Item No: 13

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

Glasgow City Integration Joint Board

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

Contact: **Stephen Fitzpatrick, Depute Chief Officer, Strategy, Innovation and Best Value**

Phone: **0141 276 5596**

STEP Forward Programme Reviews

Purpose of Report:	To seek IJB's approval for STEP Forward review recommendations in relation to the HSCP's Welfare Rights and Older People's Day Care Services; and redesign and associated savings proposals of the HSCP's Enhanced Drug Treatment Service (EDTS) and Complex Needs Service (CNS) and their replacement by a combined successor service.

Background/Engagement:	A programme of engagement in relation to the STEP Forward programme is currently ongoing. This was reported in detail to the Public Engagement Committee on 19 August 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 preferred Core Functions option for the Welfare Rights Service; b) Approve the preferred Four Community Hub option for the Older People's Day Care Service; and c) Approve to progress the redesign and associated savings proposals relating to the Enhanced Drug Treatment Service and Complex Needs Service; and the creation of a new combined successor service with associated reinvestment of £1.2 million ensuring the delivery of heroin assisted treatment.

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 relate to national outcomes 1-9.

Personnel:	The proposals outlined in this report have potentially significant implications for the displacement of HSCP staff. These are outlined in detail at section 9.

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

Provider Organisations:	There are no specific issues arising from this report.

Equalities:	Equality Impact Assessments are published alongside this report for the Welfare Rights and Older People's Day Care STEP Forward reviews. https://glasgowcity.hscp.scot/equalities-impact-assessments Full EQIAs for EDTS and CNS have been delayed as a product of a formal Staff Side grievance. However, high level equalities considerations have been identified that inform the contents of this report.

Fairer Scotland Compliance:	Glasgow City HSCP uses the NHS Greater Glasgow and Clyde (NHS GGC) 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:	The 2026-27 IJB budget report included service prioritisation in-year savings of £10 million with a further

	£10 million to be delivered as at 1 April 2027. Savings options presented in this report equate to £5,041,660.

Legal:	No issues

Economic Impact:	No issues

Sustainability:	No Issues

Sustainable Procurement and Article 19:	No issues

Risk Implications:	Key risks and mitigations in relation to each of the service areas addressed in this report are set out in detail at paragraphs 3.13, 4.14, 5.11 and 6.11.

Implications for Glasgow City Council:	The STEP Forward plan must align with the Council's strategic priorities.

Implications for NHS Greater Glasgow & Clyde:	The STEP Forward plan must align with the Health Board's strategic 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 To seek IJB's approval for STEP Forward review recommendations in relation to the HSCP's Welfare Rights and Older People's Day Care Services; and redesign and associated savings proposals of the HSCP's Enhanced Drug Treatment Service (EDTS) and Complex Needs Service (CNS) and their replacement by a combined successor service.

2. Background

2.1. The IJB has received progress reports on the STEP Forward programme as a standing item at its meetings since September 2025. This is the first for decision report that the IJB is being asked to consider.

2.2. The national financial context for Integration Joint Boards is increasingly challenging. Audit Scotland's most recent financial reporting on IJBs describes a critical financial position across Scotland, with cost and demand pressures continuing to outstrip available funding, reserves reducing and

IJBs being required to make difficult decisions about how services are delivered, including where services may need to be redesigned, reduced or discontinued.

2.3. Within that context the IJB has previously asked officers to move away from repeated percentage reductions across services and to bring forward a more strategic, transparent and evidence-based approach to service prioritisation. STEP Forward was established to provide that approach, supporting the IJB to consider the relative priority, impact, affordability and sustainability of delegated services rather than relying on incremental reductions that may not reflect need, outcome or statutory priority.

2.4. The IJB's approved 2026/27 budget included a commitment to deliver £10 million of in-year savings through Service Prioritisation (now STEP Forward), with a further £10 million drawn from IJB reserves to be delivered from 1 April 2027. The recommendations in this report therefore form part of the agreed financial recovery and sustainability plan and should be considered as contributions to the delivery of that budget commitment rather than as isolated service proposals.

2.5. The STEP Forward methodology has been designed to give IJB members assurance that recommendations have been developed through a consistent and structured process. Reviews progress through agreed programme gates and consider the case for change, available options, financial and non-financial impacts, strategic fit, legal and statutory considerations, equalities, workforce implications, deliverability, engagement feedback and potential mitigations before any recommendation is escalated for decision.

2.6. If the recommendations are not approved the IJB will need to identify alternative savings at pace in order to maintain the approved budget position. Given the limited time remaining in the financial year, the scope for alternative in-year recovery is increasingly constrained. Deferral or rejection would therefore increase the likelihood of further financial pressure being carried forward, reduce the time available for planned implementation and engagement and heighten the risk that any subsequent measures would need to be developed and delivered within a shorter and more pressured timescale.

3. Welfare Rights Service Review

3.1. The Welfare Rights Service review was considered by the Executive Steering Group (ESG) on 14 September 2026 as part of Tranche 1 of the STEP Forward programme. ESG endorsed the preferred option for progression to formal IJB decision-making. The preferred option is to redesign and reduce the current Welfare Rights Service so that it is more clearly focused on **core HSCP functions**, targeted support to HSCP service users and those most vulnerable to financial hardship. This option would generate a saving to the HSCP of **£1,027,660** against a current annual budget of £2,222,348.

3.2 The current service provides welfare rights, income maximisation, appeals, pensioner poverty, locality support, training and specialist advice activity. The review evidence recognises that the service has a positive impact for

people who access it, including vulnerable people who are financially excluded or digitally excluded. During 2025 the service received around 6,400 referrals, of which 3,297 required advice and 3,103 required full assessment. The service generated approximately £9.31 million in additional benefits for Glasgow residents, supported 237 appeal cases and managed 142 referrals for HSCP staff approaching half pay. The average waiting time for the service is approximately five weeks.

3.3 In common with every STEP Forward review, the Welfare Rights Service was tested against the critical success factors, including strategic fit, best value, affordability and achievability. The rationale for the preferred **core HSCP functions** option was that whilst the current service is valued, elements of provision extend beyond the HSCP's core role and overlap with wider financial inclusion services operating across Glasgow. The proposed model would retain the Income Maximisation function and a reduced locality-facing welfare rights function, whilst ceasing or reducing activity in areas including Pensioner Poverty, training, appeals and private rented sector work. This would refocus remaining capacity on direct benefit to HSCP service users, including people accessing chargeable services, those frequently presenting for discretionary or destitution payments and people less able to access digital or mainstream advice routes. It would retain targeted support for vulnerable HSCP service users whilst creating clearer service boundaries between the HSCP role and wider city financial inclusion provision; for example, the HSCP would no longer undertake tier 3 appeals work for which the wider financial inclusion providers already receive separate funding. In addition, this option aims to modernise and future proof service delivery by aligning and collaborating with other financial inclusion services and by developing digital-based information and self-service options for the public.

3.4 The evidence base considered through the STEP Forward methodology included referral volumes, activity levels, benefit gains, appeals activity, waiting times, staffing and vacancy information, overlap with wider financial inclusion provision, equality considerations and potential impact on vulnerable groups. Some of the key metrics that informed the service review are detailed below:

- Income maximisation, locality support and HSCP appeals jointly managed 88% (5,673) of total referrals, hence their representation as the **core HSCP functions** of the team.
- Pensioner poverty activity has reduced by 28% with a 13% reduction in proportionate uptake.
- Appeals (tier 3) workload also reduced by 31% in the year to 2025, which the service asserts is due to a change in DWP processes.
- Appeals support to Glasgow citizens who are not social work service users is estimated to account for 30% of total appeals activity and has been provided unfunded to all non-HSCP service users by the HSCP's Welfare Rights Service.
- Glasgow City Council via Glasgow Community Funds have agreed funding of £8.9 million for 2026-29 to Glasgow Advice and Information Network (GAIN) agencies, 11 of whom provide tier 3 appeals support. In

addition, there are 14 other agencies outwith the HSCP listed as providing tier 3 services.

- Appeals are not a core responsibility of the HSCP**;** however locality teams would continue to manage HSCP cases to appeals level.
- In the year to 2025 overall referrals to the service reduced by 5% with a 17% shift from assessments which require active input to advice.

3.5 The proposed future staffing model is based on the application of the productive capacity assumption of Personal Social Services Research Unit (PSSRU); i.e. 1,550 hours per WTE per annum based on a 35-hour week for health and social care (allowing for annual leave, sickness absence, training and supervision). A staffing establishment of 18x grade 6 Welfare Rights Advisers and 2x grade 7 Team Leaders (20x WTE in total) is considered a pragmatic and proportionate model to meet anticipated demand. The revised model would include 2x grade 7 posts, 8x grade 6 Income Maximisation posts and 10x grade 6 Locality Team posts. The proposal would delete 16x grade 6 posts and 4x grade 7 posts, with existing vacancies contributing to the overall reduction. Implementation would be managed through a structured workforce change process, including engagement, redeployment support and no compulsory redundancies. Please see 9.1 for a tabular summary of the proposed staffing changes.

3.6 The proposed establishment is predicated on anticipated demand from approximately 335 higher-complexity appeals referrals annually; 60% uptake of 6,500 destitution payments (3,900); and 5,508 (97.1%) of current referrals for retained areas. Total activity within the service areas under these assumptions (Income Maximisation, Locality Support and Appeals) would be equal to 1.87 cases per day per member of the Welfare Rights Team.

3.7 The Welfare Rights review has attracted significant staff, trade union and political interest. A formal 30-day consultation with staff and trade unions took place between 4 August and 3 September and generated well over 100 individual questions.

3.8 Staff and trade union feedback sought further evidence and transparency on the basis for the proposal, challenged workforce modelling, case-time assumptions and demand projections and highlighted potential impacts on service users, including access to financial assistance, early intervention and preventative anti-poverty activity. Respondents also raised concerns about the proposed reduction or cessation of specialist functions, including appeals, Pensioner Poverty and training, queried the consultation process and access to supporting information and highlighted the risk that demand could be displaced onto other HSCP services, partner agencies or third sector advice providers.

3.9 The broad HSCP management response was that the proposal had been developed through the STEP Forward methodology and assessed against the agreed critical success factors of strategic fit, best value, affordability and achievability. Management acknowledged the value of the current service and the concerns raised during consultation but emphasised the need to respond to the HSCP's financial sustainability challenge, clarify the HSCP's role within the wider financial inclusion landscape, reduce overlap with other

provision and retain targeted welfare rights capacity for those HSCP service users most likely to require direct support.

3.10 Following completion of the consultation period a consultation outcome letter was issued to Welfare Rights staff on 11 September 2026. The letter confirmed that one counterproposal had been received from Welfare Rights staff: a variation of the Do Minimum option which would retain destitution payment work and HR referrals and offer the current 7x vacancies as the proposed saving.

3.11 HSCP management did not support that counterproposal because no additional evidence or activity data was provided to justify replacing the preferred option and because the counterproposal did not demonstrate a stronger position against the programme's critical success factors. Following consideration of all feedback, questions and counterproposals, HSCP management concluded that no changes were required to the proposed service model. At its meeting on 14 September the ESG considered all of this information in reaching its decision to support the option being presented to IJB today for approval.

3.12 A full equality impact assessment (EQIA) has been published alongside this report. The EQIA identifies potential impacts for people affected by poverty, older people, disabled people and carers; and, identifies mitigations including continued Income Maximisation provision, retention of locality support for priority groups, conclusion of existing appeal cases, signposting to accredited advice agencies, development of digital information and training resources, piloting automatic referral routes from discretionary and destitution payments and monitoring waiting times and demand.

3.13 The following benefits, risks and mitigations have been identified in relation to the proposed future Welfare Rights Service model:

Area	Summary
Key benefits	Retains targeted income maximisation and locality support for vulnerable HSCP service users; clarifies the HSCP's role within the wider financial inclusion system; reduces duplication; improves affordability; and, supports a more focused model aligned to STEP Forward priorities.
Key risks	Potential impact on disabled people, older people and people experiencing poverty; loss of specialist appeals and pensioner poverty capacity; increased waiting times; reduced training offer; workforce displacement and loss of expertise; political and reputational challenge; and, risk that partner pathways may not absorb displaced demand consistently.
Mitigations	Complete all open appeals before transition; develop clear referral and signposting pathways to accredited advice providers; introduce routine service-user feedback; monitor demand and waiting times; pilot automatic referral from discretionary/ destitution payment routes; maintain structured staff and trade union engagement; and, ensure redeployment, equality, HR, finance and legal assurance are built into implementation planning.

4. Older People's Day Care Service Review

4.1 The Older People's Day Care Services review was considered by the Executive Steering Group on 14 September 2026 as part of Tranche 1 of the STEP Forward programme. ESG endorsed the preferred option for progression to formal IJB decision-making, which is to move from the current ten-centre model to a reduced **Four Centre Community Hub** model. This option would retain directly provided day care provision whilst consolidating capacity into fewer sites and reshaping the service around a more sustainable operating model.

4.2 The current service operates from ten older people's day care centres and provides building-based support for older adults, including social, wellbeing and carer support. The service currently has an establishment of 100 posts, including drivers, all directly employed within Older People Day Care Services. Please see table at 9.2.

4.3 Service user numbers remain significantly below available capacity, with 661 service users attending per month as at May 2026 against a total capacity of around 1,500 places. This was slightly above the preceding 5-year average of 601 service users. Service users may attend between one and five days per week, although the majority attend one or two days weekly and attendance varies significantly by centre and by day of the week.

4.4 A significant proportion of people using the service have wider support needs: 68% also receive home care, 60% have telecare and many have dementia-related support needs. The service's stated benefits include supporting social connection, reducing isolation, providing respite for unpaid carers and helping older people to live safely and well in their own homes for as long as possible.

4.5 In common with every STEP Forward review the Older People's Day Care Service was tested against the critical success factors, including strategic fit, best value, affordability and achievability. The evidence base considered by the review included attendance and capacity data, staffing levels, transport use, the HSCP's preceding 2024 internal strategic review, prior public consultation, charging policy impacts, examples of service refusal following the free four-week trial period, benchmarking with neighbouring authorities where older people's day care facilities have been reduced or closed, and opportunities to interact with wider older people's service initiatives.

4.6 The rationale for the preferred **Four Centre Community Hub** model is that the current ten-centre model does not represent best value in light of sustained low occupancy, workforce pressures, overly broad service objectives, significant transport dependency, limited eligibility criteria, limited measurable outcomes evidence and a workforce and estate model that has not fully adapted to changing demographics or post-Covid attendance patterns.

4.7 The four-hub model would retain an HSCP directly provided older people's day care function whilst consolidating provision to improve occupancy levels, support clearer eligibility and operating arrangements and release

underused estate for potential alternative use across the HSCP. The option seeks to avoid full service cessation whilst recognising that Business as Usual would not address the affordability and sustainability issues identified through the review.

4.8 This option would transition the service from a traditional building-based day care model to a more progressive community hub model, focused on people with assessed need and designed around clearer eligibility, improved use of specialist facilities and stronger links with wider HSCP supports.

4.9 Under this option the future service would provide day care from four hub sites, with a model that combines social, wellbeing, therapeutic and preventative support. The hubs would be expected to offer more than a reduced version of the current service. The intended shift is towards a more purposeful model with defined eligibility, prioritisation by level of need, stronger links to reablement and rehabilitation and clinical or therapeutic in-reach where this can be secured through implementation planning; e.g. personal care, dementia support, mobility assistance, behavioural support, carer support.

4.10 The four-hub model would maintain a citywide day care capacity of around 120 places per day and a weekly capacity of approximately 600 places. This compares with average monthly attendance of 601 unique service users over the past 5+ years, most of whom attend one or two days per week. The review therefore concludes that with careful transition planning, existing service users could be absorbed into the four hubs with limited loss of actual attendance, although many would receive support from a different building and travel patterns would change.

4.11 The financial evidence identifies a current operating budget of approximately £5.4 million, based on the adjusted year-to-date 2025/26 budget. The preferred four-hub model is intended to secure a material recurring saving of **£2 million** whilst preserving a core service offer within a residual budget of £3.4 million.

4.12 The Older People's Day Care review has attracted significant staff, trade union and political interest. A formal 30-day consultation with staff and trade unions took place between 7 August and 6 September and generated well over 100 individual questions. Consultation and engagement feedback recognised the value that day care provides to current service users and carers, particularly in relation to routine, social connection, carer respite and support for people with dementia or higher levels of need. Feedback also highlighted concerns about reducing local access, transport arrangements, the impact on carers, the potential for increased isolation and the risk of demand shifting to locality teams, commissioned services, acute care or care home admission.

4.13 Two material changes were conceded by HSCP management in response to the consultation and supported by the ESG at its meeting on 14 September:

i) The originally prescribed staffing structure has been set aside as part of the preferred four-hub option. Initially, this proposed a detailed future staffing structure; however, consultation respondents made a persuasive case that such prescription would be unduly constraining at this stage and that the detailed staffing structure should remain a matter for operational judgement during the implementation phase. To be clear, this would apply within the same financial envelope set out at 4.11.

ii) HSCP management has accepted that there may be scope to retain up to five day care centres within this same financial envelope outlined at 4.11 and that, again, this can be considered at the point of implementation. This would provide some mitigation against consultation themes relating to geographical coverage, local connection and travel patterns. For example, it may involve different day care sites being opened on different days to accommodate higher levels of local demand.

4.14 In terms of benefits, risks and mitigations the preferred four-hub model offers a stronger strategic and financial position than Business as Usual, but does carry implementation, workforce, service user, carer, transport and equality risks.

Area	Summary
Key benefits	The Four Centre Community Hub option retains a directly provided day care offer for older people and unpaid carers while moving the service onto a more sustainable footing. It supports improved utilisation of remaining provision, better targeting of resources to people with higher levels of need, clearer eligibility and outcome expectations, more purposeful use of specialist facilities and stronger alignment with prevention, maximising independence and supporting people in their communities. It also provides a credible route to an indicative recurring saving of approximately £2 million.
Key risks	Key risks include loss of local access for some service users, increased travel distances and journey times, transport capacity and LEZ compliance pressures, anxiety for carers who rely on day care for respite, workforce displacement or role change, reduced confidence in the proposed staffing model, potential equality impacts on older and disabled people, public concern about perceived service withdrawal and implementation risk if the new hub model, eligibility criteria and clinical or therapeutic in-reach are not fully defined before mobilisation.
Mitigations	Progression will require a detailed implementation plan, confirmed final centre footprint, transport assessment, workforce plan, communications plan and individual transition planning for current service users. The implementation phase should include a review of proposed staffing ratios and skill mix, clear eligibility and prioritisation criteria, engagement with carers and families, confirmation of transport arrangements, including alternatives where appropriate, property and asset planning and a refreshed performance framework to monitor attendance, outcomes, carer respite, utilisation, safeguarding,

	complaints and unintended demand impacts. The impact of the change should be kept under review through implementation and routine performance management against agreed KPIs.

5. Enhanced Drug Treatment Service

5.1 Both the Enhanced Drug Treatment Service (EDTS) and Complex Needs Service (CNS) were subject to STEP Forward reviews that were subsequently suspended in response to a formal grievance from NHS Staff Side submitted on 15 July 2026. By that date both reviews had reached the appraisal panel stage of the STEP Forward process, which identifies a single preferred option for formal statutory consultation with affected HSCP staff. However, due to the Staff Side grievance both reviews have remained paused since then. Nonetheless the preferred options identified by the appraisal panel are presented here as options for the IJB to consider outwith STEP Forward as part of the broader budget balancing options to be considered by the IJB over the remainder of the 2026/27 financial year.

5.2 The Enhanced Drug Treatment Service (EDTS) review considered the future delivery of the specialist heroin or diamorphine assisted treatment service based at Hunter Street Health and Care Centre. EDTS was developed following the 2015 city centre HIV outbreak and the subsequent Taking Away the Chaos health needs assessment. It opened in December 2019 to provide a highly specialist, supervised treatment and harm reduction response for adults with chronic opioid dependency who had not benefited from conventional opioid substitution treatment or sustained engagement with mainstream alcohol and drug services.

5.3 The current service is delivered in-house through a specialist multidisciplinary team hosted by Glasgow City HSCP and NHS Greater Glasgow and Clyde, including medical, pharmacy, nursing, social care and administrative staff. It provides supervised administration of pharmaceutical grade diamorphine in a controlled clinical setting, prescribed and supervised medication, holistic physical, psychological and social support, engagement into wider addictions treatment and recovery pathways, welfare and housing support where required, injecting equipment provision, overdose prevention and naloxone, blood borne virus prevention and treatment access and wider harm reduction support for a highly vulnerable city centre population.

5.4 The service was originally designed to support up to 40 service users at any one time. By the time of review 74 people had been assessed by the service and 53 had commenced diamorphine assisted treatment; 27 people were open to the service, with the highest monthly caseload since its opening in 2019 recorded as 29. Service users are among the most vulnerable people in the city, with high levels of severe and multiple disadvantage. Around 70% are male, 75% are aged 35-54 and around half present with complex trauma diagnoses and co-occurring conditions, including mental health and neurodevelopmental disorders.

5.5 The evidence base considered through the review indicated that EDTS has delivered significant benefits for an exceptionally small cohort of people who experience multiple adversity. There have been no deaths of people whilst in receipt of EDTS treatment, however cause and effect cannot be attributed with confidence. Data shows reductions in street heroin and street benzodiazepine use, although cocaine use remains persistently high. Evidence suggests that Emergency Department presentations, homelessness contact episodes and offending have reduced. Whilst promising, these reductions must be seen in the context of a small sample of individuals and cannot be attributable to the intervention of EDTS alone.

5.6 The review also identified material pressures within the current model. These included the very high cost per patient, the small scale of the service, limited scope to release savings without affecting the delivery model, high medication costs, the city centre location in an area associated with drug markets and significant pharmacy, estate and facilities constraints. The pharmacy model is partially non-compliant with national aseptic preparation standards, including limitations in facilities, equipment, air handling, environmental control, segregation and storage arrangements. The physical environment also restricts opportunities to increase patient numbers or provide a broader range of care.

5.7 The appraisal panel considered the shortlisted options against the STEP Forward critical success factors of strategic fit, best value, affordability and implementation. The preferred option was to cease the service with the potential to reinvest some of the existing funding to meet the needs of this very complex population under a different model better aligned to best value. This has since evolved into the redesign and reinvest proposal outlined in this report.

5.8 The panel acknowledged the commitment of the EDTS team to supporting some of the most vulnerable patients and users of HSCP services. However, it noted from the review material that these are the patients least engaged with mainstream services rather than necessarily the most complex; i.e. equally or more complex patients are being seen by other HSCP services. The existing service did not review strongly against best value and affordability Critical Success Factors. There was specific concern regarding the relatively small caseloads, even allowing for the complexity of presenting need. Consequently, there was concern regarding the value for money provided by the service in the context of the wider financial position of the HSCP. HSCP funding per individual patient was noted to be exceptionally high at circa £300K for those with an ongoing attendance over 6.5 years. There was further concern regarding the low level of throughput of patients and service users, given that this was part of the original model objectives. The panel also expressed concern that opportunities to work in a more coordinated and efficient fashion with related services (Complex Needs, Thistle) had not been fully realised.

5.9 The redesign and reinvest option therefore offers the opportunity to retain the strongest elements of EDTS whilst seeking to improve patient flow, reduce duplication, strengthen recovery pathways and secure savings that contribute to the future sustainability of the HSCP and IJB.

5.10 This redesigned service would have a revised budget of £1.2m ensuring the delivery of heroin assisted treatment remains whilst creating a cumulative saving from existing EDTS and CNS budgets of £2m. Savings assumptions include review of management arrangements across Hunter Street, potential staffing reconfiguration, combining administrative and business support functions and improved use of pharmacy and service capacity across both EDTS/CNS services.

5.11 Consultation and formal staff engagement on EDTS has been affected by the NHS Staff Side grievance and the associated pause in consultation activity for health-related reviews. As a consequence this review has not followed the same formal consultation timetable as the Welfare Rights and Older People's Day Care reviews. Further staff, trade union and service-user engagement will therefore be required before implementation, including engagement on any proposed management structure, workforce reconfiguration, clinical pathway changes, pharmacy arrangements, equality impacts and the interface with other Hunter Street services.

5.12 The key benefits, risks and mitigations are summarised below:

Area	Summary
Key benefits	The proposed redesign would release the greatest level of direct financial saving from the existing EDTS model and create the opportunity to reinvest a proportion of current funding in an alternative model that is better aligned to best value, wider harm reduction pathways and the needs of a broader complex population. It would address concerns about the very high cost per patient, low throughput, limited scalability, pharmacy and estate constraints and the extent to which EDTS has remained a small, highly specialist service rather than a core component of a wider integrated Hunter Street model.
Key risks	This option carries clinical, equality, public health, workforce, reputational and system demand risks. These are mitigated by the proposal to reinvest in a combined EDTS/CNS service. Additional factors which reflect complexity of need such as homelessness, or potentially increased use of emergency and acute services may occur amongst this group in the absence of coherent care planning arrangements and the ongoing provision of EDTS. Any risk to the loss of specialist expertise should also be considered and mitigated against including any subsequent impact on core ADRS services.
Mitigations	This report has emphasised that EDTS has yielded promising outcomes for some of our most vulnerable service users however the report equally stresses that this represents a very small number of people who continue to experience instability and remain predisposed to a level risk, despite their engagement in EDTS. At the core of our mitigation is a revised model of EDTS and CNS which seeks to retain the delivery of heroin assisted

	treatment and the best practice examples of care across both EDTS and CNS. It must be also acknowledged that Glasgow's response to drug related harms has significantly developed in the years since the EDTS was established. Core initiatives that would seek to mitigate the impact of risk would include: - Naloxone as a core feature in the prevention of fatal overdose episodes is now distributed by key partners, including police Scotland, third sector and outreaching services across Glasgow. - ADRS proactive outreach model for those who experience difficulties in engaging in services similar to cohort of EDTS. - Introduction of Long-acting injectable buprenorphine - Crisis Outreach Service to any reported non-fatal overdoses reported by Scottish Ambulance Service - WAND delivered through third sector, pro-active engagement with service users to deliver Wound care, Assessment of injecting, Naloxone and Dry Blood spot testing; - Intel Hub – supports system wide service responses to non-fatal overdose date and police Scotland data; - Commencement of Thistle safer drug consumption facility; - Commencement of Simon Community Hub for those experiencing multiple complex needs Mitigation would also require a fully costed successor model before implementation; individual transition plans for all current service users; clinical governance and medicines management assurance; safe prescribing, dispensing and transfer arrangements; overdose prevention and naloxone planning; clear links to ADRS, homelessness, mental health, justice and primary care pathways; staff, trade union and service-user engagement; EQIA and risk assessment; workforce and redeployment planning; and, phased implementation when alternative provision and reinvestment arrangements are confirmed.

6. Complex Needs Service

6.1 The Complex Needs Service (CNS) review considered the future delivery of the specialist city-wide service for adults experiencing severe and multiple disadvantage. CNS sits within Glasgow HSCP's integrated health and social care system and was established in March 2022 following a strategic review of homeless health provision and learning from the Covid-19 period. The service provides an assertive, responsive outreach model for people with intersecting and complex needs, including complex trauma, substance use, physical health needs, mental illness, neurodiversity, acquired brain injury, homelessness or unsuitable accommodation, justice involvement and public protection risks.

6.2 The current service comprises an integrated multidisciplinary workforce with a funded establishment of 28.3 WTE and a 2026/27 baseline budget of £1,914 million, of which the majority relates to employee costs. The service operates from a co-located base at Hunter Street but delivers flexible city-wide outreach to people wherever they are currently located, including homelessness accommodation, community settings and other points of need. As of early April 2026, CNS was supporting 96 individuals: 86 on the active caseload and 10 in assessment, with 6 people awaiting assessment.

Given the recommendation seeks to redesign CNS and EDTS this would generate a combined saving of £3.2m (CNS £1.914m, EDTS £1.3m). However, the proposal also seeks to create a revised 'successor service' to replace both services with a revised budget of £1.2m ensuring the delivery of heroin assisted treatment whilst creating a saving of £2m. This arrangement will also seek to preserve the best practice examples of CNS wherever possible.

6.3 CNS provides a single point of coordination and specialist multidisciplinary response for people who are least likely to access or sustain engagement with mainstream services. The service supports assessment, stabilisation, adult support and protection activity, harm reduction, care coordination, accommodation pathways and engagement with wider health, social care, homelessness, addictions, justice, primary care, acute, third sector and community services. It seeks to reduce repeated crisis presentations, avoidable use of emergency and acute services, placement breakdown, public protection risk and fragmented responses across the wider system.

6.4 The evidence base considered through the review included referral source and activity data, caseload and assessment information, Complexity Index Scores, case studies, thematic analysis of individual journeys, information on Adult Support and Protection activity, A&E presentations, hospital admissions, accommodation instability and interface pressures with locality, community and commissioned services.

6.5 The appraisal panel considered the shortlisted options against the STEP Forward critical success factors of strategic fit, best value, affordability and implementation. The preferred option was to cease the service with the potential to reinvest some of the existing funding to meet the needs of this very complex population under a different model better aligned to best value. Per para 5.7 above, this has since evolved into the redesign and reinvest proposal outlined in this report.

6.6 CNS was established in the particular context of the pandemic and had originally been conceived as a response to the challenges during that period. The existing service did not review strongly against best value and affordability Critical Success Factors. At the appraisal panel on 10 July there was specific concern regarding the relatively small caseloads, even allowing for the complexity of presenting need. Consequently, there was concern regarding the value for money provided by the service in the context of the wider financial position of the HSCP. There was further concern regarding the low level of throughput of patients and service users, given that this was part of the original model objectives. It was acknowledged that this was at

least in part a product of other HSCP services' inability to accept onward referrals; however, this in itself reflects one of the weaknesses of having this as a separate specialist service. There were concerns regarding the comparatively limited management span of control, insufficiently clear delineation from other HSCP services and duplication within the service. There was also concern that opportunities to work in a more co-ordinated and efficient fashion with related services (EDTS, Thistle) had not been fully realised. It was noted that a recent independent professional audit highlighted similar issues.

6.7 However, there was recognition that the service supports some of the city's most vulnerable, for whom there must be a continuing service offering. On that basis although the panel recommended the cease option it also recommended reinvestment from the current budget to maintain necessary levels of capacity within the wider HSCP system to support the most complex patients/ service users. Hence the redesign option presented here.

6.8 The rationale for this preferred direction is that it offers a more proportionate balance between strategic fit, best value, affordability and deliverability than either Business as Usual or full closure. A redesigned Hunter Street model would preserve centralised specialist support for people who experience persistent barriers to mainstream services, whilst creating a route to improved patient flow, reduced duplication, clearer governance, more consistent application of thresholds and more efficient deployment of multidisciplinary resource. It also aligns with the emerging direction of travel for EDTS and wider harm reduction provision.

6.9 Consultation and formal staff engagement on CNS has been affected by the NHS Staff Side grievance and the associated pause in consultation activity for health-related reviews. As a consequence, the CNS review has not followed the same formal consultation timetable as the Welfare Rights and Older People's Day Care reviews. Further staff, trade union, partner and service-user engagement will therefore be required before implementation, including engagement on a new model, workforce implications, management structure, clinical governance arrangements, equality impacts, referral thresholds, transfer pathways and accommodation dependencies.

6.10 The key benefits, risks and mitigations are summarised below:

Area	Summary
Key benefits	Retains specialist city-wide outreach and multidisciplinary expertise for people with the highest levels of complexity; strengthens coordination across Hunter Street services; supports clearer pathways, thresholds and governance; reduces duplication and fragmented responses; improves opportunities for stabilisation, engagement and transition; and offers a route to savings and longer-term value through improved flow and better use of shared resource.

Area	Summary
Key risks	Financial savings remain uncertain until the wider successor model is fully scoped; accommodation constraints may continue to limit throughput; locality and community services may be unable to absorb redirected demand; service users may experience harm if care is fragmented or transition is poorly managed; workforce change may affect morale and retention; and, any reduction would carry significant equality, clinical, public protection, reputational and system demand risks.
Mitigations	Similar to EDTS It must be acknowledged that Glasgow's response to drug related harms and complex needs has developed in the years since the CNS was established. Core initiatives that would seek to mitigate the impact of risk would include: - Naloxone distribution is regarded as a core feature in the prevention of fatal overdose episodes is now distributed by key partners, including police Scotland, third sector and outreaching services. - ADRS proactive outreach model for those who experience difficulties in engaging in services similar to cohort of EDTS. - Introduction of Long-acting injectable buprenorphine - Crisis Outreach Service to any reported non-fatal overdoses reported by Scottish Ambulance Service - WAND – delivered through third sector, pro-active engagement with service users to deliver wound care and naloxone; - Intel Hub – supports system wide service responses to non-fatal overdose date and police Scotland data; - Commencement of Thistle safer drug consumption facility - Commencement of Simon Community Hub for this experiencing multiple complex needs - Work is currently underway by Glasgow HSCP in revising our approach to Hard Edges findings which focuses on multiple complex needs and those who are frequent attenders at GRI. Mitigation would also require a fully costed successor model before implementation; individual transition plans for all current service users; clinical governance and medicines management assurance; safe prescribing, dispensing and transfer arrangements; overdose prevention and naloxone planning; clear links to ADRS, homelessness, mental health, justice and primary care pathways; staff, trade union and service-user engagement; EQIA and risk assessment; workforce and redeployment planning; and, phased implementation when alternative provision and reinvestment arrangements are confirmed.

	Progression should be subject to full staff, trade union, partner and service-user engagement; clinical and public protection governance assurance; clear referral, assessment and transfer criteria; detailed workforce and management modelling; accommodation and commissioning alignment with All in for Glasgow 2; confirmation of financial assumptions; and, joint implementation planning with EDTS, Crisis Outreach and wider Hunter Street services.

7. Next Steps

7.1 If approved by the IJB today the recommendations in relation to Welfare Rights, Older People's Day Care, Enhanced Drug Treatment Service and Complex Needs Service will immediately proceed to implementation.

7.2 Implementation will be led by the relevant operational business leads and will be bound by organisational change policies. Relevant and proportionate engagement with affected service users and patients will be designed into the implementation phase.

7.3 Implementation will be governed by the HSCP's Integration Transformation Board chaired by the Depute Chief Officer, Finance and Resources. Relevant reports on progress with implementation will be presented to future IJBs.

8. Finance

8.1 A total of £5,041,660 of savings are attached to the recommendations made in this report. These break down as follows:

Service	**£**
Welfare Rights	1,027,660
Older People's Day Care	2,000,000
Enhanced Drug Treatment Service	850,000
Complex Needs	1,164,000
Total	**5,041,660**

9. Personnel Issues

9.1 The recommendations in this report would generate significant staff reductions across a number of services. For the Welfare Rights Service the proposed staffing reductions would be as follows:

Grade	**Current sub-team**	**Current WTE**	**Proposed sub-team**	**Proposed WTE**	**WTE Change**
Grade 7	Senior Welfare Rights Officers	6.0	Senior Welfare Rights Officers	2.0	-4.0
Grade 6	Welfare Rights Officers	9.0	Income Maximisation	8.0	-1.0

Grade 6	Welfare Rights Officers	19.0	Locality Welfare Rights support	10.0	-9.0
Grade 6	Welfare Rights Officers	4.5	Pensioner Poverty	0.0	-4.5
Grade 6	Welfare Rights Officers	5.0	Appeals & Training	0.0	-5.0
Grade 6	Welfare Rights Officers	1.0	Private Sector Housing	0.0	-1.0
Total	**Current Welfare Rights Service establishment**	**44.5**	**Retained Grade 6/7 Core Functions establishment**	**20.0**	**-24.5**

9.2 The Older People's Day Care Service currently has an establishment of 100 WTE across management, supervisory, day care worker and driver roles. A detailed proposed future staffing structure had been developed as part of the review, however per para 4.13, during the statutory consultation operational management made a persuasive case that such prescription would be unduly constraining at this stage and that the detailed staffing structure should remain a matter for operational judgement during the implementation phase. The current staffing establishment is:

Grade	Job Role	Current WTE
6	Day Service Manager	10
5	Day Service Supervisor	9
4	Day Service Workers	61
VEH 3	Drivers	20

9.3 EDTS currently has the following establishment:

NHS Band/ GCC Grade	Job Role	Funded WTE
B8b	Service Manager	0.5
B8b	Pharmacist	1
B8a	Operational Manager	0.5
B8a	Pharmacists	2
B7	Nurse Team Lead	1
B6	Nurses	2.8
G7	Senior Addiction Practitioner	1
B5	Nurse	1
B5	Pharmacy Technician	1
B3	Health Care Support Workers	3
B3	Pharmacy Support Workers	3
B3	Business Admin	1.8
-	Consultant Psychiatrist	0.6

9.4 Complex Needs Service has the following establishment:

NHS Band/ GCC Grade	Job Role	Funded WTE
B3	Health Care Support Worker	1.4
B5	Registered Nurse RMN	3
B5	Registered Nurse Adult	0.8
B5	Physical Health Nurse	0.8
B5	Occupational Therapists	1
B6	Registered Nurse RMN	3
B6	Registered Nurse Adult	2
B6	Occupational Therapist	2
B7	Nurse Team Leader	1
B7	Advanced Nurse Practitioner	1
B8a	Senior Advanced Nurse Practitioner	1
B8b	Service Manager	1
B8b	Senior Principal Clinical Psychologist	1
-	Consultant Psychiatrist	0.3
G8	Social Work Team Leader	1
G7	Senior Addiction Practitioner	3
G6	Social Care Worker	5

9.5 No specific future staffing model is being recommended at this stage for the proposed successor service to EDTS and Complex Needs. The proposal is that this is developed at implementation stage and in full compliance with organisational change policies and processes.

9.6 The anticipated level of staff displacement as a product of STEP Forward reviews has been recorded as a key risk for the overall programme. The HSCP's Workforce Planning Board, jointly led by the Assistant Chief Officers Finance and HR, will assume strategic lead responsibility for managing the HSCP staffing impact. The Board will continue to meet every two weeks with a clear focus on supporting displaced staff into other rewarding HSCP roles and providing retraining and support to develop new skills where appropriate.

10. Recommendations

10.1 The Integration Joint Board is asked to:

a) Approve the preferred Core Functions option for the Welfare Rights Service;
b) Approve the preferred Four Community Hub option for the Older People's Day Care Service; and
c) Approve to progress the redesign and associated savings proposals relating to the Enhanced Drug Treatment Service and Complex Needs Service, and the creation of a new combined successor service with associated reinvestment of £1.2 million ensuring the delivery of heroin assisted treatment.