Item No: 10

Meeting Date: **Wednesday 23rd September 2026**

Glasgow City Integration Joint Board

Report By: **Kelda Gaffney, Depute Chief Officer, Operations and Governance and Chief Social Work Officer**

Contact: **Caroline Sinclair, Assistant Chief Officer, Older People's and Primary Care Services and South Locality**

Phone: **07387 231823**

GCHSCP Unscheduled Care Delivery Plan 2026-2027 – Glasgow Royal Infirmary Project

Purpose of Report:	This report sets out Glasgow City Health and Social Care Partnership's (GCHSCP) proposed next steps in the Glasgow Royal Infirmary Project of the Unscheduled Care Delivery Plan for 2026-2027 and seeks the Integration Joint Board's (IJB) approval for the associated investment.

Background/Engagement:	The proposals within the GCHSCP Unscheduled Care Delivery Plan 2026-2027, including the Glasgow Royal Infirmary Project, align closely with the IJB's existing Strategic Plan commitments and have been developed based on experience from the 2025-2026 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 to support 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 and further developed through ongoing regular engagement with key stakeholders in the project.

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) Note the progress that has been made delivering the GRI Project as part of the wider GCHSCP Unscheduled Care Action Plan (Appendix 1); b) Approve the use of the remaining uncommitted £765,000 from the £1 million GRI allocation to develop and deliver the test of change GRI Integrated Case Management model outlined in this report c) Agree to carry forward the appropriate funding into the year 2027 – 2028 to enable this service to be delivered up to 31 March 2028; and d) 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 IJB.

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. All processes will be undertaken in line with the relevant employment 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 of the wider Unscheduled Care plan 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. No adverse equality impacts are anticipated. Impact data will continue to be collected and monitored, and a full EQIA of the project will be completed prior to any decision being made on progression beyond the pilot phase.

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

Financial:	The IJB is being asked to approve total spend remaining budget from £1million specifically allocated to support delivery of targeted work at Glasgow Royal Infirmary as part of the Unscheduled Care Delivery Plan. 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 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 Glasgow Royal Infirmary (GRI) Project and seeks the Integration Joint Board (IJB) 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 for the Glasgow Royal Infirmary (GRI) Project has been deliberately built in an evolving manner since the initial provision of the funding. The process has been undertaken in a phased manner, starting from an approach based on analysis of data and evidence, through staged development of services to respond to identified need. Throughout, GCHSCP has engaged with colleagues in GRI, wider NHSGGC colleagues, Public Health and the Scottish Ambulance Service. Using this collaborative and evidence-based approach has allowed the GRI project to build through stages as follows:

2.4. The IJB meeting of 24 June 2026 approved the GRI Project to the point it had been developed at the time of writing. With appendix 2 detailing the spending on this project as £235K of the allocated £1M at the time of approval. This development is represented by the first three stages, detailed below.

2.5. **Data analysis** – work has been successfully launched working with colleagues in NHSGGC to access a live dashboard of data and through GCHSCP's Health and Social Care Connect Service it has been possible to identify the main community health and care service 'touch points' people who attend repeatedly either currently or previously have had.

2.6. **Provision of remote support and information** – on 1st July Health and Social Care Connect successfully launched the Professional-to-Professional phone line enabling GRI Emergency Department staff to directly access additional information to support appropriate redirection and enable upstream engagement with people who attend repeatedly. The Professional-to-Professional phone line was extended to the GRI Acute Assessment Unit on 3 August 2026. While the line is still at an early stage of roll out, early analysis of usage shows challenges for GRI staff in terms of capacity or time within a pressured clinical environment to undertake the liaison and navigation activity.

2.7. **Extension of support to on-site model** – Following the early experience with the Professional-to-Professional line it has been agreed to continue to evolve the service by extending the support from a remote, to an on-site model, with refocussed operating hours, which better reflect the higher volume activity times within the GRI. Work is currently underway to secure staff to undertake this on-site service model.

2.8. The report presented on 24 June 2026 acknowledged that the portion of the funding that was uncommitted at the time, totalling £765 000 of the available £1M, would be used to resource further developments or tests of change that the ongoing data analysis and engagement identified. This report now proposes to utilise that remaining funding to develop stage 4 in the process outlined above at 2.3, the development of an integrated case management model, for GRI repeat attenders.

2.9. The proposed GRI Integrated Case Management model will build on the on-site approach to go beyond information, signposting, referrals and same day support, to an assertive outreach case management model.

2.10. It is proposed that the service operate from 12pm to 8pm, Monday to Friday, staffed by a team aligned to Health and Social Care Connect, and transitioning into Glasgow and Partners Emergency Service for management oversight for the period 5pm to 8pm. These hours align with higher volume presentation periods for many frequent attenders, while remaining focussed on periods when discharge or redirection planning opportunities through core services remain available.

2.11. The Core Functions of the service will be:

- **Case Finding –** Proactive identification of frequent attenders at the Emergency Department (ED) front door. Making use of advice and direction from ED staff and the outputs from the eTriage process now introduced at the front door which enables identification of potential appropriate opportunities to intervene.
- **System Navigation –** Undertake community health, social work and social care systems checks through the phone line to establish existing service involvement, gather information from partner agencies, and make referrals to services including any relating to Adult Support and Protection.

- **Direct Liaison –** Act as a bridge between ED and community health, social work and social care services, and Third Sector partners. Supporting the "strong connections to essential services" identified as a key component of best practice.
- **Referral Coordination –** Complete referrals on behalf of clinical teams and own assessment and ensure referrals are submitted, appropriate information is included and follow-up arrangements are agreed.
- **Same-Day Problem Solving –** Provide practical intervention where possible, including reconnection to existing services, housing liaison, the Support and Information Service, and support access arrangements and escalation of high-risk concerns.
- **Engagement During Admission –** The Hard Edges report identifies the ability to engage during admission, rather than waiting until discharge, as a core element of effective practice. An on-site worker would be able to meet people while they are still present in the hospital and more accessible to support.
- **Pro-active multi-agency care planning** – Staff acting as the lead case manager to engage relevant partners with the individual and any identified carers to co-develop a shared care plan that aims to ensure earlier and effective intervention based on individual needs and circumstances. Sharing of this case plan with key stakeholders to ensure consistent and effective responses, instead of siloed and fragmented approaches to individual needs.

2.12. The benefits the service aims to deliver are:

- **For Patients** – Faster connections to the right support. Improved coordination across agencies. Reduced risk of people being discharged without wider system engagement. More assertive and trauma-informed support. Potential to upstream interventions for future issues. Engagement of carers as partners in care and care planning.
- **For Emergency Department and Acute Assessment Unit Staff** – Reduces administrative burden when seeking services. Removes need to navigate multiple systems. Provides a single point of specialist support. Allows clinicians to focus on clinical care. Reduces inappropriate attendances.

2.13. The performance of the service will be measured through a range of objective and subjective measures as follows:

- **Objective measures** – Number of patients supported. Number of system checks completed. Number of referrals made. Reduction in repeat attendances among the identified cohort measured over time. Increased engagement with community services as measured through referrals made and activated by other services.
- **Subjective measures** – Reduction in clinician time spent undertaking liaison.
- Staff satisfaction with ease of accessing support. Patient and carer (where applicable) experience of coordinated care.

2.14. The workforce model will include a range of qualified nursing and social work staff, and support staff and will be overseen and provided with supervision and support by an experienced and established management structure through Health and Social Care Connect.

3. Financial Arrangements

3.1 The Unscheduled Care Delivery Plan, including the GRI project, 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 at Appendix 2.

3.2 Of the £1,000,000 allocation made available by NHSGGC to deliver a project or projects specifically targeted at benefiting GRI, £765,000 remained uncommitted at the last point of reporting. The intention was that the early stages of the GRI work would inform how that funding should be used. The proposal to develop the GRI Integrated Case Management model, as a further test of change to operate up to 31 March 2028, will be delivered from that remaining funding. This will require use of the flexibility made available to carry the funding forward into 2027-28.

3.3 NHSGGC expects quarterly reporting on delivery and spending, and, within GCHSCP, performance will be regularly reported internally and to the IJB as and when required.

4. Recommendations

4.1. The Integration Joint Board is asked to:

a) Note the progress that has been made delivering the GRI Project as part of the wider GCHSCP Unscheduled Care Action Plan (Appendix 1);
b) Approve the use of the remaining uncommitted £765,000 from the £1 million GRI allocation to develop and deliver the test of change GRI Integrated Case Management model outlined in this report;
c) Agree to carry forward the appropriate funding into the year 2027 – 2028 to enable this service to be delivered up to 31 March 2028; and
d) 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 IJB.

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	230926-10
2	**Report Title**	GCHSCP Unscheduled Care Delivery Plan 2026-2027 – Glasgow Royal Infirmary Project
3	**Date direction issued by Integration Joint Board**	23 September 2026
4	**Date from which direction takes effect**	23 September 2026
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)**	Yes (reference number: 240626-07) Revises
7	**Functions covered by direction**	Delivery of the Glasgow Royal Infirmary Project within the GCHSCP Unscheduled Care Delivery Plan 2026-2027, including the GRI Integrated Case Management Model.
8	**Full text of direction**	NHSGGC and Glasgow City Council are directed to recruit a joint workforce to enable GCHSCP to deliver the Glasgow Royal Infirmary Integrated Case Management model using the remaining financial envelope of £765,000. Specific details of the workforce will be determined by the project service manager, in line with agreed governance and workforce procedures.
9	**Budget allocated by Integration Joint Board to carry out direction**	A total of £765,000 of the agreed budget approved for the Unscheduled Care Delivery Plan 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**	25 June 2027

Appendix 1

GCHSCP Unscheduled Care Delivery Plan 2026-2027 – GRI Project

	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 people who frequently attend GRI and engage in relevant forums to develop opportunities for signposting, pathway development and earlier intervention where people's needs may be better met through alternative community-based supports.	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	Six month Test of Change with defined review Delivery has slipped due to recruitment processes – post holder in post from 24 August 2026
2	Professional to Professional Advice Provision – GRI	Diversion from ED/AAU at GRI; faster pathway navigation	78k 2 x Social Care Workers, grade 6, from August 2026: £78,000 Total = £78,000	1 July 2026	Six month Test of Change with defined review Project went live on time and was extended to AAU on 3 August 2026. Service now redesigning refocusing from call handling to on-site service within agreed resources
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 Slippage aligning to Mental Health Strategy development and bed manager post implementation

	Service / Intervention	Purpose & Expected Impact	Funding Ask	Start date	Delivery Notes / Dependencies / Future Planning
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 used by the Discharge without Delay communications group to deliver the actions identified in the action plan.
5	GRI case management model	Assertive outreach case management service identifying and responding appropriately to repeat attenders – 12 month test of change	Multidisciplinary case management team with a mix of professional health, social work and support staff. Total = £765,000	Phased commencing October 2026	This represents the remainder of the £1 million budget that was uncommitted at the last reporting period.
			Grand Total = £1,000,000		

Appendix 2

Greater Glasgow and Clyde NHS Board

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Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
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Date: 31st March 2026
Our Ref: MB/BOB
Enquiries to: Michael Breen
Direct Line: 0141-201-4470
E-mail: michael.breen2@nhs.scot

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