Item No: 7

Meeting Date: **Wednesday 24th June 2026**

Glasgow City Integration Joint Board

Report By: **Caroline Sinclair, Assistant Chief Officer, Older People and Primary Care Services**

Contact: **Caroline Sinclair**

Phone: **07387 231823**

Glasgow City Health and Social Care Partnership
Unscheduled Care Delivery Plan 2026-2027

Purpose of Report:	This report sets out Glasgow City Health and Social Care Partnership's (GCHSCP) proposed Unscheduled Care Delivery Plan for 2026-2027 and seeks the IJB's approval for the associated investment.

Background/Engagement:	The proposals within the GCHSCP Unscheduled Care Delivery Plan 2026-2027 align closely with the IJB's existing Strategic Plan commitments and have been developed based on experience from the 2025-2026 Unscheduled Care Plan, and consultation with staff directly engaged in the delivery of unscheduled care services, and colleagues within NHS acute settings. Test of Change projects that relate specifically to work supporting patient flow at Glasgow Royal Infirmary have been developed based on learning from the joint work undertaken with Glasgow Royal Infirmary staff, Public Health Support and Information Services staff, and East Dunbartonshire HSCP during January 2026.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Approve the GCHSCP Unscheduled Care Delivery Plan 2026-2027 (Appendix 1), to be delivered using the funding of £5,628,007 and £1 million specific to the Glasgow Royal Infirmary focused objectives, outlined in Appendix 2 to this report; and b) Note that performance reporting will be regularly undertaken within the service and will be reported quarterly to NHSGGC and, as and when required, to the Integration Joint Board.

Relevance to Integration Joint Board Strategic Plan:

The recommendations made in this report are consistent with the IJB Strategic Plan's Vision and Partnership Priorities in particular, 1 – Prevention Early Intervention and Wellbeing, 2- Supporting Greater Determination and Informed Choice, 3 – Supporting People in their Communities and 4 – Strengthening Communities to Reduce Harm.

Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	This content of this report is particularly relevant to the delivery of outcomes 1, 2, 3, 4 and 9.
Personnel:	The proposals in this report would result in a range of recruitment across NHS and Council and continuation of some existing posts. All processes will be undertaken in line with the relevant employing body's policies and procedures.
Carers:	The work outlined in the plan aims to ensure safe, effective and timely services as alternatives to hospital admission/stay. This should have a positive impact on carers and families.
Provider Organisations:	Elements of delivery are undertaken through the work of third sector organisations. Arrangements are subject to appropriate procurement processes.

Equalities:	It is anticipated that if the investment is approved it would have a positive impact on Unscheduled Care. Existing EQIAs will be updated in line with the business-as-usual review process to reflect the increased investment and any opportunity to maximise impact.

Fairer Scotland Compliance:	There are no specific issues arising from this report.

Financial:	The IJB is being asked to approve total spend of £5,628,007 to support delivery of the general unscheduled care proposals in this report and an additional £1million to support delivery of targeted work at Glasgow Royal Infirmary. The funding arrangement is set out in appendix 2 to this report.

Legal:	There are no specific legal issues arising from this report.

Economic Impact:	There are no specific issues arising from this report.

Sustainability:	There are no specific issues arising from this report.

Sustainable Procurement and Article 19:	There are no specific issues arising from this report.

Risk Implications:	The key risk associated with this report relates to the uncertainty surrounding recurring funding. This is mitigated by appropriate use of procurement and workforce policies and procedures, and by ongoing work to ensure the services the HSCP provides are as streamlined and financially effective as possible by reviewing them through the Step Forward programme.

Implications for Glasgow City Council:	If approved this will result in increased workforce capacity within the Council's overall workforce numbers.

Implications for NHS Greater Glasgow & Clyde:	If approved this will result in increased workforce capacity within the Council's overall workforce numbers. The proposals contained within this report are intended to support delivery of NHSGGC's strategic unscheduled care priorities.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☒

1. Purpose

1.1 This report sets out Glasgow City Health and Social Care Partnership's (GCHSCP) proposed Unscheduled Care Delivery Plan for 2026-2027 and seeks the IJB's approval for the associated investment.

2. Background

2.1. Unscheduled Care (USC) funding is intended to reduce pressure across the whole NHS and social care system, with a particular focus on hospital admission avoidance, accelerated hospital discharge, reduction in delayed discharges from hospital, and improved weekend and hospital front-door flow.

2.2. The core requirements and expectations on the use of unscheduled care funding are:

- Demonstrable short-term impact on system flow
- Clear benefit to acute capacity and patient flow
- Deliverable workforce models within realistic recruitment constraints
- Time-limited funding with defined outcomes and review point

2.3. The plan for 2026-2027 is built up of a number of services that were commenced in-year in 2025-2026 and are deemed sufficiently effective to continue, and a number of new projects that are proposed as a result of learning from 2025-2026 projects, and the NHS System Resets 1 & 2 (2025) and System Support (2026) processes.

2.4. The GCHSCP Unscheduled Care Delivery Plan 20206-2027 is attached as Appendix 1 to this report.

3. Financial Arrangements

3.1 The Unscheduled Care Delivery Plan must be funded from the financial envelope provided for that purpose. Details are set out in the allocation letter from NHSGGC, dated 31 March 2026, attached as Appendix 2.

3.2 Costs are based on projects being operational from 1 April 2026 or, for new projects, their earliest anticipated start date once lead in or recruitment timelines are taken into account. It is assumed that all projects run up to 31 March 2027. Funding beyond that period will be subject to a review of performance delivery and the availability of further unscheduled care funding for 2027-2028.

3.3 NHSGGC has advised GCHSCP that £5,628,007 is available for delivery of the GCHSCP Unscheduled Care Delivery Plan for 2026-2027.

3.4 NHSGGC has advised GCHSCP that a further £1,000,000 is available to deliver on new test of change and projects that are assessed as likely to relieve pressures specifically at the front door of the Glasgow Royal Infirmary.

3.5 NHSGGC expects quarterly reporting on delivery and spend, and, within GCHSCP, performance will be regularly reported internally and to the Integration Joint Board as and when required.

4. Recommendations

4.1. The Integration Joint Board is asked to:

a) Approve the GCHSCP Unscheduled Care Delivery Plan 2026-2027 (Appendix 1), to be delivered using the funding of £5,628,007 and £1million specific to the Glasgow Royal Infirmary focused objectives, outlined in Appendix 2 to this report; and
b) Note that performance reporting will be regularly undertaken within the service and will be reported quarterly to NHSGGC and, as and when required, to the Integration Joint Board.

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	240626-7
2	**Report Title**	GCHSCP Unscheduled Care Delivery Plan 2026-2027
3	**Date direction issued by Integration Joint Board**	24 June 2026
4	**Date from which direction takes effect**	24 June 2026
5	**Direction to:**	NHS Greater Glasgow and Clyde and Glasgow City Council
6	**Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)**	Yes (reference number: 250625-12) Supersedes
7	**Functions covered by direction**	Home First Response Service, Call Before You Convey Service, Hospital at Home Service, Residential Care for Older People and Hospital Discharge Team.
8	**Full text of direction**	NHSGGC Board to provide the agreed level of budget transfer, as outlined in funding letter attached as Appendix 2. NHS GGC Board and GCC to support delivery of the investment proposals and functions detailed in Appendix 1.
9	**Budget allocated by Integration Joint Board to carry out direction**	A total of £6,628,007 to be allocated by the IJB to carry out this direction.
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 and quarterly reporting to NHSGGC.
11	**Date direction will be reviewed**	June 2027

Appendix 1

GCHSCP Unscheduled Care Delivery Plan 2026-2027

Notes – where bed day targets have been set this is based on a 30 day month – actual reporting per month therefore may vary, above or below this

	Service / Intervention	**Purpose & Expected Impact**	**Funding Ask**	**Start date**	**Delivery Notes / Dependencies / Future Planning**
1	Extended range of Care Home step down options to support discharges Complex Discharge Beds 15 at Meadowburn 15 at Hawthorne Discharge to Assess 17 Beds spot purchased	Step-down bed capacity and assessment capacity outside hospital, supporting onward flow from acute hospitals - Occupancy rate target = 85% - Hospital Bed Days saved target = 765 (based on a 30 day month) - Average Length of Stay = 63 days - Occupancy rate target = 100% - Hospital Bed Days saved target = 510 per month (based on a 30 day month)	Project costs 12 months = £885,172 (based on 2025/26 actuals) £952k Total = £1,837,172	1 April 2026	Permanent Recruitment has been undertaken for Hawthorn & Meadowburn. If the project is discontinued at 31 March 2027 staff will require to be redeployed. Discharge to Assess spot purchase costs have been uplifted to reflect 2026 – 2027 NCHC NH rates. These projects fall into the broad definition of Intermediate Care that is used in the NHS CfSD UC Plan 2026 – 2027
2	Hospital at Home Service 15 respiratory service beds Enhance Call Before You Convey (CBYC) support	Contribution to provision of hospital level services outside hospital - Occupancy rate target = 85% - Hospital Bed Days saved target = 383 per month Reduce conveyance from Care Homes to hospitals through expansion of service at weekends to two additional large scale care homes giving 100% coverage to GCHSCP provided homes.	£350k contribution to service budget £60k	1 April 2026	Step Forward H@H review Tranche 2 Permanent Recruitment has been undertaken in H@H service. If the project is discontinued staff will require redeployed CBYC to be delivered as a preference through a fixed term post rather than bank staff to give stability to the service.

	Service / Intervention	Purpose & Expected Impact	Funding Ask	Start date	Delivery Notes / Dependencies / Future Planning
		- 60% of residents assessed are maintained at home i.e. Avoided conveyance to ED - Overall reduction in ED conveyances from Care Homes supported by the service	Total = £410,000		
3	Additional Hospital Social Work Capacity in support of core team and assistance to Mental Health –	Support responsive assessments and care planning: Engage in QEUH and GRI Integrated Discharge Teams Respond effectively to peaks in referral rates and acute system wide system reset/support projects Dedicate staff time to Care Home engagement Support refresh of MH IDT pathways and processes - Sustaining delayed discharge target of 160 - Reduce bed days lost attributed to code 11B (completion of assessment). Working to establish baseline and methodology for reporting - Reduce bed days lost attributed to code 24C (awaiting transition to care home). Working to establish baseline and methodology for reporting.	Costs for 2.2 WTE x SWers Grade 7 for 12 months = £153k Costs for 1 x SCWer Grade 6 for 9 months = £44k 'Responsiveness allowance' for overtime/additional hours to respond to referral peaks, system resets and system support projects = £185k (based on 2025/26 actuals) Total = £382,000	1 April 2026 for SWers 1 July 2026 for SCWer 1 April for 'Responsiveness allowance'	2 x SW permanently recruited in Oct & Nov 2025. If the project is discontinued at 31 March 2027, these staff will require redeployed or a funding source found. Recruitment/secondment of SCWer and SM/senior support capacity will have a lead in time. Responsiveness allowance to be managed by Service Manager for Hospital Team

	Service / Intervention	Purpose & Expected Impact	Funding Ask	Start date	Delivery Notes / Dependencies / Future Planning
4	Weekend Cover for the Home First Response Service	Same-day / 72-hour discharge for frail patients; acute bed savings - No of patients discharged to service = 25 each weekend - % of them discharged to the service same day = 50% - Bed days saved = 203 per month	1 x Band 7 ANP = £85k Additional staffing to sustain weekend rota = £85k Total = £170,000	1 April 2026	
5	AWI Red Cross Support Service	Prevent delayed discharges including potential AWI delayed discharges; support discharge home preventing delays - No of referrals target = 130 - Referrals converted to service target = 50% Enhanced use of technology enabled care options – Resource Worker optimising referrals and installations - Installation numbers = increase on current baseline of 12.	£290k required for funding up to current contract end point Should the project be continued to 31 March 2027 post review, an additional £207k will be required. £57,998 to end March 2027 Total = £560,998	1 April 2026	Original project costs were quoted as £498,372.00 for 12 months Commissioning arrangement to be determined – currently committed to 19 Oct 2026 Employee already in post
6	Additional Palliative Care Beds	Reduce acute pressure; provide appropriate end-of-life care outwith hospital - Occupancy rate target = 90% - Hospital Bed Days saved target = 81	£72k Original project costs were £950k for 12 months – agreed 1 month continuation from planned end date of 31 March 2026 = £72k	1 April 2026	Service currently live – agreed funding end date 30 April 2026 £950k for 3 beds; full-year (3 month project commissioned Jan – March 2026) £72k is actual amount billed for April 2026 based on remaining bed usage

	Service / Intervention	Purpose & Expected Impact	Funding Ask	Start date	Delivery Notes / Dependencies / Future Planning
			Total = £72,000		
7	Care Home responsive service	Provision to allow for continued responsiveness to mitigate delays in transfers of care and enable placements to be made and sustained in Nursing Home setting where clients have complex care and behavioural needs requiring the home to employ additional staff and incur additional costs to safely manage care	Total = £2,194,837	1 April 2026	To enable urgent and complex placements to be made, to be managed by the ACO
			Grand Total = £5,628,007		

Glasgow Royal Infirmary Specific

	Service / Intervention	Purpose & Expected Impact	Funding Ask	Start date	Delivery Notes / Dependencies / Future Planning
1	Project Officer – co-ordination, data analysis and reporting	Explore data on repeat attenders and engage in relevant forums to explore and develop opportunities to signpost/develop pathways to better direct inappropriate attenders or upstream interventions	£37k 1 x Planning Officer / Project Officer Band 7 from 1 July 2026 £10k spot purchase budget to enable the project officer to action identified developments as part of their work Total = £47,000	1 July 2026	6 month Test of Change with defined review
2	Professional to Professional Advice Provision – GRI	Diversion from ED/AAU at GRI; faster pathway navigation	£78k 2 x SCWers grade 6 call handlers from August 2026 78k Total = £78,000	1 July 2026	6 month Test of Change with defined review
3	Focused complex care IDT/MDT assessment and planning support	Additional leadership capacity to develop and embed pathways and processes out of hospital for MH and complex cases recognising impact on whole system bed availability when MH ward DDs are high - Reduce MH delays by 10%	£80k Total = £80,000	1 July 2026	9 month grade 9 dedicated additional post for MH DD co-ordination and IDT embedding
4	Raise awareness of community based service options and pathways for acute staff	Based on outcomes and action plan arising from GRI project which identified a need for refreshed awareness raising resources	£30k Total = £30,000	TBD	A budget to be utilised by the DwD coms group to deliver the action identified in the action plan

	Service / Intervention	Purpose & Expected Impact	Funding Ask	Start date	Delivery Notes / Dependencies / Future Planning
	Funding in reserve to respond to any further identified tests of change - projects	To be defined based on analysis of data, engagement with key stakeholders and identified needs	To be determined – current projects **Grand Total = £235,000**	Flexible	The remainder of the 1m budget – currently £765k

Appendix 2

Greater Glasgow and Clyde NHS Board

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Date: 31st March 2026
Our Ref: MB/BOB
Enquiries to: Michael Breen
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Pat Togher
Chief Officer, Glasgow

Dear Pat,

Unscheduled Care Non-Recurring Funding

A non-recurring ring-fenced funding allocation of £5,628,007 is being made available to allow Glasgow HSCP to deliver a programme of work that supports local system actions which will have a meaningful impact on Unscheduled Care performance.

The funding should be targeted to initiatives which focus on the following:

• Improving Flow (e.g. Intermediate Care)

• Improving Access (e.g. Admission Avoidance)

• Reduction of Delayed Discharge / AWI

• Redesign to enable sustainable performance.

• Specific related schemes e.g. Frailty / HFRS

Each HSCP should be assured of the value case for their local system actions with clear improvement metrics. Improvement reporting and monitoring should be held locally within the HSCP. However, in order to maximise good practice across NHSGGC a quarterly update will require to be submitted to ensure that shared learning can be disseminated.

In addition, a further non-recurring allocation of £1,000,000 should be ring-fenced to allow the HSCP to develop proposals for initiatives that will support improved performance within Glasgow Royal Infirmary and positive outcomes for our communities.

Yours sincerely

Michael Breen
Director of Finance, NHS Greater Glasgow, and Clyde