Item No: 15

Meeting Date: **Wednesday 26th November 2025**

Glasgow City Integration Joint Board

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

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

Phone: **0141 287 0499**

HSCP Projects Funded via NHSGGC Transformation Fund Investment Quarter 2 Update

Purpose of Report:	To update members on the development and delivery of projects with investment from the NHSGGC Transformation Fund to support unscheduled care activity.
Background/Engagement:	At its meeting on 25 June 2025 the IJB received an update report on the HSCP contribution and approved the associated investment.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☒ Council Committee ☐ Update requested by IJB ☒ Other ☐ Not Applicable ☐
Recommendations:	The Integration Joint Board is asked to: a) Note the content of this report and the progress to date.

Relevance to Integration Joint Board Strategic Plan:

The projects being developed and implemented using this short-term investment are aligned with and consistent with the IJBs Strategic Plan's stated priorities relating to unscheduled care, particularly Partnership Priority 3 – Supporting People in their Communities.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The content of this report is particularly relevant to the delivery of outcomes 1, 2, 3, 4 and 9.
Personnel:	Recruitment to a number of posts to mobilise a number of projects is required. Given the short-term nature of the funding for posts this means fixed term contracts and there is a risk that this results in implementation dates not being achieved.
Carers:	N/A
Provider Organisations:	Following a procurement process, British Red Cross has been approved to deliver the Glasgow City Support at Home project.
Equalities:	Existing EQIAs will be updated in line with the business-as-usual review process to reflect the increased investment and any opportunity to maximise impact.
Fairer Scotland Compliance:	There are no specific issues arising from this report.
Financial:	Total spend of £5.767 million to support delivery of the projects/activity within this report was approved by IJB on 25 June 2025.
Legal:	There are no specific legal issues arising from this report.
Economic Impact:	None.
Sustainability:	None.
Sustainable Procurement and Article 19:	N/A
Risk Implications:	Key risks around this report include the short-term nature of the funding and uncertainty around recurring funding. Also recruitment processes including disclosure checks are likely to cause delays.
Implications for Glasgow City Council:	Increased solicitor capacity within the Council's Legal Services team for 12 months.

Implications for NHS Greater Glasgow & Clyde:	The projects/activities outlined in this report are intended to support delivery of NHSGGC's strategic unscheduled care priorities.

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

1. Purpose

1.1 This report provides an update as at Quarter 2 on GCHSCP's progress in mobilising the approved projects/activity funded via NHSGGC's Transformation Fund investment.

2. Background

2.1 In April 2025 Scottish Government confirmed a final set of proposals and £21.9 million to deliver a whole system plan to improve Acute Unscheduled Care performance in NHSGGC; with a focus on unplanned emergency department (ED) admissions and delays in discharge from hospital.

2.2 The HSCP component of the NHSGGC plan was based upon the extant unscheduled care programme overseen by the 6 NHSGGC IJBs over the last 7 years, with priority attached to scaling up activity with a demonstrable track record of delivery. This included Home First Response Service (frailty at the hospital front door service); Hospital at Home; Intermediate Care; and Adults with Incapacity (AWI) Discharge (including additional solicitor capacity). It also included the development of two HSCP residential care home units at Hawthorn House and Meadowburn to take the most complex and difficult to place delayed patients from acute.

2.3 Following confirmation of funding, the Health Board's Corporate Planning Team resumed co-ordination of the planning processes with a focus on implementation and impact.

3. Governance & Reporting

3.1 Governance of the Glasgow City Unscheduled Care Programme is via the Unscheduled Care Governance & Reporting Group. A significant part of the agenda covers the projects funded via the Transformation Fund investment. This includes individual project updates; progress, risks and support required and financial reporting.

3.2 Reporting to the Health Board Corporate Planning Team via a developed tracker occurs on a weekly basis with end of month impact reporting.

3.3 NHSGGC Finance and Value Group oversees whole system progress with Glasgow City HSCP's Chief Officer chairing this group alongside the Acute Chief Operating Officer

4 Glasgow City HSCP Quarter 2 progress update

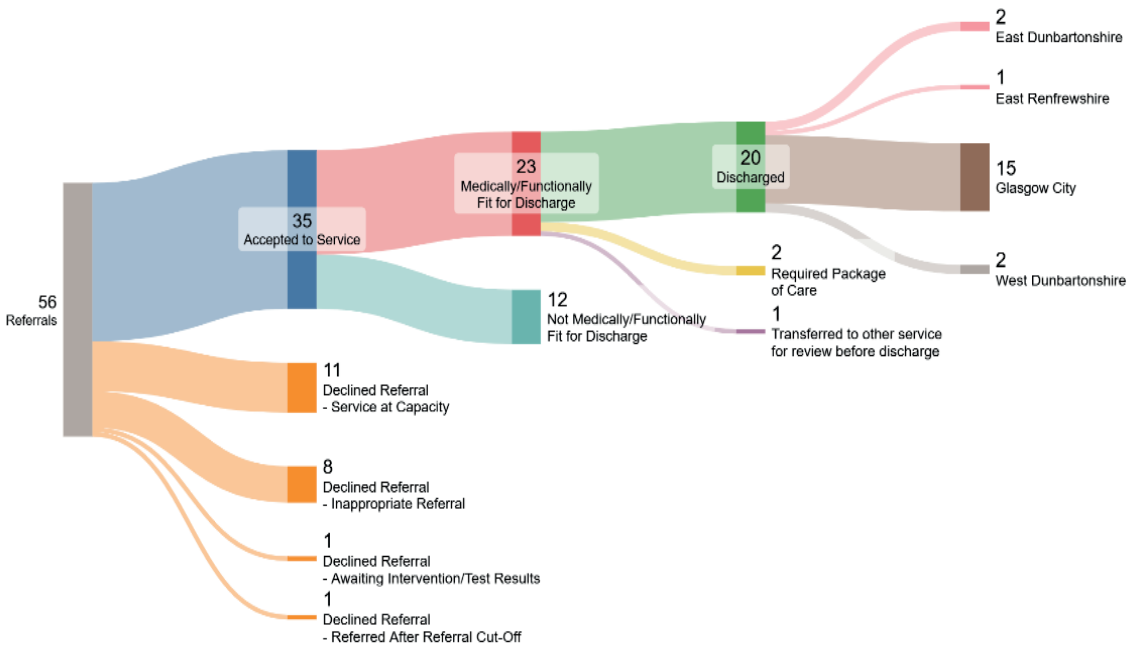
4.1 An update on each project is outlined below with a summary illustration in Appendix 1.

4.2 <u>Expansion of the Home First Response Service to 7 days</u>

4.2.1 This Monday to Friday service has been established since 2022 within the Queen Elizabeth University Hospital (QEUH) and Royal Alexandra Hospital (RAH). Delivering an augmented multi-disciplinary team approach composed of community staff (Frailty Practitioners, Allied Health Professionals, Pharmacy and Frailty Support Workers) embedded and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission. The service is routinely turning around over 50% of individuals diagnosed with frailty at the Emergency Department front door.

4.2.2 Initial hopes were that the 7-day service would become fully operational by September 2025, but this has not been achieved due to recruitment lead-in times. The expectation is this will be achieved in the second half of November 2025.

4.2.3 However, in lieu of the new staff, a 4-week test of change using existing staff was undertaken to understand demand and potential barriers to weekend discharge. Whilst staffing levels during this test period were lower than those in the planned model for expansion, it still demonstrated a 36% discharge rate from the front door for patients identified as frail. The Sankey diagram below provides more information:



4.3 Glasgow City Adults with Incapacity (AWI) Actions

4.3.1 The British Red Cross has been commissioned to deliver the Support at Home test of change service in Glasgow City. This service, which became fully operational on 20th October 2025, aims to reduce AWI delays, alleviate pressures on the health and care system and improve people's quality of life by facilitating an assessment and care in a person's home at the earliest opportunity.

4.3.2 The service will offer a holistic assessment and personalised support to the individual through a range of regulated and non-regulated support. This approach will offer reassurance in helping people re-settle home, ensuring the home is in a safe living condition, with support to help maintain and encourage socialisation in their community.

4.3.3 There will also be a focus on incorporating assistive technology where appropriate, to support people achieve greater independence at home and reduce pressures on system resources.

4.3.4 Increased qualified Social Work presence within both hospital sites will play a key role in supporting discharge, with social workers actively participating in the new command centre on acute sites to identify individuals for discharge.

4.3.5 The service will be a 12-month test of change, with a focus on Lightburn Hospital and British Red Cross teams co-located in Glasgow Royal Infirmary (GRI) and Queen Elizabeth University Hospital (QEUH).

4.3.6 An additional solicitor post has been established within Glasgow City Council's Legal Services Team whose role is to; support the submission of interim order applications to court, facilitating discharge in lieu of final approval of guardianship powers; and, to use this capacity to support speedier private guardianship applications and to make local authority applications where unsatisfactory progress is being made. Private applications in general take almost twice as long as local authority applications to conclude.

4.4 Additional 17 Discharge to Assess beds

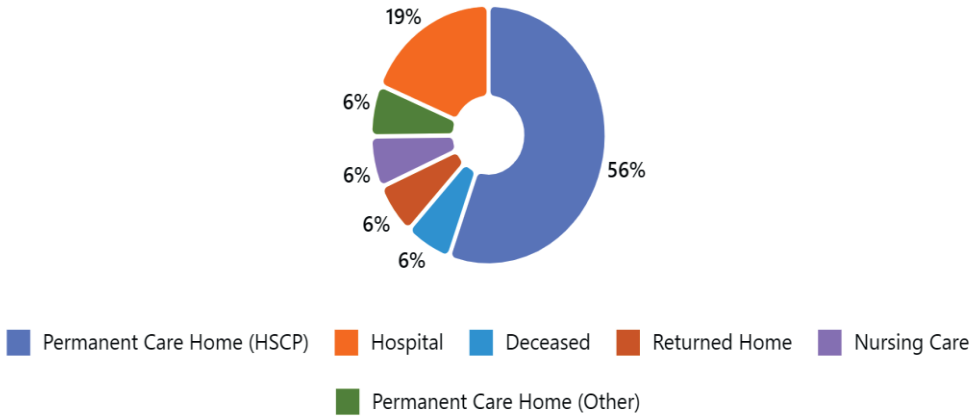
4.4.1 These beds expand our capacity to support patients who are medically fit for discharge to be discharged to a care home to enable further social work assessment in a more homely setting. All 17 beds have been fully utilised since June 2025, resulting in 1,581 acute bed days being saved.

4.5 Creation of 2 x 15 bed units at Hawthorn and Meadowburn Care Homes for hospital patients experiencing significant delays in discharge due to high dependency and complexity and who are unable to access mainstream residential care.

4.5.1 This Enhanced Care Service (ECS) aims to address this gap by establishing a dedicated model of care with appropriately skilled staff and streamlined admission processes for short stay assessment of future care needs.

4.5.2 The model became operational significantly ahead of schedule and is now routinely running at full occupancy.

4.5.3 Impact: In the first 100 days of operation 44 older people were admitted to the service with 16 people being discharged:



- 10 to a permanent care home bed (9 HSCP)
- 3 to hospital
- 1 to nursing care
- 1 returned home with an appropriate care at home package of support
- 1 sadly died

4.5.4 Feedback from people who have experienced the pathway to date can be seen in Appendix 2.

4.5.5 Success of the service is reflected in the dynamic approach to the staff model which is designed around the needs and dependency levels of residents, the regulatory requirements set by the Care Inspectorate and the complexity of care tasks undertaken by the team.

5. Finance Update

Finance Tracker at 30 September 2025				
Report Ref	**Project**	**Total Funding**	**Actual exp to date**	**Comments**
4.1	Expansion of Home First Response Service to 7 days	£330,000		Not live
4.2	Glasgow City AWI Actions			Not live
	Hospital Social Workers	£124,000		Not live
	Increase legal capacity	£64,000		Not live
	Red Cross	£500,000		Not live
	Financial appointeeship	£50,000		Not live
	TEC post	£100,000		Not live
4.3	Additional 17 Discharge to Assess beds	£908,000	£151,130	Live
4.4	Creation of 2 x 15 bed units	£3,600,000	£626,835	Live
	Total	**£5,676,000**	**£777,965**	

6. Recommendations

6.1 The Integration Joint Board is asked to:

a) Note the content of this report and the progress to date.

Appendix 1

End of September Tracker:

High Level GCHSCP Transformation Tracker

Key Results	Development	Reporting to Board	Delivery Risk	Impact Sept
Expand HFRS at QEUH to 7 Days	Delayed due to recruitment	Sep 25 revised to Nov 25	LOW	Not Live
Recruit 2 x Hospital Social Workers	Delayed due to recruitment process PVG	Sep 25 revised to Nov 25	LOW	Not Live
Increase legal capacity for AWI cases	Delayed due to recruitment process PVG	Sep 25 revised to Nov 25	LOW	Not Live
Implement Red Cross discharge test-of-change	Delayed due to recruitment process PVG	Sep 25 revised to Nov 25	LOW	Not Live
Establish 2 x 15-bed complex discharge units	LIVE	Sep 25	COMPLETE	Hawthorn – 319 bed days – 71% occupied aLoS 42 days (discharged this period) Meadowburn - 394 bed days - 88% occupied aLoS 32 days (discharged this period)
Deliver 17 additional intermediate care D2A beds	LIVE	Sep 25	COMPLETE	All 17 beds full, 527 bed days saved
Optimise H@H Occupancy	LIVE	Sep 25	COMPLETE	288 associated bed days saved

OFFICIAL

Appendix 2

Meadowburn & Hawthorn House Units Feedback

People who have experienced this pathway have been consulted on what difference the service has made for them, using a storyboard approach. Feedback has been overwhelmingly positive, with users identifying the difference in being able to make decisions about their future in a more homely environment. This has also provided people with the space to experience residential care supporting their decision making where they are unable to return to their own home.

Similarly, care partners expressed relief that their relative had been discharged to a social care environment where they could continue to have their health care needs met but within a social care setting conducive to recovery.
Comments from a service user are captured below:

"I was at a low ebb and didn't want to do anything, I thought is this my life from now on and then thought I am not having this. I needed a kick up the backside to motivate myself".

"When I was admitted to ECS staff asked me what I wanted to do, I said build my upper strength, they got me weights and I have been sitting up. I can now get to the bathroom myself, shave, shower, empty my own catheter, and I have learned to dress my bottom half. These are things I couldn't do in hospital. I even managed to transfer myself from the bed to my wheelchair using a banana board".