



Item No: 8

Meeting Date: Wednesday 1st December 2021

Glasgow City Integration Joint Board

Report By: Margaret Hogg, Assistant Chief Officer: Finance

Contact: Margaret Hogg, Assistant Chief Officer: Finance

Phone: 0141 287 8258

Winter Planning for Health and Social Care

Purpose of Report:

The purpose of this paper is to update the Integration Joint Board on the funding received from Scottish Government for Winter Planning for Health and Social Care including the proposed use of these funds to support the health and social care system over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

Background/Engagement:

On 5th October 2021, the Cabinet Secretary for Health and Social Care announced an investment of more than £300 million in recurring funding as a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

Recommendations:

The Integration Joint Board is asked to:

- a) note the funding being made available to support winter planning and system pressures within Health and Social Care;
- b) approve the proposed investment as outlined in section 3;
- c) note that funding of new demand identified in Expanding Care at Home Capacity will be finalised as part of the 2022/23 budget once the full year impact of funding is known;

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	<p>d) agree that the Partnership will offer a 5.47% uplift to an agreed percentage of full contract values (detailed at paragraph 3.18), in line with typical workforce costs, to providers of Adult Social Care within Glasgow Purchased Services including providers subject to the National Care Home Contract; and</p> <p>e) note that this uplift will be subject to Providers confirming they will pay staff providing direct care within Adult Social Care at least £10.02 per hour from 1st December 2021.</p>
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Relevance to Integration Joint Board Strategic Plan:

This investment is relevant to all of the IJB's key priorities expressed in the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:

The strategy and spending plans are relevant to all nine National Health and Wellbeing Outcomes.

Personnel:

This funding provides an opportunity to invest in our local health and care system including support for staff well-being all of which will have a positive impact on staff.

Carers:

The investment plans proposed will deliver an increase to the capacity of the health and social care system, which alongside the supports already in place for Carers across the City, will be to the benefit of carers.

Provider Organisations:

Provider organisations will be required to support delivery of this investment. In addition, wellbeing funds will be utilised to offer much needed support for staff working within this sector during this time.

Equalities:

None.

Fairer Scotland Compliance:

None.

Financial:

The proposals have been developed to fit within the allocation from Scottish Government. Given that some proposals are linked to recruitment the ability to spend allocations this year will be limited. This will be reflected in discussions with Scottish Government.

Legal:

None.

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Economic Impact:	None.
Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	None.
Implications for Glasgow City Council:	The proposals linked to an uplift in 5.47% to adult social care providers will require Glasgow City Council to approve and issue contract variations to providers.
Implications for NHS Greater Glasgow & Clyde:	None at this stage.
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 purpose of this paper is to update the Integration Joint Board on the funding received from Scottish Government for Winter Planning for Health and Social Care including the proposed use of these funds to support the health and social care system over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

2. Background

- 2.1. On 5th October 2021, the Cabinet Secretary for Health and Social Care announced an investment of more than £300 million in recurring funding as a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.
- 2.2. Scottish Government winter planning preparations are predicated on four key principles:

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- Maximising capacity – through investment in new staffing, resources, facilities and services.
 - Ensuring staff wellbeing – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
 - Ensuring system flow – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
 - Improving outcomes – through our collective investment in people, capacity and systems to deliver the right care in the right setting.
- 2.3. Collectively, these principles are designed to ensure the action taken now has a lasting and sustainable impact. Plans are not just to build resilience in health and social care systems to see us through this winter; it will also build on the approach to recovery and renewal set out in the NHS Recovery Plan and through continued efforts to improve social care support.

3. Winter Planning for Health and Social Care

- 3.1. This investment will be distributed to the health and social care system through a number of routes with responsibility for delivery being routed to IJB's, Health Boards and Local Authorities. This report provides an update on all strands which are relevant to the IJB.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

- 3.2. £15 million is being made available for recruitment of 1,000 health care support workers across health boards. This is to provide additional capacity across a variety of services both in the community and in hospital settings. This allocation will be managed by GG&C and Glasgow City IJB will receive funding to support the recruitment of 119 posts. Recruitment is underway as part of a national campaign and posts will be allocated to all parts of our health and social care system including Mental Health Inpatient Wards, Mental Health Assessment Units, Community Alcohol and Drug Recovery Services, Prison Health Care, Learning Disability Community Teams and Older People Community Services.
- 3.3. Recurring funding is being provided to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and is recurring. Expanding a fully integrated MDT approach will reduce delayed discharges from hospital and meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

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3.4. In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people’s long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

3.5. Glasgow City’s share of this funding is £2.232m for 2021-22, with the assumption that this will increase to £4.464m for 2022-23. Plans have been developed which reflect the areas of investment required to augment existing investment decisions and to deliver MDT working which can support the ambitions of the funding.

Proposal	WTE	2021/22	2022/23
		£'000	£'000
Integrated assessment teams			
Increased budget to meet existing cost of acute hospital discharge team The funding will be utilised to bridge an historical funding gap within this team, thereby securing its longer term financial viability and service delivery.	7	200	200
Increased capacity OPMH and AMH discharge teams This funding will be used to increase social work compliment in the Mental Health integrated discharge teams to support social work practice and will cover both Adult and OP Services. This will ensure a more timely discharge from in patient wards and promote patients with complex needs to be cared for in the community.	6	107	322
Ancillary Costs Additional admin resources will be required to support this increase to the establishment.	2	16	62

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
Complex Assessments & AWI			
<p>Care home review team & quality assurance This funding will be used to develop a quality assurance team for care homes ensuring all care home residents across the city have proper care plans in place in order to enhance their care and mitigate risk. The team will augment the current nursing liaison team and will ensure a quality assurance approach across the sector. This team will be crucial to deliver on our statutory responsibilities for the sector and ensure that every care home resident in Glasgow is reviewed on a regular basis.</p>	20	512	1,160
<p>Increased MHO Capacity This investment will be used to expand Mental Health officer capacity across the city and will supplement funding that is being distributed via separate funds. This will assist us in delivering against legislative targets for AWI Scotland Act 2000 and MH (Care and Treatment) (Scotland) Act 2003.</p>	6	85	340
<p>Ancillary Costs Additional admin resources will be required to support this increase to the establishment.</p>	8	60	240
Support for Commissioned Care Homes			
<p>Test of change increase psychological support for commissioned care homes. This funding will be used to increase psychological support into the city's commissioned care homes. Interventions will support staff to manage residents who are stressed or distressed and will provide support and advice in managing challenging behaviours. This will be achieved by offering current staff additional sessions to deliver these interventions.</p>		100	33

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
Front Door			
<p>Unscheduled Care - Rapid Response MDT Approach – Front Door Frailty Model QEUH</p> <p>The aim of this proposal is to support discharge and reduce hospital admissions, in line with our strategic direction set out in our unscheduled care programme, by introducing rapid-response community MDT approach to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community.</p> <p>This proposal builds on work being taken forward as part of the GG&C Falls and Frailty Programme with particular focus on :</p> <ol style="list-style-type: none"> 1. identification and assessment of frailty within the population; 2. anticipatory care planning; 3. falls prevention and management; 4. frailty at the HSCP// Acute interface; 5. co-ordination & integration of community models / services. <p>The programme is designed to support a GGC whole system approach to the management and assessment of frailty in line with an integrated primary and secondary care frailty pathway. The premise is that frailty is mainly managed in the community through a range of community services through community reablement and rehabilitation, nursing, care at home and the development of the appropriate skills set depending on the patient's needs. Attendance and / or admittance to hospital, would only be for patients with more acute needs.</p> <p>This proposal will seek to enhance the development of our frailty pathway through strengthening the skills within the multidisciplinary team at the acute/community interface and beyond. Many of the key areas within our falls and frailty programme will be incorporated as key process actions to support the identification and assessment of frailty, sharing of person centred information via Anticipatory Care Planning, falls prevention, assessment and management.</p> <p>We aim to build on the current QEUH front door patient pathway, and initially serve the QEUH catchment area with all HSCPs who feed into this catchment area involved. The QEUH has the largest footfall (32%) of all GGC Acute sites. It is proposed that this model is funded GGC wide and this represents Glasgow City's share of the funding.</p>	18.5		576

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
<p>Hospital at Home The Unscheduled Care Commissioning Plan includes a Test of Change (TOC) on behalf of the health and social care system in GG&C to introduce Hospital at Home (H@H) within Glasgow South. The Scottish Government has long promoted H@H as a model with the potential to reduce hospital admissions and better support patients in the community. The model has been successfully introduced in Lanarkshire and is included as a key action in the draft unscheduled care commissioning plan presented to the last IJB meeting. The TOC is partly funded by HIS and the HSCP and will be piloted from December 2021 at the QEUH. The recent Scottish Government announcement on winter planning monies has suggested that H@H schemes could be extended to deliver more capacity with a view to easing pressures on the emergency departments.</p> <p>The additional winter monies will enable the IJB to support this test of change and also provide a recurring contribution to the roll out of final proposals to support the front door. It also offers an opportunity to further enhance the staffing model to ensure appropriate cover for responding to patient need in particular over seven days and into the early evening (including cover for sickness and annual leave) in order to mitigate the potential impact on wider community services and to provide a higher level of ongoing care.</p> <p>This project will increase patients who can be cared for within their own home, improving patient experience and increasing anticipatory care planning in care homes and within the community. It is also anticipated that this project will avoid admission to the front door, emergency department, acute assessment units and also reduce the rate of re-admissions.</p>	tbc	80	1,353
<p>Increased Management Capacity Increased line and programme management capacity to support these programmes.</p>	2		178
Total		1,160	4,464
Funding		2,232	4,464
+underspend/-funding shortfall		1,072	0

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Providing Interim Care

- 3.6. £40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. Local teams will work with people and their families to explore options, maintaining choice and control. This offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable.
- 3.7. This funding should provide more appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Nationally short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available).
- 3.8. People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.
- 3.9. Glasgow City's share of this funding is £4.464m for 2021-22, with the assumption that this will reduce to £2.232m for 2022-23. This funding is non-recurring and is intended to support the system in the short term over the next 6 months. This has impacted on the investment which can be delivered in the time frame associated with this funding. In addition, Glasgow City already have well developed services to support hospital discharge and ensure that people are discharged from hospital as soon as possible. The City also does not share the same capacity issues which exist at a national level.
- 3.10. As a result, plans have been developed which reflect this position and also what can be delivered within the timeframe available. These service innovations impact should be to improve patient outcomes and expediate decision making thus ensuring improved outcomes for patients and families. The additional resources will also enable the partnership to move to a 7 day complex care assessment model to facilitate discharge at the weekend.

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
<p>Intermediate Care Contract - Cost of Extending Existing Contract The contract has been subject to a tender process this year. However, it has been unable to be completed due to pressures in the marketplace, which have resulted in not all of the LOTS being awarded and the need for a further tender process. As a result, the existing contract will continue to operate. This funding will enable the existing contract to be financially supported including the additional capacity which exists within the contract to support discharges.</p>		698	218
<p>Additional Social Workers including Mental Health Officers to support weekend discharges This would support planning for 7 day discharges for complex care (Discharge to Assess, Intermediate Care, Care Home). These additional posts would review weekend referrals, progress MDT, family discussion and liaise with providers to identify any risks of a delays to discharge and ensure we along with our Acute colleagues maximise the opportunity to facility discharge at the weekends. This is also a requirement for Acute with a dynamic delay discharging pathway being implemented for non AWI patients.</p>	4	20	40
<p>Ancillary cost weekend discharge Admin resources and additional overtime will be required to support all weekend discharge, as this is not currently in place.</p>		20	10
<p>Hospital Team (temp overtime) Additional capacity for reviewing referrals and MDT is essential for OOHS activity, as well as covering annual leave, currently activity is up 10% from Jan 2021.</p>		5	
<p>Increase Legal AWI capacity (two temp Grade 7 solicitors) It has been identified that additional capacity within Glasgow City Council Legal Team would improve the length of time it currently takes to complete the AWI process. A third of all AWI for Glasgow are Local Authority with an average of 20 in anyone period. Due to the ageing population, the impact of the pandemic in creating delays, as well as families being unwilling to apply on behalf of their relative there has been an increase in volume in the last 10 months. These resources will be ring fenced solely to address AWI applications.</p>	2	40	20

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
<p>Choices (marketing of virtual tour to enable families to engage in digital information platform to speed up decision making around final destination) Patients and their families are legally entitled to 3 choices of care homes, currently this requires families to visit each home. However, if a digital virtual tour of the care home was available with key information (latest CI report, family testimonials, frequently asked questions) this could speed up the decision making process. A digital standardised GCC Care Home portal could facilitate swifter family choice, especially if the relatives are not local or are older or the care home has limited access due to covid. This initiative would cover all 99 care homes in the city (Adults and Older people)</p>		100	
<p>Enhanced Supported Living First Response – Care at Home (complex patient care and support) This will be a new pathway home for patients who may be able to be supported in their own home with rehabilitation, time to recuperate and additional social care activity support, as well as advanced telecare. The enhanced care and support model would also offer the opportunity for a limited number of overnight visits in the first few days of returning home, to help settle the service user, family often are very anxious that they will not cope if their relative has been in hospital for an extended stay.</p> <p>The pathway would be for adults and older people accessible with 24hr notice via the Hospital SW team after an initial assessment and discussion with families and Clinicians. The service would be delivered by Care at Home to ensure it is a citywide model operating 24hr/7 days. This will give the ability for the model to flex, if necessary, to address any capacity issues. Ongoing assessment would be led by the reablement OT in care at home with the opportunity to seek additional support from community rehab, if appropriate. It is envisaged that service users would move to mainstream care at home within 6 weeks or move to other supported living services in the city to create flow.</p>	18	220	110
<p>Additional Advocacy capacity It is critical that additional capacity is commissioned from the Advocacy framework to address the increased demands in hospital for patients and families to be supported where necessary. (13 Za /AWI).</p>		20	10

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
<p>Support Complex Care Discharges by purchasing enhanced packages of care to support discharge from mental health adult and OP wards.</p> <p>This funding will be used to support complex patients to be discharged from adult and older people mental health wards. It will be used to increase the level of support required to ensure a smooth transition from an in-patient environment to a community environment and will target those patients who are delayed.</p>		250	125
Total		1,373	533

Funding		4,464	2,232
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+underspend/-funding shortfall		3,091	1,699
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Expanding Care at Home Capacity

- 3.11. £62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This funding should also support services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.
- 3.12. It is anticipated that this recurring funding will help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.
- 3.13. The funding should be used to:-
 - Expanding existing services, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
 - Funding a range of approaches to preventing care needs from escalating, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
 - Technology-Enabled Care (TEC), equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways and support wider agendas.

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- 3.14. Glasgow City's share of this funding is £6.919m for 2021-22, with the assumption that this will increase to £13.838m for 2022-23. This investment represents an opportunity to ensure that financial resources are targeted at the areas where significant demand pressures are being experienced within the social care system to reduce pressure and build capacity to continue to meet needs over the medium term.

Proposal	WTE	2021/22	2022/23
		£'000	£'000
<p>Personalisation – Current Demand Adults and OP Adult and Older People Services have experienced an increase in demand across personalisation services of 6% higher than budget this year and reflects a position of service users now approaching us for services and also services and providers recovering during the pandemic. This funding enables the IJB to meet this assessed need on a recurring basis, supporting approx. 470 individuals to remain within the community.</p>		4,297	7,600
<p>Home Care – current additional 150 posts made permanent During the pandemic the HSCP took the decision to temporarily recruit 150 additional home carers to support the service during the pandemic and ensure delivery of service to existing service users during this challenging period. As a result of this funding, it is proposed to permanently increase this establishment by 150 posts offering both the flexibility to manage workforce challenges during the pandemic as well as increase home care capacity when this reduces.</p>		2,000	2,000
<p>New Tender for Commissioned LD and MH purchased placements including Housing First It is proposed to increase the contract value of the new tender for learning disability and mental health purchased placements. This will allow a wider range of services to be commissioned which will support discharge from hospital and increase capacity in the community to offer adult social care placements for those with complex needs.</p>		0	1,440
<p>New mental health commissioning team It is proposed to increase the commissioning team capacity to support the implementation of the new tender above through the temporary recruitment of 1 Grade 9 post and 2 permanent Grade 7 posts.</p>	1 Temp 2 Perm	20 27	85 110

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
<p>New Advanced Telecare Service (Adults Services) Two tests of change are currently being developed in North East and South of the city via the Connecting Neighbourhoods programme. This funding will augment the current tests of change and will enable the programme to be rolled out across the North West of the city in order to support individuals to move to technology enabled care as part of their package of support.</p>		50	500
<p>Housing First Complex Care Needs Housing First is a successful approach that recognises the merits of a whole system approach mitigating against the impact of tenancy breakdown providing direct support supports delivered in partnership with third sector partners. The approach has been proven to improve people with complex case histories receive who use HSCP services in crisis to improve and sustain quality of life. This funding will support the continuing expansion of this approach and ensure those with complex case histories receive the support they require reducing the likelihood of risk increasing including the requirement for hospital admissions. It is anticipated that this could support 170 services users.</p>		500	500
<p>Complex Needs - Step Down from Hospital Care This intensive support service recognises the requirement to provide transitional support those with complex and re occurring mental problems. The service will support service users to leave hospital more quickly, ensure the delivery of comprehensive support plans and ensure those with most complex needs are provided with immediate and flexible care arrangements leading to more manageable relapse episodes and a reduction in hospital admissions. The approach will augment existing complex needs support including cross cutting co-morbidity mental health/addiction arrangements providing a targeted and multi-disciplinary approach for people who are fit for discharge from hospital.</p>		25	100

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Proposal	WTE	2021/22	2022/23
		£'000	£'000
<p>Maximising Independence - Front Door/Single Point of Access As part of the maximising independence programme it is proposed to redesign the front door of Social Work Services to promote resilience and independence. A reconfiguration of HSCP front-door management of demand is being undertaken as part of the review of the Single Point of Access and to support delivery of Maximising Independence. The reconfiguration will also inform the development of the new ECLIPSE client information system and address practice audit recommendations in relation to Social Work Duty. This investment will ensure a model of earlier intervention, support a streamlining of process, reductions in waiting lists and where necessary redirection to more appropriate community resources.</p>	TBC	-	1,000
<p>Personalisation – New Demand 2022/23 The increase in demand experienced this year is not unusual, however levels have been higher than historic trends (4% per annum). As a result, it is prudent to make a provision within this funding to ensure that future assessed needs of service users can continue to be met so that service users can remain cared for within the community in line with the IJB's strategic plan. It is estimated that this funding will support approx. 320 service users.</p>		0	6,000
Total – Permanent		6,899	19,250
Total - Temp		20	85
Funding		6,919	13,838
+underspend/-funding shortfall – recurring		0	- 5,411
+underspend/-funding shortfall – non-recurring		0	- 85

3.15 The full year effect of this funding is not known at this stage and is only estimated at this stage, informed by discussions at a national level. Based on this estimate, there is insufficient funding to fully meet anticipated new demand. This represents the first stage in considering the funding of new demand, and this will be given further consideration when the IJB sets its budget in March 2022 and the capacity for funding can be assessed when the full level of recurring funding is known.

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Social Care Pay Uplift

- 3.16. Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care in commissioned services in the third and independent sectors. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors, including those subject to the National Care Home Contract. This will include Supervisors, Practitioners, Support Workers, Personal Assistants and staff providing Sleepovers. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through SDS Options 1, 2 and 3.
- 3.17. To ensure this uplift can be delivered at speed, to tackle winter pressures as intended, an agreement has been reached with COSLA to provide a 5.47% uplift to an agreed percentage of full contract values, in line with typical workforce costs for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.
- 3.18. The percentages to be applied are as follows:-
- Residential care – uplift applied to 71% of full contract value
 - Non-residential – uplift applied to 86% of full contract value
 - Personal Assistants – uplift applied to 89% of SDS Option 1 budgets.
- 3.19. Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - to uplift pay for the workforce delivering direct care to at least £10.02 - has been fully delivered. Any additional funds that may remain must be spent on uplifting pay for the directly employed workforce working within services.

COVID-19 Financial Support for Social Care Providers

- 3.20. The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Wellbeing

- 3.21. The wellbeing of our health and social care workforce, wherever they work, remains a key priority. As such, the Scottish Government is making available an additional £4 million in this financial year to help staff with practical needs over the winter such as access to hot drinks, food and other

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measures to aid rest and recuperation. Glasgow City’s share of this is £238,614.

- 3.22. The following conditions apply to the use of this funding:
- It should only be used for measures that support staff wellbeing, such as those identified through the HSCP’s Staff Wellbeing Plan, and it should provide for additionality;
 - Support should be available to those working in the community (e.g. vaccination and test centres, primary care, care at home) and in residential care, including those working in the third and independent sectors.
 - the funding should be used for meeting practical needs over the winter including access to hot drinks, food, appropriate transport, rest facilities and other measures to aid rest and recuperation;
 - the funding may also be used to provide additional, evidence-based emotional, pastoral and psychological support for the workforce based on locally-identified needs.
- 3.23. On 27 June the Cabinet Secretary also issued a £2 million package for wellbeing support for primary care and social care workforces on 6 October. Glasgow City’s share of this allocation was also £238,614. This represents a combined allocation of £477,228. The table below details proposals for the spending of these monies.

Proposal	2021/22 £'000
<p>Team Development Sessions for GP Practices/ Pharmacies and Dentists</p> <p>This will be used to contribute towards the costs of team development sessions for GP Practices, Community Pharmacies and Dental practices. The content of these sessions will vary depend on practice and their staffs’ needs but could include time for reflection and recovery; Multi-Disciplinary Team (MDT) development and consolidating new ways of working; improving access for patients (including Care Navigation); improving team relations; staff training and meeting development needs. The estimated funding is based on £1,000 per group of 3 practices or £333 per practice.</p> <p>The funding for GP practice sessions will add to the wide range of other activities and supports that have been supported through the primary care improvement plan funding and by HSCP staff. This includes a range of leadership development programmes, supporting the creation of a practice managers’ collaborative group, regular listening and learning sessions and the offer of facilitation support to improve systems and processes.</p>	164
<p>Support the development of a culture of compassionate leadership and kindness</p> <p>This investment will build staff resilience, informed by trauma informed leadership and resilience strengthening activity – developing personal resilience training. It will also develop coaching skills for wellbeing support staff mental health and well-being.</p>	28

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Proposal	2021/22
	£'000
<p>Promoting a mentally health workplace As part of promoting a mental health workplace it is proposed to invest in psychological first aid and provide funds to support staff backfill time to enable them to access NHS GG&C Peer Support Training.</p>	30
<p>Communication To enable staff to access information and provide feedback to support their mental health and wellbeing by increasing digital effectiveness and confidence through priority management training</p>	32
<p>Healthy Activity To continue to support Healthy Working Lives programme of work which supports staff mental health and wellbeing. Each service area to have a Healthy Working Lives champion to facilitate planning. Service managers allocate champions. - Enhance rest and relaxation hub model through allocation of local resources for community hubs accessible by all care staff – Locality allocation 10 hubs across the city - Funding for delivering holistic therapies</p>	55
<p>Environment Developing relaxation spaces across the 10 R&R hubs</p>	30
<p>Support To Commissioned Sector The HSCP will work with commissioned services to fund a staff development programme across the city. This will support staff's mental health and well-being and will offer organisations the opportunity to develop a staff programme of support. It is anticipated that this money will be accessed by providers through an application process.</p>	129
<p>Evaluation The Scottish Government guidance instructs us to undertake a small evaluation of the overall activity funded by the money and therefore we are proposing to commission this externally at an estimated cost of £10,000.</p>	10
Total	478
Funding (Winter Planning and Wellbeing Fund)	478
+underspend/-funding shortfall	-

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4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the funding being made available to support winter planning and system pressures within Health and Social Care;
- b) approve the proposed investment as outlined in section 3;
- c) note that funding of new demand identified in Expanding Care at Home Capacity will be finalised as part of the 2022/23 budget, once the full year impact of funding is known;
- d) agree that the Partnership will offer a 5.47% uplift to an agreed percentage of full contract values (detailed at paragraph 3.18), in line with typical workforce costs, to providers of Adult Social Care within Glasgow Purchased Services including providers subject to the National Care Home Contract; and
- e) note that this uplift will be subject to Providers confirming they will pay staff providing direct care within Adult Social Care at least £10.02 per hour from 1st December 2021.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	011221-8
2	Report Title	Winter Planning for Health and Social Care
3	Date direction issued by Integration Joint Board	1 December 2021
4	Date from which direction takes effect	1 December 2021
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 outlined within this report.
8	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the proposals outlined in section 3 of this report. Glasgow City Council is directed to implement, effective from 1 December 2021, the 5.47% uplift to an agreed percentage of full contract values (detailed at paragraph 3.18), in line with typical workforce costs, to providers of Adult Social Care within Glasgow Purchased Services including providers subject to the National Care Home Contract.
9	Budget allocated by Integration Joint Board to carry out direction	The funding allocation for this Direction is as outlined in section 3 of this report.
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	23 March 2022

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