXT

Our Budget

Glasgow City IJB delivers and commissions a range of health and social care services to its population. This is funded through budgets delegated from both Glasgow City Council and NHS Greater Glasgow and Clyde. The funding available to the IJB in 2021/22, to take forward its commissioning intentions in line with the Strategic Plan, is £1.5bn. The following charts provide a breakdown of where this funding comes from, and how it is split over the range of services the IJB commissions.



Population, Health and Deprivation

The City of Glasgow has been transformed in recent years, however addressing deprivation, ill health and inequality continues to be a significant challenge. A lot of progress has been made but there continues to be more that can be done to ensure that there are opportunities for everyone in the city to flourish and live longer and have healthier and more independent lives within stronger communities.

Population, health and deprivation impact on demand that is experienced in all of our services and can often result in higher support levels than experienced in other parts of Scotland. Some of the key characteristics which distinguish Glasgow City from the rest of Scotland are shown below.



Glasgow City Population

635,640

(2020 National Records of Scotland which is 11.6%)

Comprises of:



111,512 (17.5%)
children aged 0-17



438,505 (69.0%)
adults aged 18-64



85,623 (13.5%) older
people aged 65 and over



Estimated population growth of more than 13,100 for Glasgow by 2031 or 2.1% compared to 1.6% for Scotland as a whole (2018 NRS population projections compared to 2020 NRS mid-year estimates of population)

Poverty and Deprivation:

19.3%

Of Glasgow's population, more than 122,000 people, lives in an income deprived area compared to 12.1% for Scotland



Life Expectancy:

73.1

years



Life expectancy for a Glasgow male

Compared to 76.8 years for a Scottish male
(a difference of 3.7 years)

Life Expectancy:

78.3

years



Life expectancy for a Glasgow female

Compared to 81.0 years for a Scottish female
(a difference of 2.7 years)

Healthy Life Expectancy:

54.6
years

Healthy Life Expectancy for a Glasgow male



Compared to 61.7 years for a Scottish male (a difference of 7.1 years)

Healthy Life Expectancy:

57.6
years

Healthy Life Expectancy for a Glasgow female



Compared to 61.9 years for a Scottish female (a difference of 4.3 years)

Demographic Profile:

Around **3,700** people are recorded as having a learning disability - **0.6%** of Glasgow's population



More than **13,600** people are reported as having a learning difficulty - **2.1%** of Glasgow's population



23% Of adults have common mental health problems - a fifth of Glasgow adults compared to **17%** of Scotland's adults



It is estimated that Glasgow has around **12,000** to **18,000** problem drug users (depending on the definition used), representing **2.2%** to **3.4%** of the 15+ population and far higher than the Scotland rate of **1.2%** to **1.9%** (Public Health Scotland (formerly ISD Scotland) 2015-16)



It is estimated that more than **106,700** people in Glasgow have a physical disability (**16.8%** rate from GCC 2008 Physical Disability Estimates applied to 2019 population)



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



More than **187,300** Glasgow adults are living with a limiting long-term illness or health condition. **35%** of the 2020 16+ population



21% Glasgow adults are estimated to drink hazardous/harmful levels of alcohol. Slightly less than the national average of **24%**



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The Impact of COVID-19 So Far

The pandemic has had and continues to have significant consequences for the people of Scotland, impacting on the way they live, the environment they live in and the services they receive. The Scottish Government recognises four areas of impact, referred to as the ‘four harms’:

- **Direct Health Impact:** this is the direct impact that COVID has on people’s health.
- **Indirect Health Impact:** this is the wider impact that COVID has on our health and social care services and how people are using those services.
- **Societal Impact:** this is the affect that the restrictions which have been used to slow the spread of the virus have had on our broader way of living and society and includes the impact on our health and wellbeing.
- **Economic Impact:** this looks at the impact of the restrictions on our economy including the provision of direct services and goods and opportunities for employment and income.

These harms are related; health harms impact on society and the economy, just as societal and economic effect impacts on physical and mental health and wellbeing. Navigating the right course through the pandemic will involve difficult decisions that seek to balance these various, inter-related harms so as to minimise overall harm.

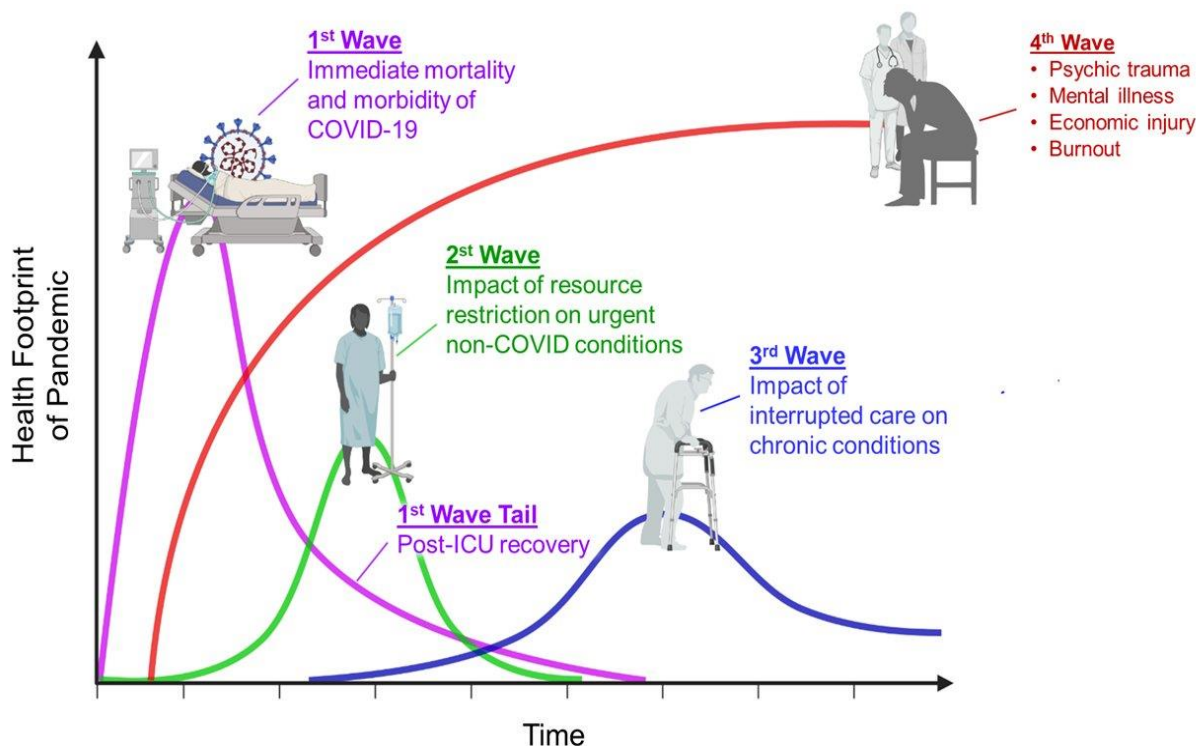
The impact of the pandemic in Glasgow has already been profound with every life being affected. Those with pre-existing health conditions and vulnerabilities (for example poor mental health, money worries, addiction issues, those with a disability or from a BME (Black and Minority Ethnic) group are at higher risk of severe illness from COVID-19, as well as experiencing harsher economic impacts from government measures to slow the spread of virus. It is also already evident that those already facing inequalities pre pandemic have been disproportionately affected during lockdown.

Direct Health Impact

This pandemic will impact on the health of our citizens over the longer term and the diagram¹ below identifies the different impacts which will be experienced over the course of the pandemic and needs to be considered as we plan for the health and social care services which are needed to respond.

¹ The diagram below with projected waves 1-4 was devised by Dr Victor Tseng (@VectorSting) to generate discussion on the longer-term effects of the pandemic on wider aspects of health.

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This highlights the wide ranging impact that this can have on a wide group of individuals, and the short and longer term nature of the impacts.

Indirect Health Impact

There is no doubt that the full impact of the pandemic will not be fully known for years to come. However, we can already see the impact on demand for services across the health and social care partnership and we expect this to continue to rise as the full impact of the pandemic becomes known. Some examples of these are shown below:-

- an additional 2,000 service users this year in our community alarm service with 26,000 responder requests for assistance in their own home
- A 12.69% increase in the number of service users accessing home care on care packages higher than 20+ hours over the last 12 months.
- Increased complexity of cases with people discharged from acute or refusing acute admission or care home placements and therefore being managed within the community
- 6% increased in number of service users accessing packages of care in personalisation with a 17% increase in the complexity of these packages
- Increased activity to District Nurse Single Point of Contact – with more than double levels of activity from previous festive period.
- Significant levels of unmet need and challenges to undertake assessments for SDS to meet this, along with an almost doubling of assessments required and the subsequent financial impact this brings in meeting the requirement
- Impact on Carer Services with increased waiting lists to meet needs given increased burden on Carers.

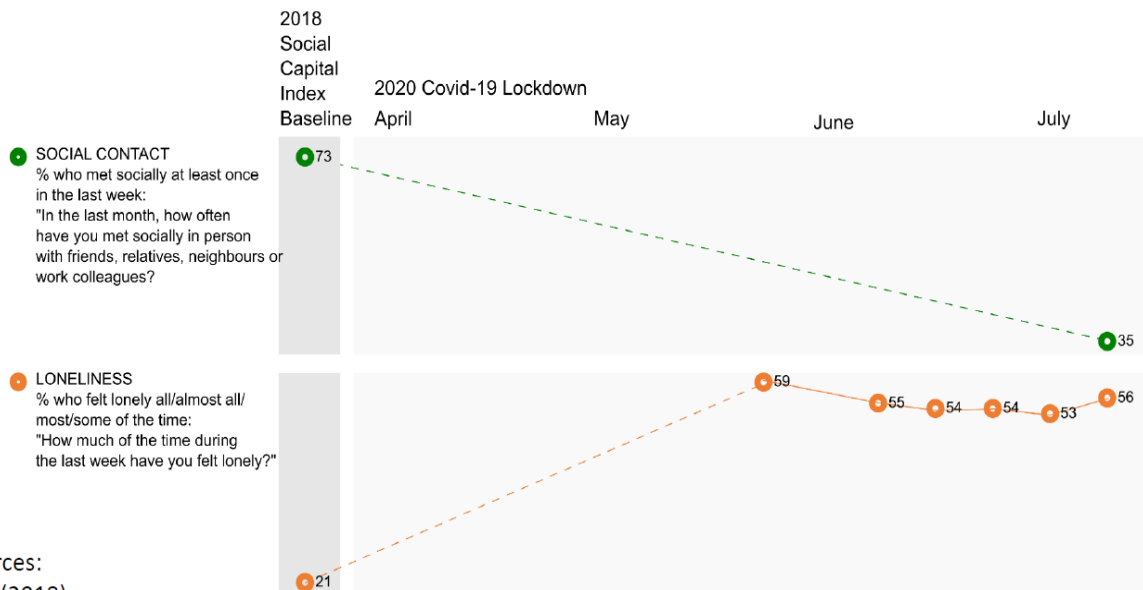
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- Increase in assessment rates compared to pre-COVID 19 levels and likely due to an increasing need as a consequence of the pandemic seen across mental health and acute care services.
- Increased demand for homeless advice and services

Societal Impact

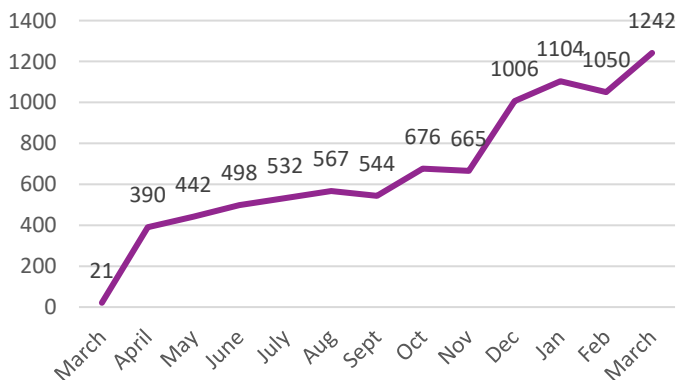
The societal impacts will be widespread and in basic terms the ability to connect with others has been impacted by a variety of factors; being forced to stay at home, bereavement/impact on normal grief rituals, loss of employment, changes in income and the loss of opportunity for informal and formal conversations in our day to day lives. The graph below highlights the impact this has had on both loneliness and social contact.



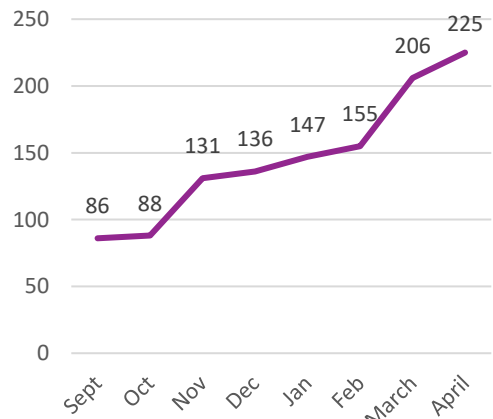
Sources:
SHS (2018),
Ipsos Mori (2020)

This has impacted on distress and mental health of our citizens across the City and we have seen this through increased demand for Compassionate Distress Response Service and Mental Health Assessment Units.

Mental Health Assessment Unit March 2020 to March 2021



CDRS (GP)



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Increased sedentary behaviour, increased physical inactivity and limited access to outdoors, has caused significant increase in the risk of harm to physical and mental health with groups least active before lockdown being particularly impacted. For many this will mean that long-term conditions and consequently physical health may have worsened.

Digitisation has allowed individuals to retain employment, work from home, access education, health and social care services and remain connected with friends and family. It has also provided a way for individuals and families to become involved in politics, access online entertainment and resources to support positive wellbeing during lockdown. However, some staff report digitalisation and working from home makes it more difficult to separate work and life, increasing levels of distress and having an impact on their wellbeing. They also report having anxieties about returning to face to face support/ prevention services and keeping themselves safe. Others like working from home and report it having a positive impact on their productivity and work life balance.

COVID-19 has also impacted on a wide range of aspects of life, changing and introducing new social norms such as alcohol consumption, with home drinking easier and more normalised than ever. These changes have increased demands across a range of services including addiction and sexual health services.

Economic Impact

The full economic impact will not be known for some time to come, and to date has been masked by the range of measures which have been put in place to soften the impact on the economy. There have been a range of impacts across the City and some key impacts are:

- Glasgow City's economy has shrunk by 10.4% - the highest of any of Scotland's City
- 90,000 Glaswegians were furloughed at the peak of the pandemic
- September 2021 was forecasted to be the highest unemployment rate in 50 years
- There has been a disproportionate impact on inequality groups such as single parents (young women), BAME, young people and those over 50
- The Region's relatively high level of youth unemployment (over 22% of 16-19 year olds) will escalate further with employees aged under 25 around two and half times as likely to work in the sectors which are shut down as other employees
- 300,000² jobs in the Glasgow region are now at risk due to the pandemic, 180,000 of those are in Glasgow City
- Need for Universal Credit remains high in the City with 71,000 people on the Universal Credit caseload in Glasgow November 2020. Those needing it are staying on for longer with 28,000 people in Glasgow who started on Universal Credit in Spring 2020 have been unable to leave it in six months
- Since March 2020 there has been an increase of 127% in people in Glasgow in work accessing Universal Credit and 236% increase in those making enough to stay above conditionality threshold but in poverty

² Glasgow Economic Recovery Group submission to Scottish Government June 2020

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- Nearly half of households with children are in financial stress, with 50% cutting back on food. Four times as many adults are food insecure and fuel debt is a major concern. Many tenants are falling behind on rent increasing the risk of eviction.

Impact on Demand

Demographics, health and deprivation impact on the demand that is experienced in all of our services and can often result in higher support levels than experienced in other parts of Scotland. In addition, COVID-19 has had a profound impact on all of our lives and the services we have delivered in the last two years. The IJB has been actively responding to the COVID-19 pandemic continually adapting, transforming and delivering new services in response to the pandemic. There is no doubt that the full impact of the pandemic will not be fully known for years to come. However, we can already see the impact it is having on people's health, wellbeing and the economic impact including income, employment and housing. COVID-19 has exacerbated the existing inequalities and challenges we face within the City and we are seeing this translate into an unprecedented increase in demand for our services.

This creates a challenging environment in which to operate, managing demand within the financial constraints, whilst planning for recovery of services as we continue to navigate our way through the pandemic.

The IJB's medium to long term vision is 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 and we will seek to achieve these by:

 <p>Being responsive to Glasgow's population where health is poorest</p>	 <p>Supporting vulnerable people and promoting social well being</p>	 <p>Working with others to improve health</p>
 <p>Designing and delivering services around the needs of individuals, carers and communities</p>	 <p>Showing transparency, equity and fairness in the allocation of resources</p>	 <p>Developing a competent, confident and valued workforce</p>
 <p>Striving for innovation</p>	 <p>Developing a strong identity</p>	 <p>Focussing on continuous improvement</p>

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Maximising Independence

The IJB has a clear strategy for service reform and innovation over the medium term. A core component is the Maximising Independence (MI) Programme which seeks to deliver a sustainable health and social care service for the City which will focus on prevention and early intervention approaches and will encourage individuals and communities to support each other. This recognises that the best health and care outcomes are associated with the highest possible levels of self-management and independence. COVID 19 has brought about an unprecedented challenge and disruption of long standing service provision, however the recovery and learning undertaken also presents a unique opportunity to inform the transformational work and to consider more effective approaches to health and social care service delivery through coproduction and capacity building within local communities and the third sector.

MI Programme Update

Work has progressed to develop the MI Vision statement and strategic thinking into 5 delivery workstreams. A range of projects and associated enablers to success have been identified and work has commenced to begin the design and implementation of these. Provided below is a brief insight to project work in progress within each of the workstream areas:

- 1) **Changing the Nature of Care** – Reforming the front door of services through a number of specific projects including Single Point of Access to improve responsiveness and reduce waiting times, Development of Maximising Independence Multi-disciplinary Teams (MDT's) across the City with revised skill sets to optimise customer service and improve access, Development of Multi-Disciplinary Teams in Primary Care and delivering community alternatives for complex needs to ensure that an asset based approach is taken and joint decision making on support needs is focused on sustaining the individual's level of independence.
- 2) **Communities** – Progress made on key proposals to support the development of an Asset based model through development of a comprehensive analysis of existing community based resources to understand current assets, scoping of a pilot community asset project within Haghill and Carntyne, improving access to Power of Attorney services and developing a framework for Compassionate Communities to encourage the development and embedding of these principles in Glasgow's health and social care system.
- 3) **Maximising Wellbeing** – Developing the Socially Connected Glasgow Strategy, Optimisation of MI through the Winter Social Well-being Fund and targeting of underrepresented areas, Health Literacy co-ordination programme and community health literacy review, Developing Glasgow's 'Volunteering for All' objectives and action plan in line with the Scottish Government framework
- 4) **Communication and Engagement** – Building relationships with key communications contacts, new MI material produced and evolving including an MI 'Talkpack' to develop consistent messaging, ongoing development of the stakeholder engagement and feedback

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mechanisms with linkages to Realistic Medicine, Glasgow Helps and third sector organisations via Glasgow City Voluntary Services (GCVS), developing the next stage of the communications and branding plan reflecting commissioned market research findings, working across the MI programme to develop an approach to capture tangible examples demonstrating potential before and after positive impacts from the change and improvement work.

- 5) **Workforce and Culture** - Develop and align the workforce culture to meet the vision of MI identifying actions required to support delivery across the programme board work streams, developing the culture change model and approach informed by Trauma informed practice, the 3 conversations model being adopted in the Single Point of Access project and the Pilotlight initiative. Embed workforce culture change in the Rehab and Enablement Service and the Learning Disability Service reform programmes and the Family Group Decision Making project.

This programme focuses on prevention and early intervention enabling individuals to optimise their capacity and strengths through access to a broader range of non-statutory community and third sector resources in addition to statutory services, when required. The model is core to the change in our approach to needs assessment processes in general and forms the basis of the Single Point of Access project and associated Multi-Disciplinary Team workforce development.

MI Transformation Programme Summary and Next Steps

This programme represents a significant piece of work which is exciting and also challenging to deliver. We must also be cognisant of the ongoing demands as we respond to the pandemic as we strive to sustain current health and social care, partner agency and third sector/community service providers. Our continued focus will be on developing specific projects to deliver a combination of both incremental and step change opportunities with timescales relative in the short to medium term. In doing so we will continue to reflect the learning from across the system to provide the optimum conditions to embed the ethos of Maximising Independence to facilitate asset based service transformation and an enabling culture that delivers a sustainable health and social care service for the City in the long term.

As we develop more detailed MI workplans we will also seek to develop our impact and cost benefit analysis approach to support medium and long term financial planning as services transition over time to new ways of working within the constraints of the financial envelope available.

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Older People Services

The direction of travel for Older People Services continues to be to shift the balance of care away from traditional hospital or institutional care setting towards more care and support being provided in communities so people can live independently for as long as possible in their own homes or other settings. Older people's services have been at the forefront of a number of transformational change programmes in recent years to make more efficient use of the available resources and ensure that we meet changes in the pattern of demand. Examples of the transformational changes that have been introduced include home care re-ablement, anticipatory care planning, carer support, supported living options, and technology-enabled care.

In each example the driving principles relate to maximising independence whilst minimising dependency, enabling proportionate risk rather than eliminating risk at any cost and supporting individuals to remain living at home for as long as possible.

At the heart of integration is the desire to shift the focus of care from hospital based services to support more people receiving community based services closer to where they live. The legislation delegated the responsibility for strategic planning of unscheduled care services to IJB's through a "Set Aside" budget to support this direction of travel.

Glasgow City HSCP has led on the development of a system wide commissioning plan for unscheduled care and a draft plan was presented to all six IJBs in the summer of 2021. The plan is currently being finalised and will determine the services which require to be commissioned under the set aside arrangements and what this will look like over time. The key themes of the Plan are:

- Early intervention and prevention of admission to hospital to better support people in the community;
- Improving hospital discharge and better supporting people to transfer from acute care to community supports; and,
- Improving the primary/secondary care interface jointly with acute to better manage patient care in the most appropriate setting in line with the IJB's and NHS Board's strategic direction

The Pandemic has had a significant impact on services in a number of ways that have impacted on the demand, capacity and throughput of services. Examples of this include:

- Sphere continence service – a pressure on the product element of the budget due to the reduced ability to assess individuals and therefore a reliance on products to manage continence
- Community Respiratory Service – increased waiting times for lower priority cases – now up to 6 weeks
- Anticipatory Care Planning – a dip in levels of plans in place and reviewed due to time pressures within services
- A shift in activity to community services from primary care and acute services which has increased demand including:

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- Changes to Outpatient services and requirements for phlebotomy
- Virtual consultations with Practice Nurses and GPs, but previous phlebotomy activity still required and picked up by treatment rooms
- Staff redeployed from acute managed services such as the stroke team, with activity picked up in community services
- Closure of Day Hospitals and increasing demand to support people who previously were supported by these services
- Increased complexity of cases with people discharged from acute or refusing acute admission or care home placements and therefore being managed within the community
- Increased activity to District Nurse Single Point of Contact – with more than double levels of activity from previous festive period.
- Increased funding to EquipU to support the backlog of cases due to lockdown and new cases continuing to arise in community
- Increased costs in in-patient facilities to cover both staffing shortfalls from absence and also increased staffing requirements for higher levels of supervision required to support complex individuals with isolation
- Challenges to cover Out of Hours District Nursing rota due to lack of staff availability and competing activity
- Significant levels of unmet need and challenges to undertake assessments for SDS to meet this, along with an almost doubling of assessments required and the subsequent financial impact this brings in meeting the requirement
- Changes to services managed through other Partnerships / mechanisms such as podiatry / Physiotherapy and an impact on GCHSCP community patients as a consequence
- Impact on Carer Services with increased waiting lists to meet needs given increased burden on Carers.
- Recognition of impact on services provided by third parties / commissioned such as Hospice, Huntingtons, enteral feeding and post diagnostic support provided by Alzheimers Scotland.

In response to the ongoing Covid 19 pandemic services have responded by finding new and different ways of working to keep the city supported, these included:

- Older People's Mental Health Services have adopted digital interface with service users, utilising Near Me and Attend Anywhere applications. Phone consultations have also been used.
- Enhanced Telecare referrals, with some exceptions, were suspended at the start of the pandemic. This obviously reduced the referral rate for non-standard telecare. Information was shared on the council's website and reinforced by telecare resource workers regarding alternative consumer-based telecare products and guidance to digitally communicate with family members using independent applications.
- Global supply chains for technology components continue to be challenging. The HSCP has established mitigations to manage any delays in the supply of new equipment for the Telecare Service.

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- The Local Area Coordination Service initiated remote working and in the early months of the pandemic completed over 1,000 support calls to present and past service users.
- Glasgow HSCP carer's services have adapted to be able to continue to support carers as key partners in care throughout the pandemic.
- Your Support Your Way Glasgow carer web pages have been updated to include online self-referral to make it easier for carers to access support and promote flu jabs for carers / Covid-19 vaccine information for unpaid carers.
- Carers were offered self-directed support which was frequently used for digital access.
- 560 carers were supported to complete emergency plans in the first 16 x weeks of the pandemic.
- Training and peer support are now being delivered online.
- Carers providing personal care were supported to access PPE.

Covid has also had a significant impact on the capacity and throughput of Intermediate Care and other provided care home placements for a range of reasons including, unit closures due to outbreaks, staffing availability, limits on numbers of admissions per day / week and awaiting confirmation of covid status. The Partnership has maximised use of available capacity but over time there has been a significant loss of capacity. In addition, a number of complex placements to care areas have been required with additional support packages of care for individuals to support discharge and manage care. During the pandemic, a number of key providers for purchased care placements, including intermediate care have been subject to improvement plans including Care Inspectorate review and assurance visits supported by commissioning colleagues and a newly established care home team. This has meant some units have been closed to admissions which has reduced capacity. The Partnership recognises the extreme pressure that providers have been subject to throughout the pandemic and have invested to support this on an ongoing basis.

All of the above challenges reflect the increasing demand on services and along with ongoing staff absences and a longer than anticipated recovery / remobilisation phase there is a further risk of reduced performance against key targets. The IJB will continue to explore opportunities to support this process and to identify improvement opportunities and creative new ways of working to meet the needs to patients/ service users. The challenges identified will be regularly reviewed across Older People's services and closely aligned with the issues raised within Primary Care services.

Care Services

Throughout this year Care Services has played a critical role and has been a key pillar in the health and social care's system within Glasgow City. As the largest Care at Home service across Scotland the challenges have been many with the frailty and complexity of our service users' care needs increasing and the complications of Covid-19 on the front line. This has continued to present challenges for the workforce with absence levels remaining high (42% at peak) and with a service variation and a reduced capacity at times of up to 39% at peak. The service has supported on average 5,000 service users per day delivering approx. 87,000 visits per week.

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Care at Home continues to prioritise key services such as hospital discharges, supported living, reablement and overnight home care, where we have continued to meet key targets, delivering a sustained and quality service despite the challenges of Covid-19.

Care at Home was able to offer 4 hours/24 hour discharge, enabling 25.5% of all referrals to be discharged in 4 hours and 67.5% in 24 hours. The remaining discharges were (7%) up to 48 hours. As of 31 October 2021, 4,186 patient discharges have been supported.

Community Alarms services has operated at full capacity over the last year supporting in excess of 9,000 vulnerable service users handling approx. 500,000 in telecare calls and supporting 2,500 calls to our partners in the emergency services. There have been an additional 2,000 service users this year with 26,000 responder requests for assistance in their own home seeking support over the last 12 months.

Care at Home Challenges:

The number of service users accessing home care on care packages higher than 20+ hours has increased over the last 12 months. In October 2020 there were 413 packages and as of October 2021, there were 473, an increase of 12.69%. The service continues to face increasing demands for quality care which is due to a number of contributing factors:

- Care at Home capacity was focussed on discharge, guaranteeing access to services within 4 hours, 7 days a week in support of our acute partners.
- There were more complex patients discharged home to due to the complications of Covid-19 and additional requirements placed on families and carers who may not have been able to meet these demands.
- Other providers had a robust acceptance criteria, due to Covid- 19, and positive service users were ineligible for packages due to infection control and contingency measures.
- Families being more engaged in the decision making and offering additional carers support.
- A fatigued workforce, facing the continued challenges throughout the pandemic covering, absence, leave and sickness.
- A key challenge has been recruitment of Home Carers into this service with the need to recruit 150 additional staff against the challenging back drop of Covid restrictions.
- A diminishing talent pool for recruiting new and skilled staff into the workforce. There is competition across the health and social care sector for individuals seeking opportunities.
- A need for investment and integration of / developments in digital technology in this post pandemic environment, making access to services easier and to increase the communication between the service, service users and families with the use of teams and apps.
- Training and development have been impacted significantly which to address this imbalance this service has had to ensure; opportunities for learning, refreshing skills for training and attainment of SVQ's have been prioritised to ensure the workforce has the necessary skills to meet the demands of the 8 diverse Care at Home services.

It is anticipated that these factors will continue to impact on the delivery of Care at Home and the cost implications linked to the pandemic will have to be recognised within the Medium-Term Financial Outlook.

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Residential Older People Care Homes

The HSCP have 5 care homes across the city, with capacity for 550 residents, all have specialist units to support people with cognitive impairments.

Care Homes have been particularly challenged over the last year with a significant focus and have been scrutinised externally on their support to residents and the measures in place to minimise the impact of Covid-19. This has entirely changed the landscape of residential care with significant ramifications to the roles and responsibilities of our workforce at all levels.

The homely environment of our Care Homes has changed due to ongoing infection control measures which has impacted directly on the way we deliver care and support to our residents, which in turn has shifted the existing culture and the way we interact with our families.

Recruitment and retention have been key within our Residential Care Homes along with providing wellbeing support for the long-term impact of Covid on the workforce, by focusing on the following areas:

- Training and development resources, to support a wide range of new Covid guidance and policies which have been excessive with over 300 documents issued in the last year.
- Social distancing, infection control measures and associated risk assessment, all of which have had cost implications.
- Resilience planning around workforce plans has been crucial investing in learning and development opportunities to upskill and educate our existing workforce. The partnership has focused on a strategy to engage and communicate effectively with our workforce to give confidence and a safe space providing support and an opportunity to problem solve.
- The health and social care partnership developed a winter resilience plan having learned from the initial Covid- 19 'first wave', which focused on infection control, staff resilience and the quality of care and support.

Due to the level of scrutiny and the need to report daily the partnership has developed a range of governance measures to ensure the 5 Care Homes operate within the complex landscape of guidance and compliance. To facilitate decision making to immediately adapt and respond to changing legislation and guidance, 24/7, thus gaining the confidence of our residents, families and communities. Delivering care within this governance framework comes at an additional cost. These additional costs have been met by the Scottish Government in 2021/22. Future funding availability has still to be confirmed and costs will therefore be required to be factored into medium term financial planning for the IJB.

Older People Day Care

The partnership operates 10 older people day care units across the city. Unfortunately, these units were mandated to close by the Scottish Government the week prior to the national lockdown, in March 2020.

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Our service users and families were supported to live at home with additional care at home support, contact, calls, support from the British Red Cross and Glasgow Helps. Critically, 200 staff and managers from day care were redeployed into the 5 residential care homes. Due to the shielding protocol and the impact of Covid illness and high staff absence, without those skilled and experienced staff members it would have been impossible for our residential care units to operate fully and deliver quality care and support to our residents.

Children's Services

Children's Services has embarked on a transformational change programme, which aligns to the policy aims of Getting It Right for Every Child, to ensure that families get the right level of support when they need it. One of the main aims of the programme is to increase the range and quality of support available to families within their homes and within their local communities. This aspiration is aligned to the recommendations of the Christie Commission and the aspirations and purpose of integration, as set out in the Public Bodies (Joint Working) (Scotland) Act 2014. Shifting the balance of care remains key in order to prevent children and young people from being accommodated and to minimise the number of young people living out with the City, detached from their local community, support network and school.

The recent Family Support tender increased the spend on earlier intervention and intensive support to families delivered by the third sector from £2.7million to £5.2million, and it is hoped that more preventative funding will be available in the next three years. The aim is to build the infrastructure of support available to families within Glasgow, in order to reduce the number of children accommodated, and to ensure that families, brothers and sisters remain living together within their homes and communities. Underlining this is our aim to mitigate against poverty and structural inequality, taking into account the learning over the course of the pandemic, following the overwhelmingly positive feedback received by families who received Winter Social Protection payments.

This aspiration is also aligned to the recommendations of The Promise, <https://thepromise.scot/> and to its emphasis on expanding the range of early intervention approaches and improving the quality of support offered to *whole* families, including parents and carers living in separate households, and extended family members in order to keep families – and importantly brothers and sisters – together.

What is The Promise?

The Promise is responsible for driving the work of change demanded by the findings of the Independent Care Review.

It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can #KeepThePromise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

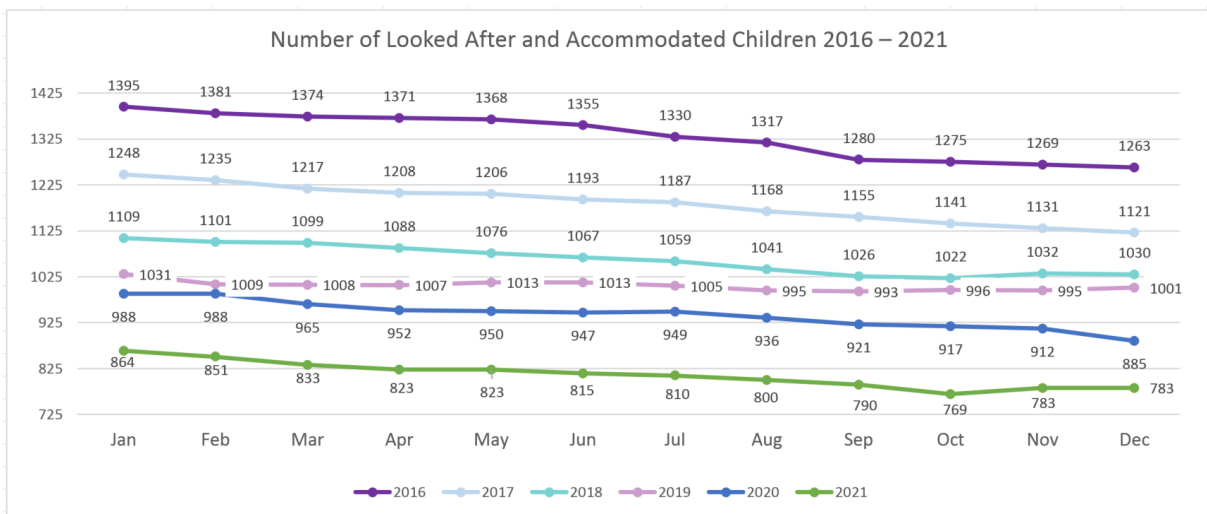
Glasgow has developed a Promise Action Plan which sets out the ways in which Glasgow HSCP teams are aiming to implement the recommendations of the Promise. Key to this work will be to expand the Independent Care and Review Team, to ensure children's voices are at the centre of planning and decision making through a process of meaningful participation.

Children's services teams are also working towards developing a consistently, high quality approach to care practice across all HSCP services. Many staff have been involved in analysing

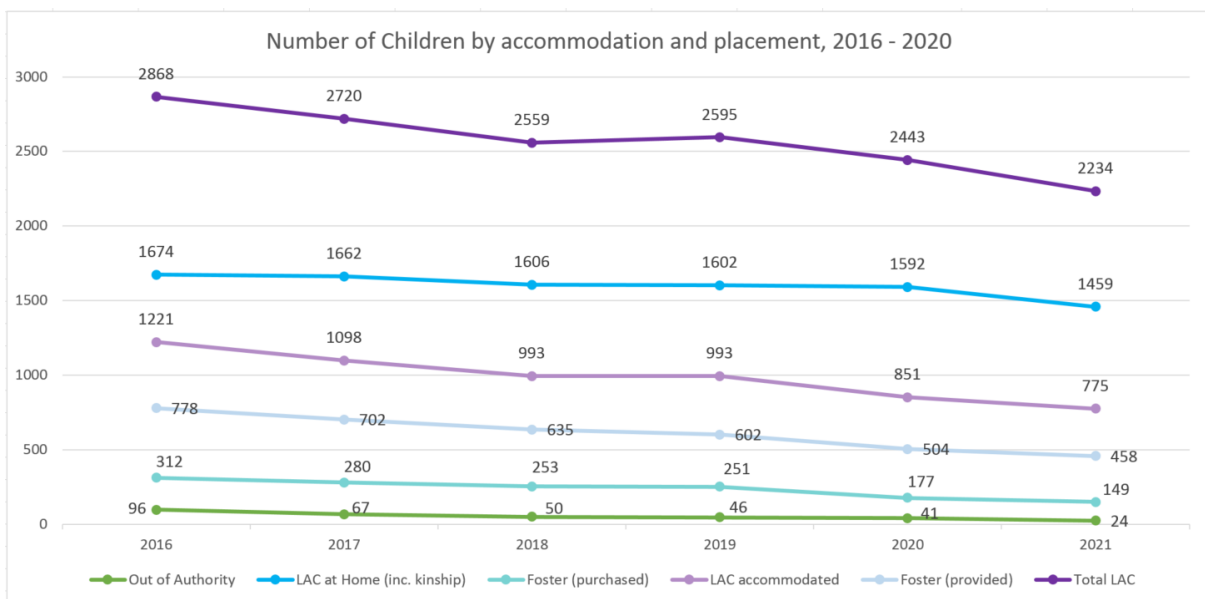
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the current system, and a Practice Feedback Group has been established to develop a more robust feedback between frontline practitioners and the leadership team. This work will be developed over the next 3 years, in order to build a clearly articulated practice model of care for Glasgow HSCP’s Children’s Services and partners. The aim of this work is to support families effectively within their homes and communities, by building on family assets, using a strengths-based and trauma informed approach.

Measurable progress has been made in reducing the number of children accommodated, as illustrated in the graph below, which shows a downward trend in the number of looked after and accommodated children and young people in Glasgow City from 2016 to 2021.



The graph below also shows a general downward trend for all types of placements, by year from 2016:



It is noteworthy that the trend has continued over the period of the pandemic, which contrasts with many other local authorities in Scotland and across the UK. Over the course of the pandemic, the HSCP implemented an anti-poverty programme to mitigate the additional

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stresses on families which emerged over the pandemic because of employment circumstances, closure of schools, greater time in the house, lack of activities and reduced choice. This involved buying a supply of food vouchers at the start of lockdown, and then developing a process for Health Visitors to seek financial funding for families without needing to refer to Social Work. Over the course of 2020/21, a Winter Protection Payment was also issued to families in need, as identified by Social Workers, Health Visitors and FNP practitioners. This was an automatic payment to remove any barriers for families to claim and was issued to families' bank accounts. A payment of £400 per child was awarded, and there has been overwhelmingly positive feedback from families about the impact of this in relation to their relationship and approach with services. Families have reflected that the funding provided them with more choice in relation to food, the ability to settle debts, home improvements, and allowed them to purchase clothes, household items, holidays, and days out:

"Made us all not worry where our next healthy meal was coming from, clothes for them that fitted, helped us change ways of never ever be ungrateful for what you, all families were all the same as mines struggling, stressful, worrying all the time, but they extra payments we were blessed to have and from my family to yours we thank you so much for what you did, you all should be very proud of yourself for helping struggling families throughout Scotland"

"It was unexpected and being a single mum it helped out a lot especially as my son had just taken another stretch in size, so I was very grateful for it we both where"

"It made a huge difference. The amount given was very substantial. I was able to buy new very needed beds for my children. I was also able to book a family holiday which was exactly what was needed after the stress of the last 18 months. I'm so grateful to my health visitor for referring us. And to the Scottish government who always put their people first"

Over this period, there was a continued reduction in the number of children accommodated, with only one child accommodated in January 2021, which is traditionally a very difficult period for families. Whilst no causal link can be drawn from this, there is an implication that addressing the impact of poverty may have reduced families' level of distress and increased their resilience during the period of the pandemic, and therefore anti-poverty approaches remain central to the strategic direction of children's services, as reflected in the Children's Services Plan published in March 2021. The HSCP will continue to strengthen access to section 12, 22 and section 29 to mitigate against the worst aspects of poverty. Ensuring that the opportunities for direct payments and self-directed support is sustained and where possible supplemented by re-investment from external costs and payments to inward investment into our most disadvantaged neighbourhoods and families.

Over the course of the pandemic, there has been additional funding available from Scottish Government to increase the range of tier 1 and 2 community mental wellbeing supports. There are several programmes of work in progress which are aiming to streamline mental health support and improve pathways for children and families into mental health supports. The Young People's Networking Project is aiming to proactively connect children, young people, and their families into appropriate mental health supports, particularly children and young people who have been referred into the CAMHS Service, but do not require intervention at this level. The learning will inform a wider programme of work to improve the alignment of

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services and reduce the culture of referrals, which often leads to duplication and delay in receiving support.

The Youth Health Service has also expanded over the course of the pandemic, and now operates from 9 bases in Glasgow, offering in person support for children and young people, and the Compassionate Distress Response Service provides immediate crisis support for young people experiencing distress.

The HSCP is aiming to continue to shift from out of authority residential care to allow reinvestment in community and locally based solutions, in order to maintain children's and young people's connections with their home, peers, school and community. In order to continue to care for children and young people within their family setting, Children's Services, in collaboration with Community Planning Partners, is

- Seeking to review the approach to supporting families experiencing Domestic Violence, and in particular, strengthen approaches to working with fathers in order to maximise the potential for families to remain living together safely in the community;
- Aiming to continue to review the learning from successful initiatives such as Family Group Decision Making and Family Nurse Partnership to further develop strengths-based approaches to working with families across other teams;
- Continuing to build the Glasgow Intensive Family Support Service following a test of concept which developed the Voice, Validation and Hope model based on a set of STRENGTHS principles to prevent accommodation of young people;
- Building on the 'deep dive' analysis carried out by the Practice Feedback Group to identify a part of the system to focus our improvement work, which will focus on developing consistently high quality practice among our workforce, and an infrastructure of support for practitioners to ensure they have the time and resources to work alongside families to meet their individual needs;
- Aligning the messages from key policies and guidance, including GIRFEC, the Promise and UNCRC in order to ensure seamless pathways to accessing support for children, young people and their families across all aspects of the service, from universal to more targeted, specialist support where this is required.

The HSCP continues to work with key partners to promote improved alignment across the system, to improve pathways into support for families, and to ensure that the full range of children's, young people's and families' current and emerging needs are met as early as possible. In addition, Integrated Children's Planning Partnership is aiming to ensure that the Glasgow Community Planning Grants are aligned to the range of preventative spend and investments focusing on building local, earlier intervention supports for families, therefore consolidating and coordinating the early help and support to children, young people and their families.

The key aim for children's services is to promote a consistently high-quality strengths-based approach to meeting children, young people's, and families' needs, considering the learning from the pandemic and the impact on structural inequalities and mental health.

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Adult Services

The adult services profile across the city incorporates a broad range of services. A number of reform programmes have been established to drive effectiveness and efficiency. Key priorities for adult services include:

- Early intervention, prevention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer

In order to achieve these priorities, we aim to deliver more effective community supports by redesigning community-based services and reducing reliance on high-cost inpatient capacity. We are continuing to shift the focus away from high-cost care to supporting people within the community and assisting them to make choices in relation to their own health. The COVID 19 pandemic has had a significant impact on how we deliver services and progress across the broad range of adult services is highlighted below.

Adult Mental Health

Changes to mental health delivery across the Health Board area were necessary during 2020 due to the impact of the pandemic. Core mental health services continued to operate ensuring continuous access to emergency and urgent care responses. This has been made possible by adapting how we deliver these services and adopting new ways of working by rolling out our use of IT and telephone consultations. Any face-to-face emergency and inpatient care continued to be supported where necessary utilising and adapting safe patient pathways.

Services adapted local response based on local need, staff absence and infection rates. Referrals for most services reduced through April and May and appointments including NHS Near Me and telephone contacts were 30 – 40% lower than the previous year with Community Mental Health team (CMHTs) caseloads temporarily reduced by 10 – 20% as a result of implementing a Red, Amber, Green risk categorisation for all patients. Work to re-establish routine care for all patients was progressed during 2021 in both CMHTs and Primary Care Mental Health teams (PCMHTs). This remained a challenge due to continued social distancing measures and challenges with digital technology. However, the Digital Mental Health work stream is continuing to facilitate innovation and co-ordinate and extend existing e-health provision.

A mid-point review of the five-year adult mental health strategy 2018-2023 commenced in Dec 2020 to test original assumptions, projections and information for ongoing validity with a view to reprioritising where appropriate. Themes include unscheduled care pathways following introduction of mental health assessment units, expansion of virtual patient management, remodelling of inpatient bed capacity and refreshing the development of effective and efficient community mental health services to support the shift of inpatient services into the community.

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The goal for the Mental Health Strategy is to change the balance of care and offer additional alternatives for community care and balancing reductions in inpatient remains in place. The impact of COVID and increased acuity has impacted on the ability to progress changing the balance of care for acute inpatient provision. Further review of the need for inpatient care will need to be revisited post COVID pandemic impact. The current occupancy and demand for inpatient care identifies that lengths of stay are increasing. The historic skill mix and staff per bed ratios have also been adversely affected by the impact of the pandemic resulting in diluting skill mix and staff bed ratios rather than maintaining or enriching them.

The pandemic has also had a detrimental effect on recruitment. Additional resource has been made available by the Government, but nationwide shortages in staffing have meant recruiting to temporary posts has been challenging and permanent posts added pressure on retaining existing staff in existing services. Interim funding will be required to bridge temporary double running costs as community services develop so that balancing inpatient reductions can be revisited. We are currently working on a plan in relation to community mental health service on the delivery of mental health and wellbeing hubs which will be funded from Scottish Government Community and Renewal Funding.

Further service financial support is already identified for people who have been admitted for COVID based care, delivering psychological therapies national treatment standards, expanded eating disorder services, transition links to dementia post-diagnostic services for people with early on-set dementia and redressing the current shortfall in secondary care mental health pharmacy services and improving medication use and prescribing practice.

Mental Health Assessment Units

Established as a new unscheduled care service in March 2020 in response to COVID, the mental health assessment units (MHAUs) continue to reduce pressure on emergency departments by supporting patients who are experiencing a mental health crisis or distress and who require a specialist mental health assessment. However, the assessment rates now exceed levels of mental health assessments undertaken prior to Covid-19, likely due to an increasing need as a consequence of the pandemic seen across mental health and acute care services. The service expanded in January 2021 to include young people aged 16-18 out of hours and plans are underway to increase this to 24-hour access.

Referrals into the MHAUs have increased significantly and incrementally since inception. In the first full month of operation in April 2020, the MHAUs received 390 referrals, increasing to 1291 referrals per month one year later.

In total, the MHAUs have received 18,465 referrals between April 2020 and October 2021. Referral rates appear to have stabilised since May 2021, with an average monthly referral rate of 1406 between May – October 2021. Most referrals come from Police Scotland, Emergency Department and Scottish Ambulance Service (96%). In October 2021, of the 323 patients referred, 146 were seen face to face within one hour with 53 assessed at emergency departments and 93 seen at MHAUs. 17 patients were assessed by professional-to-professional consultations. This highlights the considerable impact of the MHAUs and the

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significance of this in meeting the Scottish Governments work in relation to the redesign of urgent care.

Alcohol and Drug Services

Day Service

Due to the ongoing impact of the pandemic during 2020 the alcohol and drug day services have retracted and patients who would have attended this service have been managed within the community teams. Following these changes to the service there has been minimal impact for those using the service and the community teams have been able to provide interventions in patients own locality within a community setting. It had been planned to reopen the day service and review the impact of changes and the need for a building-based service. However, continued restrictions and infection control measures have prevented the service from opening and a formal review has been launched to consider the impact of withdrawal of day service provision over the past two years, the building-based model and the current model, and resource requirements from any service redesign.

Alcohol and Drug Recovery Service Care and Treatment Teams

As COVID 19 continued across 2021, all service users were assessed based on risk and vulnerability, and contact levels were determined in line with risk categorisation. Face to face clinics were removed and prescriptions for alcohol and/or drug treatment have been delivered to pharmacies for collection, with a continuation of supervision for some. Patients who require urgent assistance with prescriptions or other care or treatment issues are contacted by telephone or seen in person, and the service has continued to operate open access at one site per locality. Outreach support continued to be available for the most vulnerable across the city. The teams continue to adapt ways of working including:

- Delivery of prescriptions to pharmacies
- Delivery of medication to those who are unable to leave their home due to isolation or health related concerns
- In reach to hotels via the complex needs, city centre and crisis outreach teams
- Increased use of the Injecting Equipment Provision (IEP) van and purchase of a second vehicle

In January 2021 the Scottish Government announced a package of funding to support areas where improvements are to be delivered within alcohol and drug services where the aim is to reduce drugs deaths. The current focus of our recovery work through 2021 includes:

- Alcohol and Drug Recovery Services (ADRS) – The service commissioned an independent review of service provision, which concluded with ten recommendations in respect to resource and capacity, workforce development, governance and performance and communication. An implementation group has been formed to include a range of partners, frontline staff and people with lived experience of service.
- Medically Assisted Treatment (MAT) – Scottish Government published the MAT Standards in May 2021 with ten recommendations in relation to treatment and care. The service has developed a steering group and several sub-groups to oversee the implementation of the MAT Standards, as well as the ADRS Review recommendations. Work continues to grow our same day prescribing services and broaden the treatment

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options available across the city. In the interim the current BC delivery arrangements will continue.

- Recovery Communities – Support is currently provided 7 days per week via online and face to face recovery cafes and meetings. Recovery communities have managed to successfully engage with new people beginning their recovery via assertive outreach and online support. Face to face recovery cafes and meetings resumed in late 2021 and are continuing on a reduced capacity, following Scottish Government guidance that face-to-face recovery supports are viewed as essential, adhering to public health infection control advice. Virtual meetings also continue to be supported. Additional staff came into post to support the recovery communities funded by the HSCP and SG funding.
- Harm reduction services – a new harm reduction initiative was launched in the city centre and has engaged with people who inject drugs very successfully in Wound care, Assessment of injecting risk, Naloxone provision and Dry Blood spot testing (WAND).
- Enhanced Drug Treatment Services continues to offer specialist treatment to people with complex needs, for whom mainstream treatment and care services have not been successful in minimising risk and engaging in OST.
- A Crisis Outreach Team has been developed to respond to non-fatal overdoses and crisis presentations via emergency services offering an immediate, assertive, outreach response to people who have suffered a non-fatal overdose and are at significant risk of drug related death, with an aim of supporting them into care and treatment services. Between April and September 2021, the team received a total of 859 referrals, 15% of which were referred on more than one occasion. 67% of these came from Scottish Ambulance Service and 78% were known to ADRS services. 69% were from Glasgow City with the remainder being mostly in other HSCP within the GG&C board area, however just over 1% were out with GG&C.

Learning Disabilities

A number of service contingency measures introduced during 2020 continues to have a significant impact on the change programme for Learning Disability services. As a result of contingency planning during the pandemic a process was introduced to jointly review health and social work caseloads in order to prioritise support to the most vulnerable and complex patients and service users. This joint approach will now be routinely adopted and will form part of the integrated operational procedures.

Learning disability has continued to see a growth in demand for services and packages over the last few years. Reviews are taking place to ensure any efficiencies are realised by developing ongoing work to review and revise available models of care. We will continue to assess the requirements for community support and apply a consistent approach to providing appropriate and assessed care packages to all our service users. Increases in demand are reflected in the tables below.

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	YEAR		
	2019/20	2020/21	2021/22 (Projections)
New Demand - £	£2,148,291	£2,234,411	£3,278,276
New Demand – No of Service Users	131	133	172

Day Care

In response to the Covid-19 Pandemic both Day Services closed in March 2020. These services support 92 service users across the city who have significant levels of learning disability, including complex physical conditions and challenging behaviour.

The services reopened in July and August to a restricted number of service users based on the Red, Amber, Green (RAG) status of individuals and carers. Those in the higher risk category were offered a building-based service, medium risk service users were offered a blended support service consisting of a maximum of 2/3 days building based service and community support on other days, those in the low category were offered a community based service only. The service continues to operate this model of care.

Community Based Support

Service users have continued to receive community-based support service during COVID 19 with support packages determined using Red/Amber/Green criteria to ensure the most vulnerable service users are supported appropriately.

Community support staff will continue to:

- Provide support to service users to access safe outdoor spaces and community venues.
- Support daily exercise
- Provide Carer support for short periods of respite.
- Provide meaningful activity and stimulation

Overnight Support

We are continuing to review the service models in place for overnight support to adults who are assessed as requiring this to meet the objectives of supporting people to live as safely and as independently as possible, at home or in a homely setting, in a cost effective and risk enabling way.

To take forward this review, Connecting Neighbourhoods was established. This has been an innovative approach to community collaboration, set up initially to progress the overnight supports transformational change agenda. It is a locality based, technology enabled care and support partnership. The Connecting Neighbourhoods partnership approach developed a new multi-agency risk assessment process seeking to identify technology-based alternatives to the existing site-based sleepover service model, that mitigated all identified risks and allowed for an appropriate and prompt response to someone at home when the need arises, providing a possible alternative to a sleepover service.

The 2 ‘test of change’ projects, undertaken through the Connecting Neighbourhoods collaboration, in Castlemilk (South) and Shettleston (NE) are scheduled for completion in

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February 2022. A full evaluation report on the outcomes and learning will follow in April 2022, with recommendations on further developing the TECS strategy for the HSCP.

To date across the two test of change sites 111 service users are receiving 47 separate overnight support arrangements from a range of different care providers.

Prison Healthcare

A comprehensive Workforce Review is underway, led by a Programme Board. Work has already taken place to map Prison Health Care services against community service models and provision in order to identify gaps / areas of good practice in both settings, for the following services:

- Addictions services
- Mental Health services
- Primary Care services

A desktop Health Needs Assessment to determine the health service provision/levels required was commissioned to contribute towards the Workforce review. The report of its findings will be taken into consideration as part of the review.

The workforce review will:

- review the skill mix, looking at new ways of staffing the service
- take the HNA into account, agree what services are to be provided in each prison establishment for each service – Addictions, Mental Health, Primary Care
- Map staffing resource required against existing establishment (Band 5 and 6 Nursing)
- Consider structure and requirements for each service area and bring forward recommendations - Advanced Nurse Practitioners, Medical, Health Care Support Workers
- Review the staffing roles and bring forward recommendations - admissions processes, planning for liberation, medication management, Complaints management, and blood borne virus services

The Review will consider the introduction of ANP, PDN, a balance of registrant/non registrant staff, and enhanced pharmacy posts to provide alternative clinical resource to patients and reduce pressure on GP services; review GP and nursing structures, including GP remuneration, to attract and retain staff to the service; create a workforce plan to guide service development; review management structures; and review Health Improvement, Dental, BBV, and other services.

There is an acknowledgment by the Programme Board that a bid for increased resource will be forthcoming.

The Programme Board and the working groups include staff side representation. A Staff Reference Group has also been established as part of this structure.

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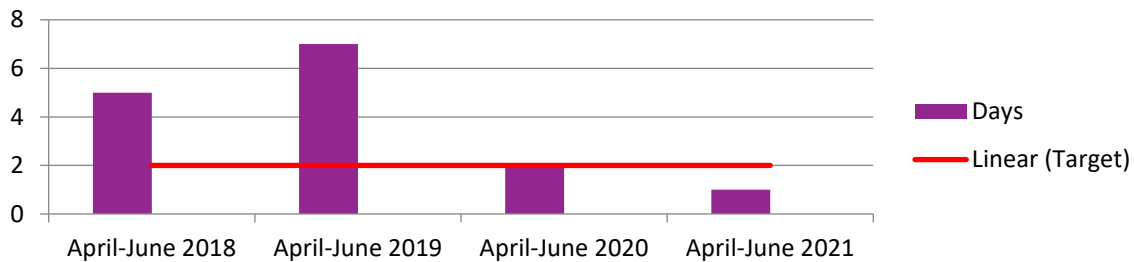
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Sexual Health

The service planned to implement the Service Review and introduce the changes from March 2020 but due to COVID 19 this was deferred, and the service will implement the changes when services can begin to operate as normal again.

However, as the service as a whole has adapted to Covid-19, many services have begun to recover, learning from new ways of working, innovation and utilising technology.

Average Waiting Times for Urgent Care



- Waiting times for people prioritised by the service continues to improve.
- Urgent care access is well within its target of 2 working days.
- Total attendances at all services have reached pre-pandemic levels, albeit the balance of face to face and virtual / telephone appointments has now reversed.
- Numbers of young people attending services is 80% of pre-pandemic levels
- HIV testing has risen to 90% of the previous levels, and Prescriptions for PrEP are the same now as they were in January 2020.

Abortion Care

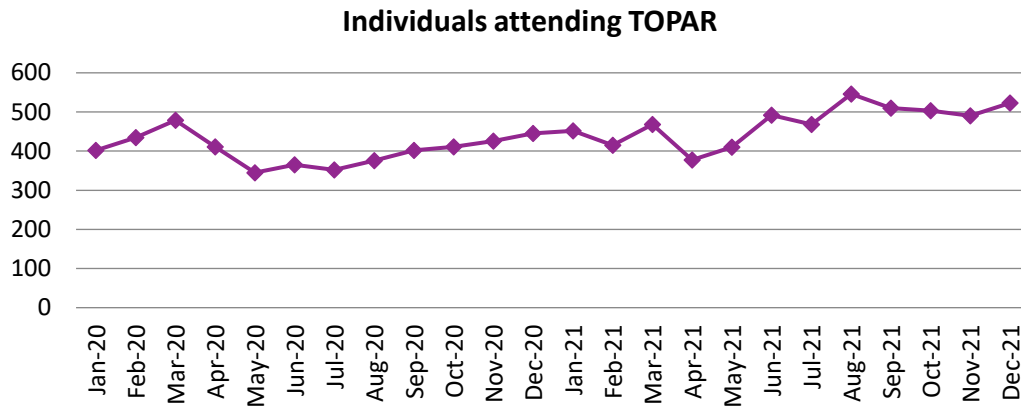
Prior to April 2018, all patients in GGC wishing a medical termination of pregnancy (MTOP) attended either Sandyford TOPAR or a Clyde hospital clinic for their assessment and first part of the medication, and then attended the gynaecology ward for the second part of medical abortion. The majority of these women were admitted as a day case admission. A very small number (10 per week) completed an 'early discharge' MTOP, where they went straight home from hospital after the taking the second medication and concluded their abortion at home. In late 2017, legislation changed to allow women to take the second abortion medication in their home setting and complete the abortion there, without going to hospital. Early Medical Abortion at Home (EMAH) was offered in GGC through the termination of pregnancy service from April 2018. The first medication was still required to be taken in the Sandyford clinic. The hospital-based clinics in Clyde opted not to offer the EMAH model, and all women attending there were admitted for the second part of treatment.

In response to the global COVID-19 pandemic the Scottish Government, supported by clinical guidance from the Royal College of Obstetrics and Gynaecology, issued temporary legislation in March 2020 allowing telemedicine consultation for abortion care, and permitting both parts of medical abortion to be taken in the home setting (for women under 12 weeks gestation). From April 2020 the TOPAR service at Sandyford Sexual Health began offering telemedicine EMAH. At the same time, elective day surgery for surgical termination (STOP) was suspended across the whole of GGC.

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As a result, most women accessing abortion care in GGC from April 2020 have chosen telemedicine Early Medical Abortion at Home. Women who are 12 weeks pregnant or over, or who prefer hospital-based care, will still complete the second part of treatment in the hospital.



Discussions are ongoing with Acute Care colleagues on the financial framework required to enable this proposed service development for abortion care services across Greater Glasgow and Clyde. This will see an accessible, patient-centred, equitable, centralised service which offers the best choice to patients and makes the most effective use of resources. It will result in the majority of care being delivered to women in the community, supporting them to self-manage their abortions at home.

Adult Services Nursing

The reconfiguration and development of new clinical nursing roles has continued with significant financial investment.

- Within Prison Healthcare, investment in a new Nurse Consultant Role was agreed alongside the reconfiguration of Professional Nursing Leadership roles for Alcohol Drug Recovery, Mental Health and Primary Care to support the Prison Healthcare nursing workforce, enhance the governance arrangements and the quality of care provided. The Nurse Consultant is now in post and the reconfiguration of leadership roles has been implemented.
- Advanced Nurse Practitioner roles have been recruited and are embedding into the wider multidisciplinary teams to enhance patient care provision within Mental Health Assessment Units and Adult and Older People's Mental Health.
- A new Nurse Consultant post for Mental Health was successfully recruited to and the post holder is currently scoping the priorities and actions required. This post will further support Mental Health Strategy implementation and the redesign, consolidation and improvement of current and future service models which seek to redress the balance of care and enhance choice and self-determination for individuals accessing mental health services
- A Senior Nurse, Transformation & Quality and three Practice Development Nursing roles have been recruited to and this new team is working alongside existing management/nursing leadership support structures and clinical staff on the priority areas around Excellence in Care, Transforming Roles and Quality Strategy.

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- The Introduction of skill mix more widely across practice development nursing and support roles to enhance support to front line clinical nursing staff has also been achieved in all Mental Health areas, ADRS and Prison Health Care.
- Work has been started on a MH inpatient work force plan which will focus initially on nursing staff, skill mix and nurse to patient ratios and also broaden out to focus on physical and mental health wellbeing models within in-patients, enhancement of AHP, Psychology, Pharmacy, Peer Support and Medical roles.
- A Peripatetic team Model is being implemented across the Glasgow mental health hospital sites supporting a flexible team of 10 band 3 health care support workers in each site being utilised where patient need is priority. This is an invest to save approach which supports continuity of care.

Homelessness

The Covid-19 pandemic and the associated public health measures has continued to place unprecedented challenges on the City's Homelessness Service. Throughout the pandemic period we have continued to receive high demand for Homelessness advice, support and emergency accommodation. For the period 23rd of March 2020 to 16th December 2021, Glasgow Homelessness Services received 17,190 new requests for Housing Option advice and information, 11,772 new homelessness applications progressed and 22,476 offers of emergency accommodation were made.

A number of factors contributed to these challenges during 2021 including cessation of mainstream letting activity during the first period of lockdown 2020 leading to a significant backlog and an urgent need to expand emergency accommodation to meet demand for temporary accommodation. However, the rapid expansion of emergency accommodation through the initial phase of the public health emergency by repurposing of hotels and the conversion of 450 RSL mainstream voids to temporary furnished flats enabled the Council to routinely discharge its statutory duty and extend protection to households with No Recourse to Public Funds (NRPF). In turn this has led to a significantly reduced volume of rough sleepers in Glasgow which has been sustained at single figures throughout the pandemic.

Since the recommencement of mainstream letting activity on the part of the City's RSLs the HSCP has made good progress in reducing its reliance on hotel and bed and breakfast. Table 1 provides an oversight of the reduction in bed and breakfast use since the resumption of mainstream letting activity on the part of RSLs.

31/03/20	30/09/20	30/11/21
260 places	617 places	441 places

The support from the City's RSLs has led to a settled let out turn figure for 2020/21 of 3,288. This total represents an increase of 876 lets on the previous full year total of 2,412. Table 2 provides an overview on letting activity over the previous four years. The final outturn figure for 2021/22 is likely to be in the region of 3,300 – 3,500 settled lets (Q1 & Q2 2021/22 settled let outturn figure is 1754 lets).

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2017/18	2018/19	2019/20	2020/21
1,974 lets	2,322 lets	2,412 lets	3,288 lets

The Glasgow Rapid Rehousing Transition Plan (RRTP) was approved by the IJB in September 2019 to work with City partners to deliver a housing led approach to tackling and ending homelessness in Glasgow. The impact of the pandemic has had a significant influence on our ability to deliver on the RRTP objectives. In light of the economic impact of the public health emergency the IJB agreed in September 2021 to a realignment of RRTP spend to reflect revised priorities to increase investment in Homelessness Prevention activity. The Scottish Government has confirmed a further two-year funding period for the RRTP. The specific allocation has still to be confirmed.

The tender for the Glasgow Alliance to End Homelessness was awarded in April 2020 with investment of £187m over the next 10 years and this group has been created to plan and develop transformational change to the delivery of purchased homelessness services in the city. A key focus for the Alliance is to work collaboratively with people with lived and living experience of homelessness to keep “what is best for people using services” at the core of its activity A strategic plan has been drafted to take forward the work of the Alliance.

The HSCP Housing First Service continues to develop and produce key results in working collaboratively with the Glasgow City’s Housing First Consortium, Registered Social Landlords (RSL) and other key statutory and third sector partners, to secure tenancies with bespoke assertive outreach support for vulnerable service users experiencing multiple complex issues. Through the life of the programme Glasgow has achieved 242 Housing First tenancies, with a tenancy sustainment rate of 74%. The HSCP is currently working on a test of change to support homeless people leaving acute mental health sites access Housing First tenancies.

Primary Care Services

Primary Care services include services provided by, among others, GPs, Dentists, Optometrists, District Nurses, Health Visitors and Physios. Within Primary Care our strategy is to enable these professionals to fulfil the role that they are uniquely qualified for and to maximise access for local people to ensure they get the right person at the right time and in the right place.

Agreed in autumn 2018 the Glasgow City Primary Care Improvement Plan (PCIP) presents a major opportunity to transform primary care by supporting GPs to operate effectively as expert medical generalists. The strategy includes enabling more support to be delivered in home and community settings and promoting greater self-management and choice to allow people to be cared for appropriately and safely in the community for longer.

The key priorities for the PCIP are as follows:

- A vaccination transformation programme (VTP) to transfer work from GPs to the HSCP for children, adults and travel
- Pharmacotherapy services with the transfer of acute, repeat prescribing and medication management to HSCP employed pharmacy support staff

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- Expanding Community Treatment and Care services (CTAC) delivered by the HSCP, including phlebotomy; ear syringing' suture removal and management of minor injuries and dressings
- Delivery of urgent care with the employment of advanced practitioners providing first response for home visits and for urgent call outs.
- Additional professional roles as part of the Multi-Disciplinary Team including physiotherapists and community clinical mental health professionals to see patients as a first point of contact
- Community Links Workers to help patients navigate and engage with wider services
- Supporting the expansion and development of Multi-Disciplinary Team working and collaborative leadership in Primary Care

Recruitment is progressing to develop multi-disciplinary teams of pharmacists, nursing practitioners, nurses, mental health workers and community links workers. Developments and upgrades relating to premises is currently being scoped to provide sufficient accommodation for the expansion of multi-disciplinary teams across the city to provide integrated responses for patients strengthening links to local community services and networks and enabling clearer identification to specialist services when required.

The implementation of the PCIP has achieved the following:

- Pre-5 routine vaccinations have been moved from practices. Flu jabs for 2-5 year olds for some practices have also been piloted in community clinics and community nurses are leading flu vaccinations for over 65s who are housebound
- Extension of pharmacists and pharmacy technician support for GP practices
- Access to HSCP delivered phlebotomy services has been extended
- Additional Advanced Nurse Practitioners (ANPs) have been recruited to provide responses to urgent calls for patients in our residential care homes instead of GPs with feedback upon the quality of care from care homes very positive
- "Know who to turn to" re-direction posters and pop-ups have been delivered to GP practices, housing association and other locations used by the public
- Additional Advanced Practice Physiotherapy (APP) posts have been filled
- Additional Community Links workers have been recruited, bringing the total to 43
- The Primary Care Mental Wellbeing Model (MWM) was developed. Funding was agreed to trial a number of programmes evidenced elsewhere, alongside additional capacity building and research work. Lifelink Wellbeing and Counselling services have also been extended

Glasgow City will receive £18.8m by 2021-22 to deliver the PCIP agenda. However, the IJB has highlighted to the Scottish Government that this will not be sufficient to meet the terms of the new GMS contract, and Memorandum of Understanding, and will require difficult choices to be made about how we reduce our recruitment programme. In December 2020 the Scottish Government and the BMA issued a "Joint Letter - the GMS Contract Update for 2021-22 and Beyond". A revised MoU is also being drafted that will provide more detail on how these revised commitments will be implemented, this will potentially impact on the future direction of PCIP.

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In addition, the funding challenge for primary care in Glasgow is exacerbated by the high levels of poor health outcomes and health inequalities faced by our patients and that these factors are not sufficiently taken into account by the methodology used to allocate resources to primary care. This will require the IJB to make choices and decisions on how best to allocate this money. For the purposes of the medium term financial outlook, it is assumed that this programme of change will be managed within the funding provided by the Scottish Government.

During the Covid 19 pandemic the HSCP has established and run the Community Assessment Centre (CAC) at Barr Street and operated the Care Home Testing Teams from there. In addition, the established Flu Vaccination Programme, has been augmented to include more of the population as part of the pandemic response. Funding for this has been provided directly by the Scottish Government, and for the purposes of the Medium Term Outlook this is assumed for any continuation of these programmes, as well as any further development in relation to the rollout of the Covid vaccine.

The review of Adult Social Care has some fundamental recommendations for how GPs are contracted and moving this to IJBs further detail is required to assess how this will impact on our budgets and how we might have to resource this.

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4. NATIONAL CONTEXT

IJB's continue to operate in a complex and changing environment, nationally and globally, an understanding of which is vital when reviewing the Medium Term Outlook.

Political and Economic

COVID 19 PANDEMIC

The last 24 months has brought unprecedented challenges due to the Covid 19 pandemic and this looks set to continue into 2022-23 and beyond. Although the full impact of the pandemic is still to be fully understood, it is clear, that there will be a significant impact on the health and wellbeing of our communities. The impact on both the UK and Scottish economy will underpin policy direction and funding of our services and will present a greater challenge as we seek to deliver services to meet the needs of our citizens whilst balancing within the funding which is made available.

IMPACT OF EU WITHDRAWAL

The UK left the EU on the 31st of January 2020 under the agreed Withdrawal Agreement. The UK and EU agreed a Trade Deal in December 2020. The impact of the pandemic makes it difficult to assess the sole impact of the EU withdrawal. However, some of the direct consequences which have been experienced across the UK include the removal of a large pool of EU workers, which many UK business rely: a reduction in the UK's GDP: supply chain shortages: increased bureaucracy and an increase in prices. The full impact will be realised over the coming years.

IMPACT OF SCOTTISH ECONOMIC PERFORMANCE ON PUBLIC SECTOR FUNDING

The Global, UK and Scottish economy impacts on the funding available to Councils and Health Boards to deliver services. Audit Scotland recognise the Scottish Government's income is now more dependent on the economic performance of Scotland. This brings more uncertainty to budgets and in turn funding of local government and NHS services.

The Scottish Government identify 3 key factors which will determine the Scottish Budget

- **UK Government overall fiscal stance** – the block grant from the UK Government is the biggest single determinant of funding for the Scottish Budget. Determined through the Barnett formula it remains out with the control of the Scottish Government
- **UK Government tax performance** – changes in UK Government tax policy can result in UK Government tax receipts growing at a different rate from devolved tax receipts. The Scottish Budget is adjusted for the amount of tax raised per capita in Scotland compared to the UK, if tax income in England increases faster than Scotland the Block Grant Adjustment would increase and reduce the size of the Scottish Budget
- **Scottish fiscal performance** – if Scottish tax revenue per head for devolved taxes grows faster than in the rest of the UK, through better economic performance, the Scottish

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budget will increase. If the Scottish Government makes tax policy decisions that increase or decrease tax revenue, these will also have a direct impact on the Scottish Budget.

Financial

It is acknowledged that medium and long term financial planning is an important tool for making well informed decisions and to effectively manage continuing financial challenges. Scottish Government is the main source of public sector funding, and the medium term forecast of this is uncertain although they have committed to a move towards multi-year indicative budgeting. This issue is further compounded by the fact that the flexibility on how this is used is reducing with many new funding sources coming with clear instructions on what the funding should be used for.

Health and Social Care remains the biggest area of Scottish Government spending accounting for 32% of the Scottish Government's budget, an increase of 5% on 2021-22. Audit Scotland have recognised recently that although funding is increasing per annum, there is an increase in the reliance of non-recurring funding which hinders the ability to plan over the longer term and also an increase in funding ring fenced for specific purposes removing the ability of the public sector to plan flexibly for its local community.

Glasgow City Council and Greater Glasgow and Clyde Health Board delegate budgets to the IJB to enable the IJB to fund the services which it commissions. Any changes to the Scottish Government funding which they receive is likely to impact on the level of budgets which are delegated to the IJB and the level of savings which are required to meet demand, demographic and inflationary pressures.

Legislative and Policy Changes

IJB's operate in a complex and changing environment with legislation and policy decisions, by both UK and Scottish Government, impacting on the services delivered, and the resources available to support this. This environment has changed significantly, and will continue to, as a result of the Covid pandemic and the ongoing effect of the public health and economic impact.

REVIEW OF ADULT SOCIAL CARE

The independent review of Adult Social Care recommended the creation of a National Care Service and a system of care which took a human right based approach with a focus on incorporating the views of those with lived experience about what needs to change to make real and lasting improvements.

The outcome of this review is currently subject to a national consultation. This will be used to shape and develop new legislation which will be introduced in the Scottish Parliament in summer 2022, with the intention that the National Care Service will be fully functioning by the end of the Parliamentary term.

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This will impact on the delivery of services and will be closely watched to understand how this will shape service provision and the direction of IJB resources.

CARERS (SCOTLAND) ACT 2016

The Carers (Scotland) Act 2016 places a range of duties on IJBs to support unpaid carers, including a Carers Strategy and having clear eligibility criteria in place. Glasgow City HSCP had put in a place both an Adults and Young Carers strategy in support of the implementation of these new duties. Additional funding has been received by the IJB to support the implementation of these duties.

SAFE AND EFFECTIVE STAFFING

The Health and Care (Staffing) (Scotland) Bill received Royal Assent in June 2019. The Act requires Health Boards and all care providers registered with Social Care and Social Work Improvement Scotland (SCSWIS) to follow a “rigorous evidence based approach to decision making relating to staffing requirements to ensure appropriate staffing for the delivery of safe and effective care which takes account of service user health and care needs and promotes a safe environment for both service users and staff.” The development of statutory guidance by the Scottish Government and preparations for implementation has been impacted by the need to continue to focus on the response to COVID-19. The IJB will continue to monitor the implications of implementing the recommendations to evaluate the potential financial and operational impact going forward.

PRIMARY CARE

The Scottish Government has forecast that demand for primary care services is predicted to continue to grow, and if the system does not adapt or change, there will be a net increase in costs of £1.8bn by 2023/24, driven by growth in the population, public demand and price pressures. The Scottish Government has committed to the ongoing work around the GP contract, through the increased use of multi-disciplinary teams, and will undertake an analysis of workforce data to deliver an expansion of GP numbers by 2027.

MENTAL HEALTH STRATEGY

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers have made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. £12m is being made available for Scotland in 2018-19 rising to £35 million in 2021-22. Some of this funding is flowing to Glasgow City and will be used to deliver on this national commitment as well as the Five Year Mental Health Strategy which has been approved for delivery within Greater Glasgow and Clyde.

MINIMUM PAY SETTLEMENT – ADULT SOCIAL CARE WORKERS IN COMMISSIONED SERVICES

The Scottish Government, as part of its Budget for 2022-23 has recommended a minimum £10.50 minimum pay settlement for adult social care workers in commissioned services, to support employee retention and begin to embed improved pay and conditions for care workers. This impacts on the costs of the service we commission directly from service providers. Funding is being provided to meet this increase in costs.

REGIONAL PLANNING

The Scottish Governments Health and Social Care Delivery Plan and the National Clinical Strategy set out the expectations for a modern health and care system for Scotland. This includes a requirement for organisations to come together and focus on regional planning of services where appropriate. West of Scotland Health Boards are working together and connecting beyond traditional boundaries – across health and social care; across professions and disciplines; across settings; across specialties; and across organisations to build a person-centred and sustainable service that is fit for the 21st Century. Glasgow City IJB is an active partner in this process.

SCOTTISH CHILD ABUSE INQUIRY

The Scottish Child Abuse Inquiry is looking at the abuse of children in care. The inquiry was set up in October 2015 and continues to hear evidence with Phase 7 commencing in May 2022. The Limitation (Childhood Abuse) (Scotland) Act 2017 give victims of alleged child abuse after September 1964, which includes sexual abuse, physical abuse, physical abuse and emotional abuse, the right to pursue personal injury claims. The Redress for Survivors of (Historical Child Abuse in Care) (Scotland) Act 2021 also established a financial redress scheme to provide tangible recognition, acknowledgment, and apology of harm as a result of historical child abuse in residential care settings in Scotland. The financial implications of the recommendation of the inquiry and any personal injury claims continue to be monitored however they are unable to be quantified at this time. As a result, it is difficult to make financial provision, which represents a risk for the IJB and Glasgow City Council. This will continue to be kept under review and financial provision will be made when more information becomes available.

GETTING IT RIGHT FOR EVERY CHILD (GIRFEC)

Getting It Right for Every Child means ensuring that children, young people and their families receive the right help at the right time from the right person, and that needs are met at the earliest point, in alignment with the recommendations of the Christie Commission and the emphasis on shifting the balance of care from crisis response to early intervention. The consultation on the refreshed GIRFEC guidance illustrates the continued commitment to implementing GIRFEC and strengthening early and effective responses to meet children, young people and families' individual needs.

THE PROMISE

The Promise of the Independent Care Review suggests that transformational change is key to fulfilling the commitment to providing effective early intervention and prevention approaches to support children, young people and their families, which involves shaping services round families' needs, perspectives and preferences, as opposed to current system structures. Keeping the Promise fundamentally means supporting families – and brothers and sisters – to live together within their homes and communities, maintaining connections with peers, schools, using strengths-based and trauma informed approaches.

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)

As the journey continues to incorporate the UNCRC into Scottish law, the need to embed and uphold children's rights across all public services is clear and is reflected in the rights-based principles of GIRFEC, and the aspirations of the Promise.

5. MEDIUM TERM FINANCIAL OUTLOOK

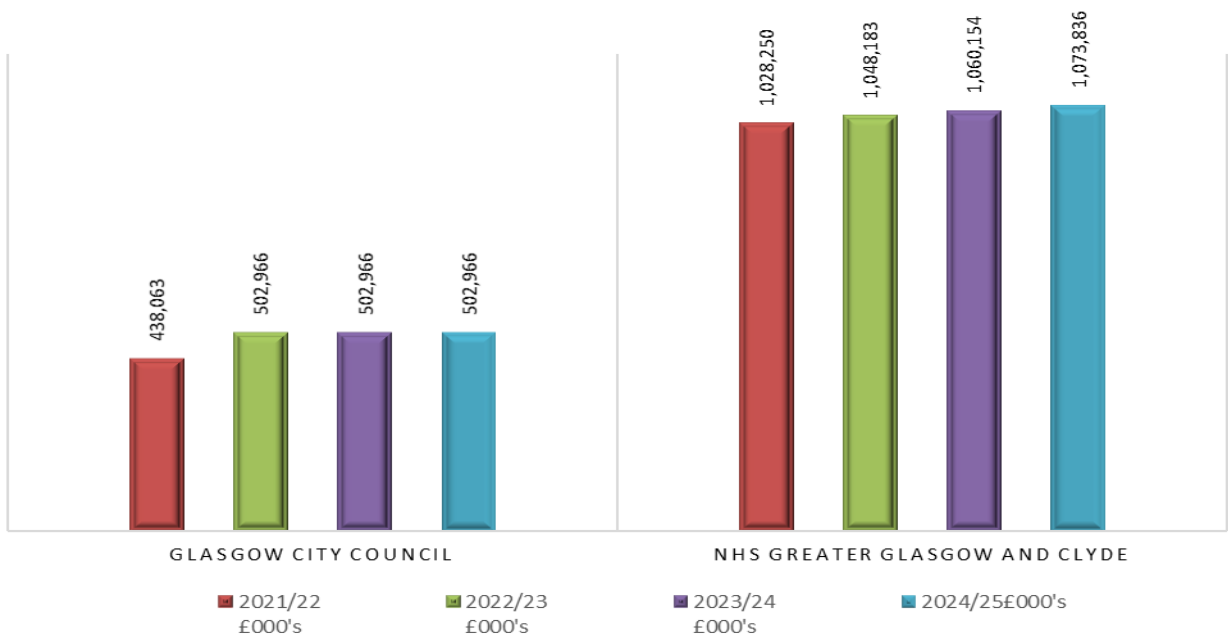
The financial position for public services continues to be challenging, a clear strategy is imperative to ensure that the IJB remains financially sustainable over the medium term. Audit Scotland³ recognises the importance of medium and long term financial planning for making well-informed decisions aligned to strategic priorities. It also can be used as a tool to assist with effectively managing services in an environment of continuing financial challenge.

Recognising the Local and National Context highlighted in this document, this section translates this for the IJB into the financial context that it will operate in over the Medium Term, and how this should be considered throughout the decision making process.

Funding Estimates

The two main sources of funding for the IJB are NHS Greater Glasgow and Clyde and Glasgow City Council. This funding will be impacted by their respective financial planning and budget setting processes, and the funding settlements that they receive from the Scottish Government.

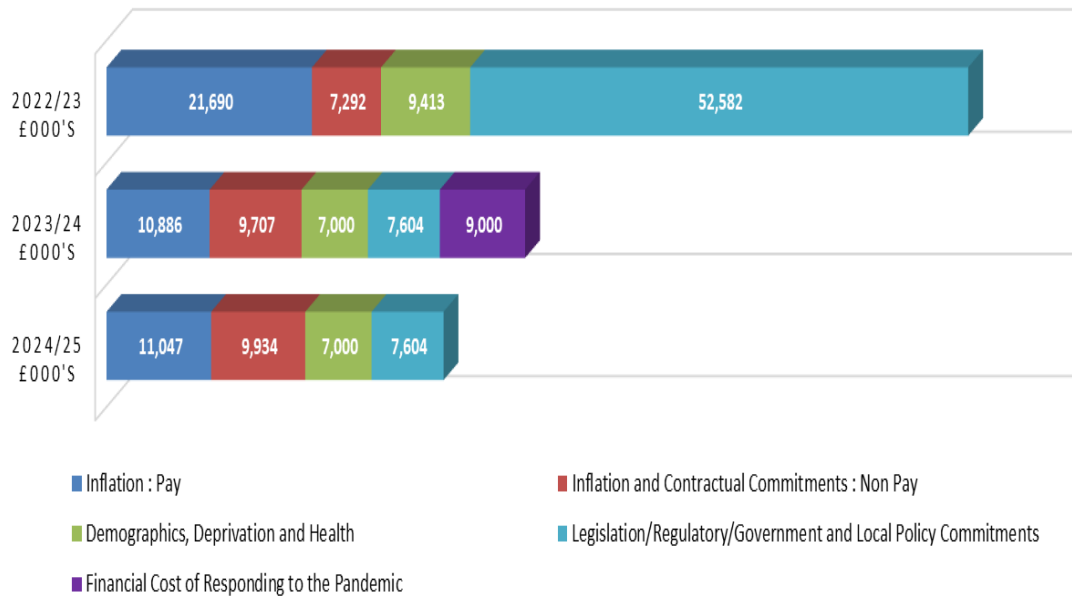
The Medium Term Financial Outlook makes assumptions about future funding contributions from Partners based on information which is currently available. Using this information, it is forecast that Health Board funding is likely to increase by £46m between 2022-23 and 2024-25, with Council funding expected to increase by £65m over the same time period, which reflects the additional Scottish Government funding awarded in 2022-23 for health and social care.



³ Local government in Scotland – Overview 2020, Audit Scotland June 2020

Expenditure Requirements

The IJB will face cost pressures arising as a result of demand, inflation and changes in legislation. There is also likely to be cost pressures as a result of our on-going response to the pandemic and the future consequences on service demand as a result of the impact that the pandemic will have on health, poverty and deprivation. Evaluating the key factors likely to impact over the medium term it is estimated that the IJB will face cost and demand pressures of £171m.



The key areas are:

(i) Inflation – Pay

Employee costs represent 36% of the IJBs gross budget. Inflationary pressure in this area is a significant pressure for the IJB. The assumed increase is based on the inflationary assumptions for both partner bodies including the cost of the national insurance uplift which will be implemented from 1st April 2022. Glasgow City Council have made payment in respect of the first tranche of Equal Pay Negotiations. Work continues on the Equality Act compliant Job Evaluation scheme and pay structure. It is assumed any financial consequences arising from the settlement of the job evaluation scheme and pay structure will be fully met by Glasgow City Council.

(ii) Inflation and Contractual Commitments – Non Pay

Inflationary pressures reflect anticipated annual increases to payments to third parties and in the main reflect anticipated increases linked to contracts including the cost of prescriptions within primary care services. Current planning assumptions that non pay inflation and contractual commitments equates to an average £9m per annum over the life of the outlook.

(iii) Demographics, Deprivation & Health

This outlook has considered the local context of Glasgow City and how this is impacting on demand for services. Historically services have managed this demand, through the

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transformation of services, which has enabled gains in productivity and effectiveness to secure delivery of more services from the money they have received. Services will continue to transform. However, it is unlikely that demand as a result of demographics, health and deprivation can be funded purely from transformation.

The pandemic has had and continues to have significant consequences for the people of Scotland, impacting on the way they live, the environment they live in and the services they receive. There is no doubt that the full impact of the pandemic will not be fully known for years to come. However, we can already see the impact on demand for services across the health and social care partnership and we expect this to continue to rise as the full impact of the pandemic becomes known.

Longer term modelling identifies the need for a 6% increase in budgets on an annual basis to reflect the likely increase in demand which is reflective of both the need of the citizens of Glasgow and the impact that the pandemic has had on the health and wellbeing of these citizens.

(iv) Legislation/Regulatory/Government & Local Policy Commitments

The IJB is subject to legislation, regulation, government and local policy changes which can have cost implications. This includes the cost of implementing minimum pay for care workers in adult social care commissioned services, which in the past the Scottish Government has funded. The costs for 2022/23 includes the full year impact of the increases agreed for 2021/22.

The Scottish Government has identified additional funding for investment in a number of areas including pressure in adult health and social care, mental health and the continued implementation of the Carers Act. Funding known at this stage has been reflected in the forecasts.

This outlook assumes that any new statutory or policy burdens during the lifetime of this outlook will be fully funded by the Scottish Government, although this is not guaranteed.

(v) Financial Cost of Responding to the Pandemic

There will continue to be financial implications of responding to the pandemic in 2022/23 and beyond. This outlook assumes that funding will be made available to cover costs in 2022/23. Beyond this the plan assumes that no further funding will be made available.

However, the impact on services of COVID is likely to continue beyond 2022/23 as we continue to live with COVID. In particular we anticipate that we will still be experiencing costs in relation to increased demand for services supporting homelessness especially as the full impact of the pandemic is felt across the wider economy. The need for additional staffing and costs linked to infection control are also anticipated. The cost of this is reflected in the projections for 2023-24. Forecasts will be further refined as part of the next refresh of the medium term outlook.

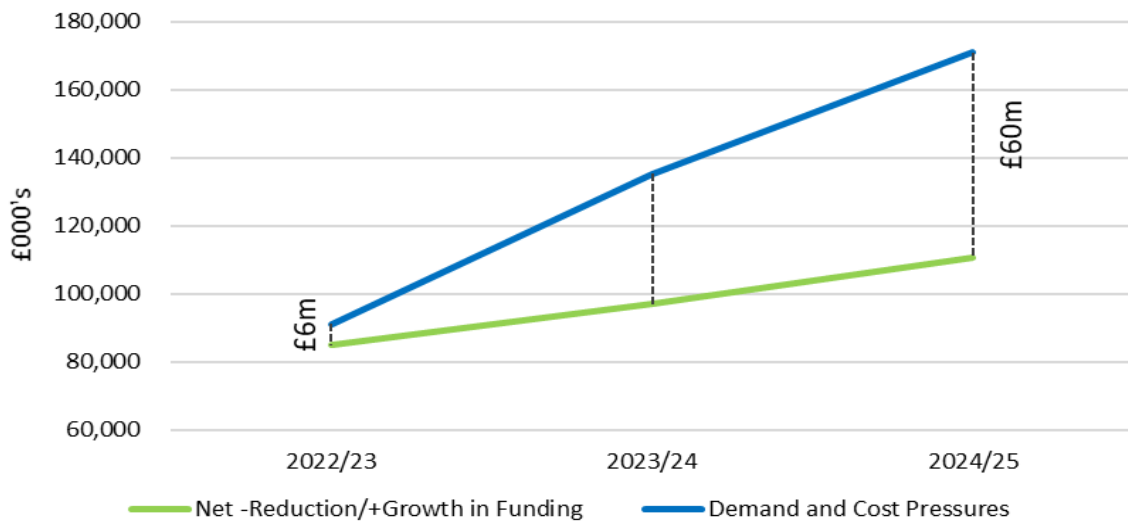
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Impact of Pandemic on Transformation Programme

A number of our areas identified for transformation in 2020-21 and 2021-22 have been impacted by the need for us to redirect resources to responding to the pandemic. By the end of 2021-22 we estimate that £2.8m will remain undelivered. This delay in delivery will impact on our financial position for 2022-23 but it is also likely to impact on our ability to deliver the transformation agenda set for 2022-23. As an IJB it is important that we continue to focus on transforming services, however it is recognised that General Reserves may be required to offer bridging finance during 2022-23 to enable delivery to be matched to when resources are available to support this.

Impact on Our Financial Position

This assessment provides a forecast of the financial position for the IJB over the medium term and identifies a shortfall in funding of £60m.



Reserves

The IJB held £116.9m in reserves at the 31st March 2021 of which £89m is earmarked to support the future delivery of projects which span financial years and are required to enable the IJB to deliver on national outcomes. Reserves are a key component of the IJB’s funding strategy. The remaining balance is general reserves which are not held to any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies.

The IJB currently holds £27.8m in general reserves which represents 2% of net expenditure and is in line with the IJB’s Reserve Policy.

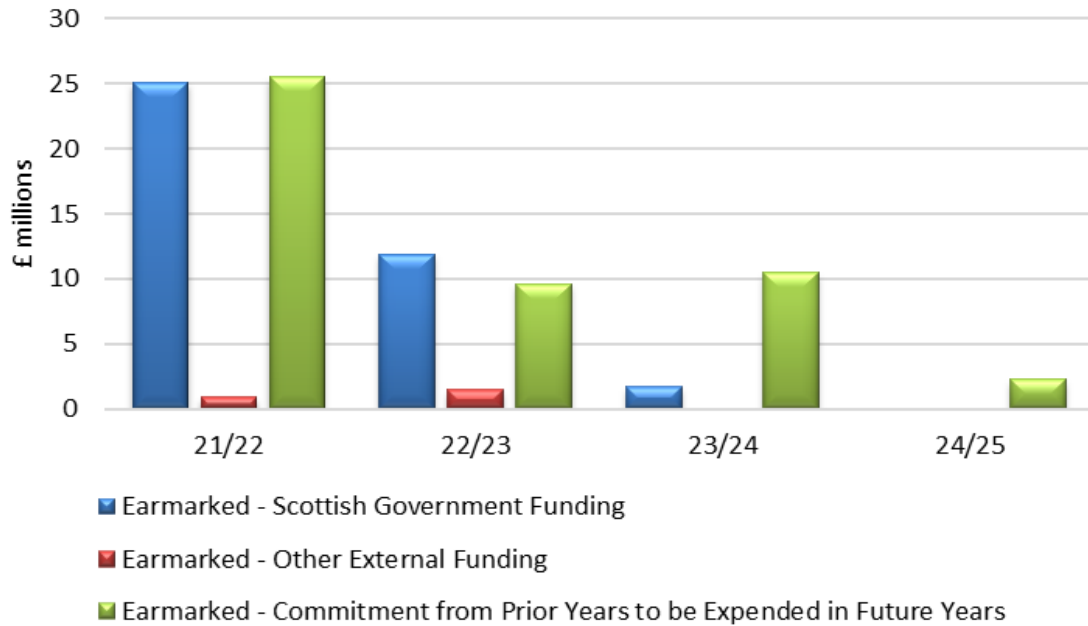
The volatility of the drugs supply market, demand for services, BREXIT and the impact of responding to the COVID pandemic continues to represent a significant financial risk to the IJB. The current focus of the IJB continues to be the response to the COVID pandemic and service delivery during this challenging time. This represents a significant risk for the IJB both in terms of the additional costs which will be incurred in delivering the response to the outbreak in the

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City and the impact this will have on our ability to deliver savings as efforts are focused on our response.

In this climate this outlook recommends that general reserves are maintained at 2% to provide the contingency required to manage these pressures and protecting service delivery.

The graph below provides a forecast of when earmarked reserves are anticipated to be used over the medium term.



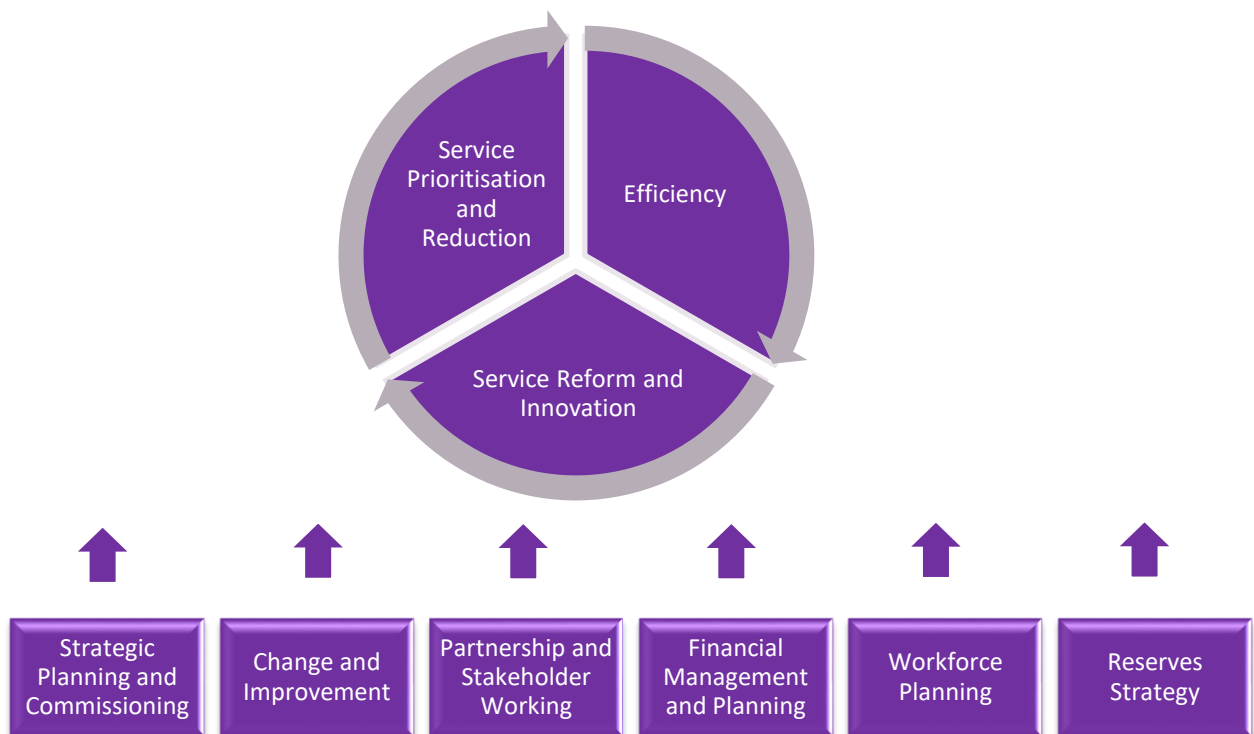
6. OUR RESPONSE

The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. This is reflected in the Medium Term Financial Outlook, which has identified a £60m funding gap over the next three years.

Our response to the pandemic has also brought with it a number of challenges as well as opportunities to deliver services in a different way. The financial impact of implementing the required changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment and manage the new and changing levels of need and demand is significant and likely to be ongoing and evolving.

Delivery of effective and lasting transformation of health and social care services is central to the vision of the IJB. The IJB’s Strategic Plan for Health and Social Care 2019 – 2022 outlines its ambitions over the medium term and the transformation programme which supports delivery. Our ability to deliver this during a pandemic has been challenging and will require us to develop a financial strategy which will support phased delivery which reflects system capacity to deliver.

Our Medium-Term Financial Strategy has 3 core components which collectively support the transformational change required to deliver financial balance whilst delivering safe and sustainable services. This strategy is set out in the diagram below and cannot be delivered without working closely with all our partners and stakeholders to secure a future which sustainable and meets the needs of our communities. This is underpinned by strategic planning and commissioning, robust financial management, a prudent reserves policy and work force planning to ensure our resources are used in the most effective way to deliver services and deliver the vision for the IJB.



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Efficiency

The IJB has a statutory duty to deliver Best Value in its use of public funds and as part of this remains committed to keeping under review the cost of service delivery and the sources of income which are available to fund services. Over the Medium Term this will include maximising income opportunities, considering spend to save opportunities and keeping our cost base under review to identify opportunities for efficiencies.

In 2022/23 this will secure £1.4m of savings for the IJB, with a target of £2m and £2m set for 2023/24 and 2024/25 respectively.

Service Reform and Innovation

The IJB has approved transformation programmes for Adults, Older People, Children and Families Services and Primary Care and details of some of these are contained in pages 10 to 27. This includes the Maximising Independence Programme which will seek to deliver a sustainable health and social care service for the City which will focus on prevention and early intervention approaches and will encourage individuals and communities to support each other. This recognises that the best health and care outcomes are associated with the highest possible levels of self-management and independence. We need to change the way we work with people to reflect the way they live now, balancing the need for care and support. This programme is supported with £8.5m of funding to support implementation.

A saving target has been applied to this work over the medium term as a result of the funding constraints on the IJB. It is recognised that this may take time to deliver, especially as we continue to respond to the pandemic. This may require the IJB to use general reserves to smooth delivery and to manage the financial risk.

The IJB is clear about its overall commitment to service reform and innovation. This is not just about changing the ways in which services are structured. It is a significant change in how they are planned and delivered. However, it is also clear that pressures within the health and social care system are increasing which will require us to think differently about how we deliver services to the population of Glasgow. In 2022/23 service reform and innovation will secure £4.7m of savings for the IJB, with a target of £22.2m and £15.9m set for 2023/24 and 2024/25 respectively.

This represents a challenging target and would be beyond a level which Chief Officers could support in light of the demographic and demand pressures and our ability to continue to deliver services which are safe. As a result, over the medium term the IJB will continue to engage with Partner Bodies in relation to future funding levels.

Service Prioritisation and Reduction

The scale of the financial challenge will require the IJB to consider prioritising, and in some cases, reducing or stopping some services in order to live within the funding which is available.

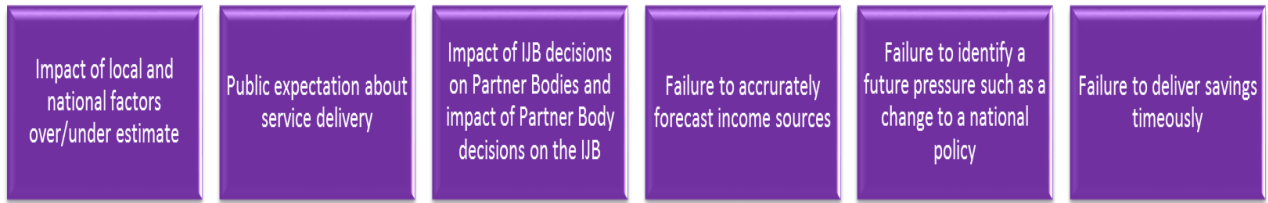
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This is an option which will only be considered where financial balance cannot be secured through the other three components. This plan recognises that a level of service reduction will be required. A target of £8m set for 2023/24 and £4m for 2024/25.

7. RISK & SENSITIVITY ANALYSIS

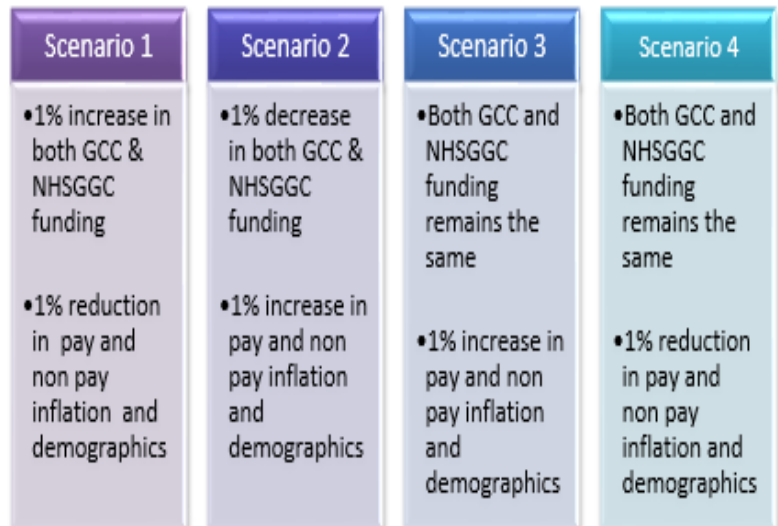
The medium term financial plan is a financial model and as such has risks associated with it.



As an organisation the IJB needs to be aware of these risks but should not become risk adverse when developing its future plans. The IJB recognises strategic risks through the IJB risk register. This is used to ensure significant risk is identified and effective actions implemented that reduces these risks to acceptable levels whilst securing service delivery within available resources.

Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests “what if” scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.

The table below show what would happen if the main assumptions increase by 1%



Sensitivity Analysis	Change in Assumption	2022/23 £000's	2023/24 £000's	2024/25 £000's
Health funding	Increase of 1%	- 5,269	- 5,985	- 6,841
GGC funding	Increase of 1%	- 4,381	- 5,030	- 5,030
Pay award inflation	Decrease of 1%	- 5,286	- 5,784	- 5,893
Inflation Non Pay	Decrease of 1%	- 1,452	- 4,328	- 4,384
demographics inflation	Decrease of 1%	- 1,069	- 1,167	- 1,167
Total		- 17,457	- 22,294	- 23,315

For example, if pay inflation was 1% higher than the assumption which have been made, this would represent an additional cost of £5.3m in 2022/23.

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To understand the implication of changes in assumptions a number of scenarios have been undertaken which includes a combination of different changes in our main assumptions. The scenarios which have been considered for planning purposes are outlined below.

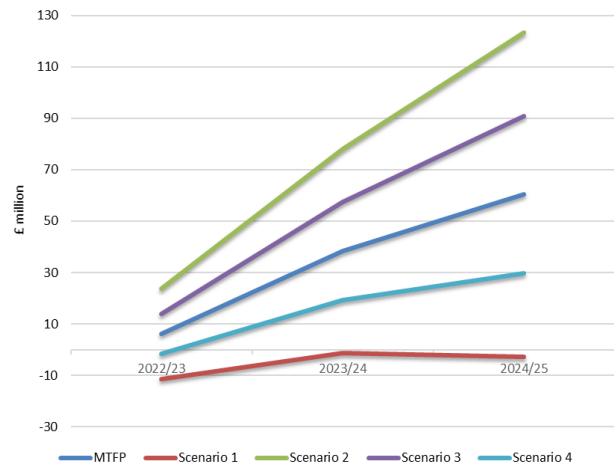
The impact of each of these scenarios is shown on the graph opposite.

Scenario 1 forecasts based on all our major assumptions improving with the IJB receiving more money with cost and demand pressures being less than currently forecast within the outlook. This would significantly reduce the funding gap from £60m to £3m being available for re-investment over the next three years. The probability of this occurring is low.

Scenario 2 forecasts based on all major assumptions declining with the IJB receiving less income than assumed within the core assumptions and cost and demand increases being higher than assumed within the outlook.

This would see the funding gap increase from £60m to £123m over the 3 years. This scenario is used to consider the impact if all core assumptions are worse than originally estimated.

Scenarios 3 & 4 have been used to demonstrate the impact of a mix of outcomes and shows under scenario 3 that the funding gap would increase to £91m and under scenario 4 would decrease to £30m



The scenarios demonstrate the degree of variation which can occur within the plan. The plan is based on the best assumptions available at this time. However, it is important that this is kept under review as part of the IJB's annual budget setting process and updated to reflect the latest information to refine the plan annually.

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APPENDIX ONE

	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
Children and Families	165,870	173,958	179,074	183,221
Adult Services	260,584	299,020	316,236	327,927
Older People Services	268,865	303,015	316,077	326,805
Resources	159,157	167,997	170,875	173,956
Criminal Justice	- 658	202	581	964
Prescribing	127,064	127,064	132,147	137,229
Family Health Services	211,923	211,923	211,923	211,923
Other Primary Care	31,106	31,709	32,173	32,643
Set-aside	242,403	242,403	242,403	242,403
Total	1,466,314	1,557,290	1,601,487	1,637,072
Funding				
Glasgow City Council	438,063	502,966	502,966	502,966
NHS Greater Glasgow and Clyde	1,028,250	1,048,183	1,060,154	1,073,836
Total	1,466,314	1,551,150	1,563,120	1,576,803
Funding Gap	-	6,141	38,367	60,269

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APPENDIX TWO

	2022/23 Proposed Saving £000's	2023/24 Target £000's	2024/25 Target £000's
Efficiency			
Sexual Health - Budget realignment (turnover and income recovery)	302		
Primary Care - Budget realignment (turnover and employee budgets)	281		
Income - inflation increase @ 2%	213		
Income maximisation - recovery of client contributions	200		
Treatment Rooms - Budget realignment of Non PCIP budgets	165		
Homeless Decommissioning - Savings made from reviews on homelessness purchased services.	89		
Removal of Vacancies in OP Planning Team	79		
Review of Finance Staffing - Independent Review of Adult Social Care	52		
Removal of Vacancies in Business Support	46		
Learning Disability and Police Custody - Budget realignment of non pay budgets	14		
Efficiency : Total	1,441	2,000	2,000
Service Reform and Innovation			
Review of purchased services including Self Directed Support and Direct Payments for adult and older people's services	2,000	-	-
Reduction in Care Home budget to reflect recent activity levels	1,200	-	-
Maximising Independence : Children and Families	1,000	-	-
Review of Supported Living budget provision	500	-	-
Service Reform and Innovation : Total	4,700	22,226	15,902
Service Prioritisation and Reduction			
Service Prioritisation and Reduction : Total	-	8,000	4,000
Total Savings	6,141	32,226	21,902