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Item No: 12

Meeting Date: Wednesday 25th June 2025

**Glasgow City
Integration Joint Board**

Report By: Pat Togher, Chief Officer

Contact: Stephen Fitzpatrick, Assistant Chief Officer, Older People's Services and South Locality

Phone: 0141 276 5596

NHSGGC Unscheduled Care Transformation Plan Investment

Purpose of Report:

This report sets out GCHSCP's proposed contribution to the NHSGGC Unscheduled Care Transformation Plan and seeks IJB approval for the associated investment.

Background/Engagement:

Given their alignment to the IJB's existing Strategic Plan commitments there has been no formal or informal engagement with external stakeholders in relation to the potential impact of the proposals contained in this report.

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 proposed investment in unscheduled care activity detailed at Appendix A; and
- b) Note that should recurring Scottish Government funding be confirmed at a future point a further report

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	will be submitted to the IJB seeking fresh approval for HSCP spend.
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Relevance to Integration Joint Board Strategic Plan:

The recommendations made in this report are consistent with the IJB Strategic Plan's stated priorities relating to unscheduled care.
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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.
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Personnel:	The proposals in this report would result in a range of recruitment across NHS and Council. The proposed extension of the Home First Response Service to 7 day working will require engagement with NHS Staff Side, whilst noting this is consistent with existing staff contracts.
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Carers:	Reducing the time patients spend in hospital would potentially impact on their families and other carers.
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Provider Organisations:	There is the potential to utilise support for delivery of this plan from third and independent sector organisations, subject to appropriate procurement processes.
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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.
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Fairer Scotland Compliance:	There are no specific issues arising from this report.
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Financial:	The IJB is being asked to approve total spend of £5.676m to support delivery of the proposals in this report. This being supported by the Chief Finance Officer based on assurances provided by the Health Board Director of Finance that this funding will be transferred to the HSCP.
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Legal:	There are no specific legal issues arising from this report. However, there is a proposal to invest in additional solicitor capacity for an initial 12 months.
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Economic Impact:	There are no specific issues arising from this report.
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Sustainability:	There are no specific issues arising from this report.
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Sustainable Procurement and Article 19:	There are no specific issues arising from this report.
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Risk Implications:	The key risk associated with this report relates to the uncertainty surrounding recurring funding, including conditions attached to performance delivery. The report proposes time-limited IJB investment in mitigation of this risk.
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Implications for Glasgow City Council:	If approved this will result in increased solicitor capacity within the Council's Legal Services team.
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Implications for NHS Greater Glasgow & Clyde:	The proposals contained within this report are intended to support delivery of NHSGGC's strategic unscheduled care priorities.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

1. Purpose

- 1.1 This report sets out GCHSCP's proposed contribution to the NHSGGC Unscheduled Care Transformation Plan and seeks IJB approval for the associated investment in line with the funding being provided.

2. Background

- 2.1. In November 2024 the NHSGGC Board was invited by Scottish Government to develop a whole system plan to improve Acute unscheduled care performance, specifically with a focus on reduced unplanned emergency department (ED) presentations and admissions and delayed discharges from hospital.
- 2.2. Timescales for development of the plan were extremely short and required intensive input from all 6 HSCPs as well as the Board's Acute Divisions. The final submission was co-ordinated by the Board's Corporate Planning Team in early December 2024 and included a broad range of unscheduled care activity and associated costings across both HSCPs and Acute. HSCPs welcomed this approach as a progressive departure from traditional winter planning that has tended to focus investment on increased Acute beds capacity.
- 2.3. There followed a hiatus during which the Health Board and Scottish Government negotiated aspects of the plan. The final set of proposals and

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outline funding of £21.9 million was confirmed by Scottish Government in April 2025. Important conditions were attached to the funding, namely that the Scottish Government reserved the right to recall any spend on areas not agreed as part of the plan or any underspend; additionally, that future recurring spend would be dependent on evidence of impact against key improvement targets agreed with the Health Board as part of the plan. The Scottish Government has further indicated that in-year funding might be withheld if insufficient progress is made against identified performance targets. Some of these targets present a very significant challenge; for example, the plan includes a target to reduce delayed discharges in NHSGGC by 75% by December 2025.

- 2.4. The HSCP component of the plan was based upon the extant unscheduled care programme overseen by the 6 NHSGGC IJBs over the past 7 years, with priority attached to scaling up activity with a demonstrable track record of delivery. This included Home First Response (frailty at the hospital front door service); Hospital at Home; Intermediate Care; and AWI discharge (including additional solicitor capacity). It also included a proposal to develop two HSCP residential care home units at Hawthorn House and Meadowburn to take the most complex and difficult to place delayed patients from Acute.
- 2.5. GCHSCP's Chief Officer has sought to ensure a coherent 6 HSCP approach through fortnightly meetings with Chief Officer peers and Chief Finance Officers.
- 2.6. Following confirmation of Scottish Government funding the Health Board's Corporate Planning Team resumed its co-ordination of the planning process, this time focused on implementation.

3. Glasgow City position

- 3.1 Throughout this process GCHSCP has sought to be a positive contributor, developing a range of specific, costed proposals in relation to the activity outlined at 2.4. Per Appendix A the total cost attached to these proposals is £5.676m.
- 3.2 The NHSGGC Board Director of Finance has provided written assurances to the HSCP Chief Officer and Chief Finance Officer confirming the funding detailed in Appendix A will be directed to the HSCP for an initial 12-month period. Letter attached at Appendix B.
- 3.3 However, at all times HSCP officers have been clear that they cannot commit to this spend without express IJB approval. Per para 2.3, in considering that approval IJB members' attention is drawn to the Scottish Government's funding conditions. In the absence of certainty around future funding the approvals sought here are for the next 12 months only. This is to ensure that no permanent costs are accrued against non-permanent funding. Should future funding be confirmed during that period a further report will be brought to the IJB seeking fresh approvals.

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- 3.4 IJB members are also asked to be aware of the changing unscheduled care context in NHSGGC. Specifically, the creation of the Health Board's new Interface Directorate and its proposed role across a range of unscheduled care activity, including the proposed expansion of virtual ward and Hospital at Home capacity. At this stage of its development it is not clear how any funding decisions made at this time by the IJB will have a future impact on the Interface Directorate.
- 3.5 IJB members are also asked to take account of the time imperatives attached to this funding. Any delay in making a decision will increase the risk of Scottish Government recalling an underspend against the earmarked £21.9 million. For example, the next IJB meeting at which proposals can be approved will be September 2025.
- 3.6 HSCP officers are therefore recommending that IJB members approve the spend detailed at Appendix A for a period of 12 months.

4. Recommendations

- 4.1. The Integration Joint Board is asked to:
- a) Approve the proposed investment in unscheduled care activity detailed at Appendix A; and,
 - b) Note that should recurring Scottish Government funding be confirmed at a future point a further report will be submitted to the IJB seeking fresh approval for HSCP spend.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	250625-12
2	Report Title	NHSGGC Unscheduled Care Transformation Plan Investment
3	Date direction issued by Integration Joint Board	25 June 2025
4	Date from which direction takes effect	25 June 2025
5	Direction to:	NHS Greater Glasgow and Clyde only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Home First Response Service, Residential Care for Older People and Hospital Discharge.
8	Full text of direction	NHSGGC Board to provide the agreed level of budget transfer to support delivery of the investment proposals detailed in Appendix A.
9	Budget allocated by Integration Joint Board to carry out direction	A total of £5.676m 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.
11	Date direction will be reviewed	25 June 2026

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APPENDIX A

Proposal	Detail	Performance targets	Projected spend 2025/26 (part year)	Projected spend 2026/27 (part year)	Total Projected Spend (Full Year)
Reduction in AWI delayed discharges	<p>Total proposed spend = £714,000</p> <p>Key elements:</p> <p>Increase dedicated legal capacity to support the submission of interim order applications to court, facilitating discharge in lieu of final approval of guardianship powers.</p> <p>Also use this capacity to support speedier private guardianship applications; and, to make local authority applications where unsatisfactory process is being made.</p> <p>Adopt a risk-enabling practice approach that supports more AWI patients to be discharged to their own homes or to care homes via 13za, thereby</p>	<p>AWI delayed discharges in Glasgow City = 77 as at 5 June 2025.</p> <p>Target is to reduce by 50% to 38 by 5 June 2026.</p> <p>Increase successful applications for interim orders to support AWI patient discharge by 20% over the 12 months to June 2026.</p> <p>Reduce over 200 days AWI delayed patients by 50% over the 12 months to June 2026.</p> <p>Projected bed days saved of 7,020 acute bed days saved over a 12 month period.</p>	£469,000	£245,000	£714,000

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	<p>reducing the numbers delayed in hospital pending the outcome of guardianship processes.</p> <p>Actions:</p> <p>Fund a GCC grade 7 solicitor for an initial period of 12 months (£64,000)</p> <p>Fund a third sector organisation £500,000 to provide enhanced support to AWI delayed patients to return home. To complement wrap around support from HSCP services, including home care and district nursing.</p> <p>The additional third sector support would be for up 21 days post-discharge and include a range of practical resettling activities intended to build professional and carer confidence around discharges back home or via 13za to care homes.</p> <p>This approach has proven results at both Ninewells</p>				
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	<p>and the Queen Margaret Hospital in Dunfermline. HSCP Heads of Older People Services and Home Care Services have visited to observe at QMH.</p> <p>£50,000 to a third sector organisation commissioned to undertake a financial appointeeship role for this patient cohort. Often the management of bills and other financial matters are a barrier to discharge back home.</p> <p>£100,000 of capital investment in assistive technology with daily and overnight support to allow identified AWI patients to return home. Specifically this would include measures designed to build families' confidence that their relative would be safely supported in their own home, including lifestyle monitoring and alarm response.</p>				
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Proposal	Detail	Performance targets	Projected spend 2025/26 (part year)	Projected spend 2026/27 (part year)	Total Projected Spend (Full Year)
Social Workers	<p>Total cost of £124,000</p> <p>Key elements:</p> <p>Fund 2x WTE QSWs at GCC grade 7 for an initial period of 12 months to support multi-disciplinary team (MDT) engagement with acute ward staff at QEUH and GRI (1 per site)</p> <p>These staff would engage with MDT meetings in the wards at the 2 major hospitals that refer the highest number of patients for social work assessment.</p> <p>Attendance at MDTs would be focused on ensuring improved information exchange on patients; enable social work to engage earlier in the patient journey; and, ultimately reduce the risk of future delays in discharge</p>	<p>Social Work would attend up to 30 MDT meetings per week across the QEUH and GRI sites.</p> <p>Projected saving of 100 bed days per site, per month based on accelerated discharges for 10 patients per week, per site average 2.5 days per patient</p> <p>Total projected bed days saving based on this rough assumption would be 2,400 per year across the two main hospital sites in the city.</p>	£68,000	£56,000	£124,000

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Proposal	Detail	Performance targets	Projected spend 2025/26 (part year)	Projected spend 2026/27 (part year)	Total Projected Spend (Full Year)
Intermediate Care expansion	<p>Total spend of £908,000</p> <p>Elements:</p> <p>The existing Discharge to Assess (D2A) pathway enables patients who are fit for discharge (FFD) to be discharged to a care home placement for the purposes of social work assessment. This being an alternative to the individual remaining in hospital through this process and consuming hospital bed days.</p> <p>The proposal here is to purchase an additional 17 D2A care home places at NCHC rate of £1,024.22 per week for a period of 12 months.</p>	<p>Based on 4 week throughput per D2A placement this would equate to 30 bed days saved per month x 12 months x 17 patients per month</p> <p>Total anticipated bed days saving = 6,120 per annum</p>	£682,000	£226,000	£908,000

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Proposal	Detail	Performance targets	Projected spend 2025/26 (part year)	Projected spend 2026/27 (part year)	Total Projected Spend (Full Year)
Home First Response Service (HFRS) expansion	<p>Total cost = £330,000</p> <p>Elements:</p> <p>This proposal would extend the existing HFRS at QEUH from 5 days to 7 days a week, in line with Scottish Government expectation of this funding.</p> <p>HFRS is an established frailty at the front door service where individuals exhibiting physical frailty undergo a frailty assessment with a view to identifying discharges home with support (if required) as an alternative to hospital admission.</p> <p>Currently roughly 60% of such patients are returned home under the 5 day service.</p>	<p>Based on previous weekday HFRS performance at QEUH, this additional weekend capacity could see an additional 400+ patients assessed over the course of 12 months and avoid 200 admissions per annum. This could save in excess of 3,000 bed days.</p> <p>Set a target of an average 35 additional assessments per weekend over the course of 12 months.</p>	£165,000	£165,000	£330,000

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	<p>Proposed QEUH hub costs to expand to 7 days (WTE) for an initial period of 12 months:</p> <p>2x NHS band 7 = £138,000 2x NHS band 6 = £113,000 2x NHS band 4 = £79,000</p> <p>Separate submissions are being made by Renfrewshire and Inverclyde HSCPs for similar models at the RAH and IRH.</p> <p>North Sector Acute Division has a pre-existing frailty model at GRI and are making a separate submission to support extending that to 7 days.</p>				
Establish 2 dedicated units at Hawthorn House and Meadowburn Care Homes to support discharge of complex patients	<p>Total cost of £3.6 million</p> <p>Elements:</p> <p>This proposal would create 2x dedicated 15 bed units to support the discharge of complex/ difficult to place delayed hospital patients; one at Hawthorn House and one at Meadowburn for an initial period of 12 months.</p>	<p>Progressively increase occupancy of these units to 90%.</p> <p>Achieve a turnover level within the units of 50% by the end of 12 months.</p> <p>Based on 90% occupancy achieve a monthly bed days saved target of 800</p>	£2,400,000	£1,200,000	£3,600,000

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	<p>The additional funding would principally be used to increase current staffing ratios in these units by 33% to 1 carer for every 5 residents; across 24 hours, 7 days a week, 365 days a year.</p> <p>The cost per unit would be £1.7 million per annum.</p> <p>A further £200,000 (£100,000 per unit) is proposed to provide GP cover given the higher levels of medical complexity of this patient cohort.</p> <p>These resources would operate as a 'provider of last resort' for delayed patients with complex needs and/ or challenging behaviour where it has proven difficult to identify social care providers willing to accept a placement.</p> <p>These resources would be made available in the first instance to delayed patients over 65 due to registration</p>	days by the end of 12 months.			
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	<p>change requirements; but in time would extend to under 65 delayed patients, subject to Care Inspectorate approvals.</p> <p>The model will maximise turnover to support continuous throughput as far as possible. Some residents may in time be capable of moving to mainstream care home places whilst others will remain permanently in these units given the enduring nature of their support needs.</p> <p>HSCP hospital discharge staff have already begun the process of provisionally identifying delayed patients who might benefit from this proposed service.</p>				
TOTAL			£3,784,000	£1,892,000	£5,676,000

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Pat Togher
Chief Officer
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Date: 17th June 2025
Our Ref: CN/BOB/Jun01
Enquiries to: Colin Neil
Direct Line: 0141-201-4470
E-mail: colin.neil@nhs.net

Dear Pat,

NHS Renewal - Additional Unscheduled Care Funding

Following confirmation of funding authorised by Scottish Government to NHSGGC of £20,955,725, per the attached letter, I am writing to confirm the allocation to Glasgow City IJB following a robust review process, which you were integral to.

Funding for 2025/26 (part year) and moving forward into 2026/27 (part year) represents a phased implementation approach. This effectively being an initial 12-month commitment of c£5,676,000.

With regards to care provision at Hawthorn House and Meadowburn Care Home it is recognised that incremental implementation will be required including an initial test of change, therefore whilst the overall investment is currently ring fenced an implementation plan, roll out timescale and workforce model will require to be developed further within this particular initiative. It is therefore anticipated that the 12 month spend in this area will be less and I look forward to receiving an update with regards to this to ensure we can model appropriate financial provision over the initial 12 month period.

As you are aware this funding will be based on actual spend and hence should there be slippage in funding utilised this will not be available for retention by the IJB or the Health Board as the allocation from Scottish Government will be linked to our actual spend in year.

We will require monthly returns to be provided as part of our internal assurance and to provide assurance to Scottish Government on finance and performance. As noted on the attached letter this funding will be made recurring on meeting the performance targets agreed and as such provides a substantial level of additional investment.

As a Board we need to implement at suitable pace, notwithstanding reasonable lead-in periods, and I look forward to this whole system approach following this confirmation of investment being made available.

This letter has been provided to offer assurance to the IJB that the Health Board intend to provide the 12-month funding commitment against the proposals as described within the Glasgow City IJB bid over 2025/26 and 2026/27, with the latter year expected to increase to a full year effect value pending successful implementation of the initiatives and

outcomes. As indicated the roll out plan for Hawthorn House and Meadowburn Care Home are likely to alter these values and phasing as these develop further.

Future funding will be dependent upon the satisfactory completion of KPIs which will allow conversion to recurring funds and with it associated annual uplifts in line with all other baseline funding.

Should you require any further information please revert to me.

Yours sincerely

Colin Neil
Director of Finance