Item No: 11

Meeting Date: **Wednesday 25th November 2026**

Glasgow City Integration Joint Board

Report By: **Pat Togher, Chief Officer**

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STEP Forward Programme Update

Purpose of Report:	To update the Integration Joint Board on the status of the STEP Forward programme, including the current position on NHS Staff Side and Council trade union collective grievances; to note the approval of the Older People's Supported Living, House Cleans and Business Change service reviews under the Scheme of Delegation at the Executive Steering Group (ESG) on 3 November 2026; and, to approve the Dementia Services review, which has been escalated from the ESG.

Background/Engagement:	STEP Forward is the HSCP's three-year, Green Book-aligned programme of structured service review. Update reports on the programme have been submitted to every IJB since September 2025.

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 STEP Forward's GREEN programme status; b) note the trade union position outlined at section 4; c) note the ESG-approved outcomes for the Older People's Supported Living, House Cleans and Business Change service reviews; and d) approve Creative Option 2 for the Dementia Services review.

Relevance to Integration Joint Board Strategic Plan:

The STEP Forward programme is fully aligned to the IJB Strategic Plan vision and all 6 partnership priorities.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The proposals in this report principally relation to national outcomes 1-9.
Personnel:	Workforce implications are outlined in sections 5, 6 and 7. This include a proposal to cease the HSCP's Community Support Service, impacting 26 staff (24 WTE).
Carers:	The Dementia Services proposals have potential implications for unpaid carers.
Provider Organisations:	Provider capacity and potential transfer of functions are addressed in sections 5 and 6.
Equalities:	Equality Impact Assessments have been completed for each of the STEP Forward reviews referenced in this report and can be accessed at: https://glasgowcity.hscp.scot/equalities-impact-assessments
Fairer Scotland Compliance:	Glasgow City HSCP uses the NHS Greater Glasgow and Clyde (NHSGGC) Equality Impact Assessment (EQIA) process. This is an integrated assessment framework that considers equality impacts alongside socio-economic impacts under the Fairer Scotland Duty.
Financial:	Financial implications are outlined in sections 5, 6 and 7. The proposed CSS cessation identifies a saving of £1,180,125.
Legal:	No issues
Economic Impact:	No issues

Sustainability:	No issues

Sustainable Procurement and Article 19:	No issues

Risk Implications:	The overall programme status is outlined in section 3. Risks and mitigations in respect of the Dementia Services review are outlined in section 6.

Implications for Glasgow City Council:	Relevant workforce and redeployment considerations are outlined in section 8.

Implications for NHS Greater Glasgow & Clyde:	No specific issues.

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. To update the Integration Joint Board on the status of the STEP Forward programme, including the current position on NHS Staff Side and Council trade union collective grievances; to note the approval of the Older People's Supported Living, House Cleans and Business Change service reviews under the Scheme of Delegation at the Executive Steering Group (ESG) on 3 November 2026; and, to approve the Dementia Services review, which has been escalated from the ESG.

2. Background

2.1 The IJB has received progress reports on STEP Forward as a standing item since September 2025. The programme was established in response to the Board's direction to move away from recurrent percentage reductions to achieve budget balance and adopt a more strategic, transparent and evidence-based approach to service prioritisation, redesign and financial sustainability.

3. Programme Status

3.1 The programme status is currently GREEN. This indicates that the programme is stable with all individual reviews rated GREEN.

3.2 At the point of the 3 November ESG meeting 25 STEP Forward reviews have started. Three complete reviews have now progressed to implementation, with six more pending. A further four reviews have identified a preferred option and two are at the shortlist stage. Complex Needs Service and Enhanced Drug

Treatment Service reviews were approved out with STEP Forward and the remaining reviews remain at the initiation and detailed scoping stage.

3.3 The next period will focus on restarting paused health reviews at pace, approving the full three-year review programme schedule at 1 December ESG, embedding the new trade union partnership arrangements and progressing approved recommendations via implementation processes.

4. Trade Union Position

4.1 Substantial progress has been made across both NHS Staff Side and Local Authority trade union relations since the IJB met in September.

4.2 The NHS Staff Side collective Stage 2 grievance has been paused and associated status quo suspended following agreement to establish a new STEP Forward Partnership Steering Group with a remit to co-ordinate partnership working in relation to the programme. These meetings will also include local authority trade union representatives. It has also been agreed that Staff Side representation will be sought at every key decision point through the STEP Forward process, including the creation of long list and short list options, as well as at appraisal panels tasked with identifying a single preferred service option from the review shortlist.

4.3 Similarly the local authority trade union collective grievance has been suspended in response to HSCP commitments to meet union requests for access to review evidence and appraisal material; and, to engage on the detail of how the programme will best meet the Fairer Scotland Duty. Local authority trade unions will also be engaged at all of the key decision points through the STEP Forward process.

5. ESG Review Decisions for Noting

5.1 At its 3 November meeting the ESG approved the following reviews under the HSCP Chief Officer's delegated authority: Older People's Supported Living, Business Change and House Cleans.

5.2 Older People's Supported Living is a commissioned service that provides older people with their own secure tenancy in accessible sheltered or supported housing, alongside care and support tailored to assessed needs. On-site teams provide support with personal care, meals, laundry and social activities, complemented by telecare and alarm response arrangements. The model enables people to maintain independence and social connections in a community setting, offering an alternative to residential or nursing care.

5.3 The Older People's Supported Living review concluded that the current service provider model should continue because it supports independence, provides an alternative to residential and nursing care and retains accessible housing capacity. However, it also concluded that the current referral, matching, tenancy, welfare and oversight functions should transfer from the Housing Options for Older People (HOOP) team at Wheatley Group to identified supported living service providers and the HSCP commissioning team. The case for this change was based on reducing duplication and improving

governance and affordability rather than withdrawing the core supported living model. Appropriate engagement has commenced with Wheatley Group to manage this change. It will deliver a saving of £186,750.

5.4 The House Cleans review addressed specialist environmental cleaning and clearance arranged by the HSCP where the condition of a person's home prevents safe hospital discharge, delivery of assessed care or continued living at home. The service is currently delivered by Glasgow City Council's Facilities and Maintenance service and an external commercial provider. Support may include deep cleaning, removal of hazardous waste, infestation treatment and provision of essential furniture or household items. The service responds to assessed health, care and protection needs across hospital and community services; it is not a routine domestic cleaning service.

5.5 The review identified Redesign with Investment as the preferred option for the House Cleans service. This option recognised that the current house cleans budget of £109,000 is insufficient to meet underlying demand, as reflected in a recurring overspend of around £200,000. However, the review also identified that a series of governance controls require to be strengthened to contain avoidable house cleaning costs, with the intention of reducing the current overspend. A revised housecleans budget is to be set as an outcome of the review, with a working assumption that it will be in the region of £210,000.

5.6 The HSCP's Business Change function supports statutory, operational and financial compliance; maintains critical business systems; provides business analysis, project management and improvement expertise; and enables digital and organisational transformation. The review records a core annual cost of approximately £1.127 million and an establishment of 22.7 WTE, alongside sustained demand, constrained capacity, fragmented prioritisation and limited portfolio visibility.

5.7 The Enhanced Function option approved by ESG recognises that the replacement of CareFirst, workforce scheduling and Enterprise Resource Planning (ERP software integration) systems, the adoption of Microsoft 365, Copilot, AI and automation, implementation of STEP Forward recommendations and stronger benefits require additional structured capacity in this team. CareFirst replacement is a generational transformation programme that requires dedicated time-limited resources, clear funding and strong operational engagement, all features of the Enhanced Function option.

5.8 The resource model underpinning the Enhanced Function option retains the existing 22.7 WTE core establishment and allows for up to 11 additional time-limited WTE, giving a potential peak establishment of 33.7 WTE. The ESG paper estimates additional investment of £595,000 per annum above the existing £1.127 million annual core cost, giving a peak annual resource envelope of £1,721,953. The funding route identified for consideration is dedicated earmarked reserves associated with replacement of the case management system and other approved transformation funding, with recurring core resources clearly separated from time-limited programme capacity.

6. For Decision - Dementia Services Review

6.1 The Dementia Services review's preferred option was endorsed by the ESG on 3 November but escalated to IJB for decision because of the prospective impact on HSCP staff.

6.2 The review scope comprised three linked services: Older Adult Post Diagnostic Support (PDS), Glasgow City Young Onset Dementia support and the Community Support Service (CSS). Post Diagnostic Support provides structured one-year support following diagnosis and is commissioned from Alzheimer Scotland. The Young Onset Dementia (YOD) service provides specialist post-diagnostic, psychological, group and individual support for people under 65 and their families, also commissioned from Alzheimer Scotland. YOD need is also met in part by the NHSGGC Board-wide YOD Service, which generates around 30 referrals annually for the Alzheimer Scotland service. CSS is directly provided by the HSCP and supports people over 65 with advanced dementia in their homes and communities. It provides flexible personal care, practical assistance and community activities, alongside respite for unpaid carers and support during crises or hospital discharge, with the aim of helping people remain safely at home and avoiding unnecessary hospital or care-home admission.

6.3 The combined current budget is approximately £2.011 million: £450,000 for Older Adult post-diagnostic support, £381,530 for YOD and £1,180,125 for CSS. The staffing profile is 10 WTE in post-diagnostic support, 9.87 WTE in YOD and 24 WTE across 26 CSS posts.

6.4 The Post-Diagnostic Support Service receives around 1,000 referrals each year and YOD around 52. The CSS had 71 active clients and a waiting list of 53 at the latest verified snapshot in September (90 across 12 months).

6.5 The review focused on improving consistency, equity, affordability, governance and targeting across the dementia pathway whilst retaining an appropriate response to national expectations for post-diagnostic support. The review found that maintaining all three services unchanged would preserve continuity but deliver no saving, retain duplication and affordability concerns and leave unresolved questions about outcome evidence, referral consistency, CSS utilisation levels and long-term sustainability. The review identified concerns in relation to best value and affordability in respect of CSS - specifically in relation to relatively low case holding and a relatively high hourly rate.

6.6 The appraisal panel identified Creative Option 2 as the preferred option, subsequently endorsed by ESG. This option proposes combining older adult and YOD post-diagnostic support; increasing the combined post-diagnostic complement from 10 to 11 WTE to retain dedicated YOD link-worker capacity; replacing the current commissioned YOD model with a smaller directly provided NHSGGC specialist clinical offer; and ceasing the Community Support Service.

6.7 The proposal retains a proportionate specialist pathway for the smaller Young Onset Dementia cohort, reduces duplication and aligns post-diagnostic support across age groups. It would deliver a £1.18 million saving from CSS. Any additional saving from YOD redesign must be calculated after funding the additional post-diagnostic capacity and the replacement NHS specialist clinical offer. These costs, the implementation timetable and the resulting net recurring and in-year savings remain to be validated through detailed implementation planning.

6.8 Formal staff consultation ran from 21 September to 20 October 2026. Line managers held regular meetings with project leads and wider staff, reviewed financial and activity assumptions, provided information and HR guidance and supported staff to develop and present a counterproposal. The consultation reflected significant staff anxiety associated with possible service cessation and redeployment, whilst maintaining a focus on evidence, affordability, fairness and service-user impact.

6.9 The counterproposal (Appendix 1) proposes redesign rather than continuation unchanged: retaining the workforce as a flexible citywide resource with approximately 630 hours of weekly support, covering prevention, crisis response, carer breaks and step-down support. It identifies potential benefits and indicative hourly costs below an external comparator. However, its own financial caveat states that the rates use paid hours and do not adjust for leave, sickness, training, travel, non-contact time, enhancements or management overhead. The quoted rates therefore do not establish a like-for-like cost per delivered hour. In considering this counterproposal the reconvened appraisal panel maintained its preference for Creative Option 2, concluding that commissioned provision, Self-Directed Support packages and framework services could meet identified needs whilst releasing the projected £1.18 million saving.

6.10 The IJB is being asked to approve Creative Option 2 because it retains a substantially resourced and more consistent post-diagnostic pathway, preserves dedicated specialist Young Onset Dementia expertise and offers the potential to reduce duplication and recurring expenditure. The recommendation rests on the combined assessment of service configuration, affordability and alternative provision.

6.11 If approved, implementation will be subject to an individual review for every CSS service user, with existing support maintained until a safe alternative is in place or reassessment establishes that it is no longer required.

7. Finance

7.1 In terms of the overall STEP Forward programme to date, identified savings remain short of the year-end target of £20 million for 2026/27. If the Dementia Services review recommendation is approved by the IJB it would take the cumulative identified savings from the initial 14 reviews to £7.8 million. These 14 reviews relate to just 1.7% of the totality of the HSCP's budget, with the balancing 98.3% subject to review over the remainder of the STEP Forward programme.

7.2 The IJB is asked to note that 4 of the first 14 reviews have recommended some level of budget investment, consistent with STEP Forward's goal of directing IJB resources in an evidence-based way, as well as seeking to deliver budget balance.

8. Workforce

8.1 The initial reviews have already generated a significant redeployment challenge for the HSCP. This is being actively managed through the HSCP's workforce planning structures, encompassing senior oversight of vacancies and at-risk posts, active identification of redeployment opportunities and meaningful temporary work for displaced staff. A quarterly workforce report is being developed to track staff affected, including those at risk, in redeployment, placed or undertaking training, with proposed reporting to future IJB meetings.

8.2 Workforce change will be progressed through the relevant Council, NHS and provider procedures, with early HR involvement, meaningful trade union engagement, fair selection and redeployment arrangements and support for affected staff.

8.3 The HSCP will work with commissioned providers at an early stage to understand the workforce implications of agreed savings and develop proportionate transition plans. Through commissioning colleagues, it will support providers to explore alternatives to redundancy, including redeployment within their organisations and signposting staff to suitable vacancies, training and employment support across the wider care sector. Providers will remain responsible for consultation with their staff and trade unions and for meeting their obligations as employers; the HSCP will seek assurance on these arrangements whilst maintaining continuity of care.

9. Recommendations

9.1 The Integration Joint Board is asked to:

a) note STEP Forward's GREEN programme status;
b) note the trade union position outlined at section 4;
c) note the ESG-approved outcomes for the Older People's Supported Living, House Cleans and Business Change service reviews; and
d) approve Creative Option 2 for the Dementia Services review.

Appendix 1 – Community Support Service staff counterproposal

Business Proposal: Redesign and Realignment of the Community Support Service

A flexible, citywide in-house resource supporting prevention, crisis response, carers and community resilience

1. Executive Summary

This proposal seeks approval in principle to redesign and realign the Community Support Service (CSS), rather than cease the service or disperse its capacity. The redesigned service would operate as a flexible in-house HSCP resource, providing planned preventative support, urgent community intervention, carer support and short breaks, Adult Support and Protection-related activity, hospital avoidance and time-limited step-down support. The proposed model retains approximately 630 hours of support capacity each week, equating to around 210 hours per locality. It combines direct support capacity with appropriate coordination, senior practice input and quality assurance. The redesign would preserve a skilled workforce, improve responsiveness, strengthen prevention and provide an alternative to external commissioning where rapid or flexible deployment is required.

2. Decision Required

Senior management is asked to: (1) approve the redesign of CSS in principle; (2) agree that the existing workforce capacity should be retained pending detailed design; (3) commission development of the preferred governance and hosting arrangement; and (4) authorise a time-limited implementation phase with defined demand, activity, outcome, quality and financial measures.

3. Strategic Case for Change

Changing demand: Reviews of day services and day opportunities may increase demand for community-based alternatives, emergency support and flexible respite. Carer sustainability: The Carers (Scotland) Act 2016 reinforces a preventative approach to meeting carers' identified outcomes, including access to information, support and short breaks. Accessible and responsive provision is required to sustain unpaid carers; insufficient capacity risks unmet assessed need, deterioration in carer wellbeing, breakdown of caring arrangements, crisis intervention, avoidable hospital admission or delayed discharge, and increased reliance on permanent or externally purchased care. Prevention and early intervention: Timely support can stabilise situations before needs escalate into crisis, admission, placement breakdown or prolonged statutory involvement. Operational responsiveness: Commissioned services cannot always mobilise within the timescales required for urgent, complex or short-duration interventions. Workforce value: CSS provides an experienced and adaptable workforce that can be redeployed across service boundaries while remaining under direct HSCP oversight.

4. Proposed Operating Model

CSS would be repositioned as a flexible operational resource with clear referral criteria, prioritisation arrangements and outcome-focused interventions. Delivery would be time-limited, proportionate to assessed need and reviewed at agreed intervals. Routine direct support would primarily be undertaken by Grade 3 staff, with Grade 5 and Grade 6 capacity focused on planning, complex-risk work, coordination, supervision, quality assurance and review.

Service function	Proposed contribution	Illustrative deployment
Planned preventative support	Consistent home-based input, routines, wellbeing monitoring, community access and appointment support.	Typically 7–8 hours per week
Urgent and crisis support	Rapid short-term intervention where no commissioned service can respond within the required timescale.	Flexible blocks based on assessed need
Carer support and short breaks	Planned or urgent support at home, including weekend input, to reduce carer stress and avoid breakdown.	Up to 72 hours where appropriate
ASP and complex-risk response	Observation, relationship-based engagement, practical risk reduction, liaison and escalation.	Assessment-led and time-limited
Step-down and stabilisation	Short-term input following deterioration, crisis or hospital discharge, followed by review and tapering.	Outcome-led intervention

5. Capacity and Access

The redesigned service would provide approximately 630 hours of support each week across the city. An indicative allocation of 210 hours per locality would provide consistency while allowing capacity to flex in response to urgent or uneven demand. Access should be controlled through a clear referral route, agreed thresholds and active oversight of waiting time, duration, intensity and exit planning.

6. Financial and Staffing Case

Model	Hourly rate	7 hours per week	8 hours per week	72-hour response
Grade 3 only	£18.97	£132.77	£151.74	£1,365.68
Grade 5	£24.31	£170.16	£194.46	£1,750.17
Grade 6	£29.22	£204.56	£233.78	£2,104.05
Equal blended Grade 3/5/6	£24.17	£169.16	£193.33	£1,739.97
External comparator	£28.53	£199.71	£228.24	£2,054.16

The indicative Grade 3 rate is £18.97 per hour. The equal blended rate is £24.17 per hour, approximately 15% below the £28.53 external comparator. For an eight-hour weekly package, the indicative internal blended cost is £193.33 compared with £228.24 externally, a difference of £34.91 per week. These figures support a model in which Grade 3 staff provide most direct delivery and Grade 5/6 capacity is targeted where it adds operational and professional value. Financial caveat: Rates are based on identifiable fully loaded annual employment costs divided by 1,820 paid hours. They do not adjust for leave, sickness, training, travel, non-contact time, overtime, weekend enhancements or management overhead. A full finance validation and sensitivity analysis should therefore form part of detailed design.

7. Structure and Governance

Three potential hosting arrangements require appraisal: (1) a citywide model aligned to HSCP Connect; (2) locality-based backup teams with coordinated citywide oversight; or (3) full integration within Older People and Primary Care locality social work teams. The preferred option should be assessed against responsiveness, equity of access, professional accountability, workforce support, operational resilience, data visibility and affordability. Regardless of host, the model should include a single service specification, named accountable lead, consistent referral and prioritisation criteria, routine performance reporting, escalation arrangements and regular locality demand review.

8. Expected Benefits

Faster access to urgent and short-duration community support. Earlier intervention to reduce escalation, placement breakdown and avoidable admission. Improved support to unpaid carers through flexible, community-based short breaks. Greater continuity, direct HSCP oversight and quality assurance. Reduced dependence on external providers for rapid or complex responses to urgent needs and risks. Reduction in use of STIs, variations and offering a more robust HSCP alternative to building-based Respite costs. More effective use of existing workforce skills and retained organisational knowledge. Consistent capacity across localities with the ability to flex citywide.

9. Key Risks and Mitigations

Risk	Mitigation
Demand exceeds available capacity	Apply clear thresholds, prioritisation, time limits, review points and escalation arrangements.
Role drift or duplication with statutory and commissioned services	Use a defined service specification, referral route, named outcomes and exit criteria.
Inequitable access across localities	Maintain transparent allocation data and permit citywide flexing based on demand and risk.
Financial assumptions do not reflect full operational cost	Complete finance validation, utilisation modelling and sensitivity analysis before implementation.

Workforce uncertainty affects retention and engagement	Use early staff engagement, clear communication, formal consultation and a structured transition plan.
Benefits are not evidenced	Establish a baseline and dashboard covering activity, response time, outcomes, avoided escalation, carer impact, utilisation and cost.

10. Implementation Approach

Detailed design: confirm scope, demand assumptions, referral criteria, workforce profile, governance and host arrangements. Validation: complete finance, HR, equality, data protection and operational impact assessment as required. Engagement: consult staff, trade unions, locality leadership, commissioning, carers and relevant operational partners. Mobilisation: agree leadership, deployment arrangements, procedures, training, data collection and communications. Time-limited implementation: commence delivery with baseline measures and monthly oversight. Formal review: evaluate utilisation, outcomes, equity, workforce impact, cost and wider system benefit before confirming the enduring model.

11. Recommendation

It is recommended that the HSCP retain the CSS workforce and proceed with detailed design of a redesigned, flexible in-house service. This approach would preserve approximately 630 hours of weekly support capacity, align that capacity with current and emerging pressures, and test whether a coordinated model can improve prevention, crisis responsiveness, support to carers and value for money. The proposal is for service redesign and realignment - not continuation of the current structure unchanged and not cessation through full disaggregation and redeployment.