Item No: 16

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**

Winter Planning 2025-26

Purpose of Report:	To update the Integration Joint Board on the winter planning arrangements for 2025-26.

Background/Engagement:	Guidance has been issued by the Scottish Government to all NHS, IJB Chairs and Local Authorities setting out the expectations for Winter 2025/26. Glasgow City HSCP has contributed to the development of the plan for Greater Glasgow & Clyde, as have other HSCPs, and work is in hand to implement the actions outlined in the plan.

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 contents of this report.

Relevance to Integration Joint Board Strategic Plan:

Winter planning, particularly for unscheduled care, forms a significant part of the IJB Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	Relates to a number of outcomes, including supporting people to live independently and at home or in a homely setting in their community; keeping people who require to use health and social care services safe from harm; and, the efficient and effective use of resources in the provision of health and social care services.
Personnel:	Contingency plans include upscaling staff capacity, revising staff rotas and management of annual leave.
Carers:	All planning is in keeping with the HSCP's Carer Strategy and national guidance set out in the Carers (Scotland) Act 2016.
Provider Organisations:	Contingency plans include scope to increase use of purchased services such as Care Home places to meet additional need through the winter period.
Equalities:	In preparing the winter plan the equalities implications have been taken into account to ensure adequate access to a range of services to support people through Winter.
Fairer Scotland Compliance:	None.
Financial:	This will be funded from within existing IJB budgets to support the health and social care system over the winter period and to provide longer term improvement in service capacity across our health and social care systems. There is an expectation of additional winter funding from Scottish Government to the Health Board, however there is no expectation of additional funding from the Health Board to IJBs. The amount of funding from Scottish Government to the Health Board is still to be confirmed.
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None

Risk Implications:	There are risks that the IJB's performance in certain areas (e.g. hospital discharges) might be adversely affected depending on the additional pressures in the system over the winter period. All efforts will need to be made to minimise the potential risks over the winter period.

Implications for Glasgow City Council:	Potential increased demand for NHS services during the winter period may create additional demand for social care services provided by the Council during that period.

Implications for NHS Greater Glasgow & Clyde:	Potential increased demand for health and social care services during the winter period may impact significantly on the accessibility and performance of NHS services during that time.

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 NHS GGC winter planning arrangements for 2025-26 to which the HSCP has contributed.

1.2 The NHSGGC Whole System Winter Plan 2025-26 was approved by NHS GGC Board on 30th October 2025. The full Winter Plan can be accessed in the Board meeting papers at the following link (paper 25/130): https://www.nhsggc.scot/downloads/nhsggc-board-meeting-documents-30-october-2025/

2. Principles and Priorities

2.1 To support preparations for winter pressures over 2025-26, and provide assurance ahead of peak winter activity, we will build on the good practice, successes and learning from our whole system winter planning over the last 2 years and implement the recommendations from the recent Internal Audit of Strategic and Operational Planning within NHS GGC.

The approach will be built on the following Key Principles:

Aim	Improve flow and patient access to urgent and planned care, reduce occupancy and provide care closer to home across the whole system through embedding the high impact actions ahead of winter.

Alignment	Ensure our Winter Plan is aligned with each of the transformation programmes and workstreams - including Transforming Together, GGC Way Forward, Interface Division & Virtual Hospital, Urgent Care and Improving Flow Commission, Planned Care improvements & the wider Delivery Plan Actions.
Whole System	Ensuring a whole-system approach to address winter challenges, with seamless collaboration between health and social care services developed in partnership by our whole system leaders, Sector and HSCP teams.
Escalation & Governance	To deliver a proactive and integrated system wide response we will utilise established governance structures with agreed triggers for defined pressure points.
Monitoring	To ensure the plan delivers intended impact at pace we will use existing monitoring frameworks with a supporting Winter Scorecard to assess progress, performance and impact and triggers for escalation .

2.2 There are 7 proposed key priorities for winter 2025-26:

1. Reducing bed days and use of surge capacity through reduction in overall length of stay and reducing patients in delay.
2. Establishing our Interface Care Division, Virtual Hospital & Pathways.
3. Protecting Planned Care and Cancer Services – to ensure we deliver our elective programme for our patients aligned to our Annual Delivery Plan commitments.
4. Implementing the Urgent Care and Improving Flow Commission High Impact actions.
5. Implementing Hourly Escalation Huddles via Flow Navigation Centre Plus (FNC+).
6. Workforce resilience and Staff Wellbeing – ensuring staff resilience and capacity during high-demand periods and staff health and wellbeing is embedded fully and championed at all levels across the respective organisations.
7. Implementing and maximising the winter Flu and Covid 19 booster programme.

The plan will be supported with the following key components

A consolidated deliverable workplan:	**Real-time action completion and impact monitoring & KPIs**:	**Targeted Communications Plan**:
• Whole system • Outputs and high impact actions identified through existing workstreams • Highlighting key milestones	• Using existing performance monitoring frameworks • Identifying KPIs (including Length of Stay (LOS), occupancy, waiting times, 4 hour standard & staff KPIs)	• Internal staff messaging • Public campaigns - Right Care, Right Place

	• Progress against agreed trajectories • Scorecard through Directors Group • Monitoring to Board/CMT by Exception	

3. Primary Care Priorities

3.1 General Practice

- General Practice Sustainability Framework will support General Practices to identify, manage, review Business Continuity Plans (BCPs) and escalate risks
- Increased public messaging on full system access for the Right Care, Right Place, Right Time including alternative to General Practice (e.g. optometry, pharmacy etc) and the importance of winter vaccinations
- Contributing to whole system leadership for escalation through Board, sector and HSCP specific interface groups
- Primary Care Support, HSCPs and others will work with Local Medical Committee and others to prepare for GP Industrial Action should this be initiated by Scottish General Practitioners Committee
- Promote the use of the NHS24 online app to support self-management

3.2 GP Out of Hours

- Undertake enhanced triage of 1 and 2 hour clinical priority calls from NHS 24 to seek to avoid unnecessary patient travel to Primary Care Emergency Centres.
- Publicise Professional 2 Professional (P2P) route for district nursing, midwifery and mental health, to ensure that these services can promptly access GP out-of-hours (OOH) as and when required.
- Roll-out enhanced P2P system for OOH Pharmacy service to enable Pharmacy to directly book patients for GP OOH service.
- Publicising and promoting emergency department (ED) redirection of clinically suitable patients from ED to GP OOH service.
- Enhanced monitoring of P2P and Redirection data to identify any themes in utilisation of these services and opportunity to increase.

3.3 Pharmacy

- Maximising our prescribing capacity within community pharmacies
- Stabilising our community pharmacy provision to minimise impact to services

4. Urgent & Unscheduled Care

4.1 Investment in urgent and unscheduled care has already taken place ahead of Winter 2025-26, the details of which were brought to the IJB in June 2025. Officers, in conjunction with Health Board colleagues, continue to monitor the efficacy of this investment, reporting to Scottish Government on a monthly basis.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) Note the contents of this report.