# Item No: 8

**Meeting Date:** **Wednesday 15 February 2017**

# Glasgow City
# Integration Joint Board


**Report By:** **Susanne Millar, Chief Officer Planning, Strategy & Commissioning / Chief Social Work Officer**

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## ADULT SERVICES FINANCIAL PLANNING FOR 2017/18 - MENTAL HEALTH SERVICES

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| **Purpose of Report:** | The purpose of this report is to provide an outline of the adult services financial proposals for 2017/18 |

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| **Recommendations:** | The Integration Joint Board is asked to:<br><br>a) note the content of the report;<br>b) approve the direction of travel as set out in section 4;<br>c) approve the programme of savings set out in section 7 for 2017/18; and,<br>d) direct the Council and Health Board to develop or redesign services as outlined in this report. |

**Implications for Integration Joint Board:**

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| **Financial:** | The proposals in this paper identify £3,313,000 in savings in 2017/18. |
| **Personnel:** | The proposals are likely to have an impact on Health employees in relation to work patterns and expectations. Staffside Partnership will be appropriately engaged therefore as proposals are progressed. |
| **Legal:** | Not applicable at this time |
| **Economic Impact:** | Not applicable at this time |

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| **Sustainability:** | Not applicable at this time |

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| **Sustainable Procurement and Article 19:** | Not applicable at this time |

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| **Equalities:** | Not applicable at this time |

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| **Risk Implications:** | Set out in section 9. |

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| **Implications for Glasgow City Council:** | Not applicable at this time |

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| **Implications for NHS Greater Glasgow & Clyde:** | Changes to current services |

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| **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 The purpose of this report is to provide an outline of the adult services financial proposals for 2017/18.

## 2. Background

2.1 All adult services are being considered and re-visited given the scale of financial challenge faced and it is accepted that they cannot be delivered without transformational change in the way that health and social care is delivered. A longer term future service delivery model is being developed within which short-term options for adult services financial contributions can be subsumed.

## 3. Current Service Delivery Model

3.1 The “Framework” document for Mental Health services across Glasgow City HSCP (and pan Greater Glasgow and Clyde) and subsequent Clinical Service Review guidance set out an aspiration for services to deliver an “easy in, easy out” model of care. This meant that patients would

1. access the care they need with a minimum of delay or inconvenience as services seek to minimise unmet need, and
2. receive “all the care they need, but no more” as services seek to minimise overtreatment.

3.2 The “care needed” means timely access to the full range of accepted care standards interventions recommended in Scotland. Using a “stepped” or “matched” care model, services will endeavour to tailor the intensity of care provided to the needs that patients had. To this end, five levels of care were identified: public health interventions, “open access” services that did not require referral, “brief interventions”, longer-term multidisciplinary care and intensive support.

3.3 An “unscheduled care” element is also needed to respond to crises and emergency needs, for all conditions and settings. The basis for service provision is that it is in the best interest of both service users and services for care to be provided at the lowest level consistent with need.

## 4. Anticipated Future Service Delivery Model

4.1 Mental Health services should be considered to be a “complex adaptive system” in which each service element is dependent on many others to function properly. Changes in one part of the system are likely to have consequences elsewhere, and such inter-dependencies need to be identified and managed carefully. Therefore some of the tensions that need to be considered, include:

- between investing in prevention, and spending money on treatment
- between self-care and professional support
- between inpatient and community-based services
- between managing both access to care (“gatekeeping”) and the duration of that care
- between specialist and generalist services
- between managing the interests of staff and those of patients

There is a need to retain an effective balance between these various elements.

4.2 In practice, this is most likely to be achieved through the following:

1. provide inpatient services with fewer beds or less intensive care
2. maintain and develop social and health community services provision, which in turn requires
   a. reductions in community team caseloads and/or
   b. reductions in activity for any given caseload
3. minimise spend on other services including prescribing costs, management, facilities and procurement

## 5. The Case for Change

5.1 Since inpatient staffing levels and base costs are largely insensitive to the numbers of beds on an individual ward, the only way to make savings is to close a ward entirely. As inpatient costs represent the majority of mental health expenditure, choosing not to reduce bed numbers would require disproportionately high cuts in community services which could make those services risk laden and unsustainable. The alternative – to make substantial reductions in bed numbers, but reinvest some portion of that saving in social and health care community service provision – is viable over a longer period albeit not without challenge.

5.2 To enable this, further work will be undertaken to address how to reduce admissions, reduce length of stay and reduce Older People Mental Health acute beds to national benchmark levels.

5.3 To better manage bed use, the developing and longer term strategy is to identify inpatient services as either unscheduled beds (acute, short stay or emergency), or scheduled beds (including "step-down", rehabilitation, hospital based complex care and supported accommodation/personalisation alternatives). Community services would be reoriented to support those two categories of inpatient provision as follows.

Unscheduled Care System:

- Board-wide liaison, crisis, home treatment & acute admission beds
- Reduced assessment and acute admission sites
- Board-wide coordination of locality-based teams gatekeep, manage Inpatient stay and manage early discharge

Scheduled Care system:

- Locality-based Community Mental Health Teams, Older People Mental Health Teams also manage "step-down" inpatient beds
- Board-wide specialist services including Primary Care Mental Health Team work in support
- Recovery and support services in the community also manage rehab, continuing care and supported living.

5.4 The scheduled care system would be split into two components:

- A clinical service, including Community Mental Health Teams, Older People Mental Health Teams, Primary Care Mental Health Teams and the following specialist services: Adult Eating Disorder Team, Adult Autism Team, Perinatal Team, Psychotherapy, Trauma, Esteem.
- A "recovery and wellbeing" service including social work support services, Drug and Alcohol Recovery Teams, Restart, employability, rehab & continuing care beds and supported accommodation. A new "complex needs" service designed to better manage comorbid difficulties with mental health, addictions, homelessness and criminal justice will site within this category.

## 6. Expected Benefits for Patients/Service Users

6.1 The need for recovery-oriented services is well-understood, and the high prevalence of adversity and trauma amongst people who experience mental health problems acknowledged. However most mental health services are delivered using clinical models, which do not always meet the relational and social needs of service users whose symptoms may be controlled, but who require additional support to recover and/or live well with long-term conditions. Where appropriate, the developing strategy anticipates a re-balanced level of professional clinical contact with third-sector and peer support and with people becoming active partners in their care and health and wellbeing.

## 7. Financial Planning for 2017/18

7.1 The following areas have been identified as contributions to financial planning for 2017/18 during the longer term strategy development.

Reducing Occupied Bed Days within Mental Health Unscheduled Care

7.2 This will be carried out by way of a review and reform of NHS mental health out of hours CPN (Community Psychiatric Nurse), liaison and crisis services to ensure we have a 24/7 hour Mental Health response to unscheduled care for primary care services and acute hospitals plus ensuring any duplication of functions is negated. This review may impact on current roles for the three identified services by identifying the service best placed to deliver this function. Reducing in-patient capacity will require increasing service input to support high risk individuals within their own home and increasing support in carers.

Reform Community Services

7.3 Using Lean methodologies to guide demand management and standardise the capacity and productivity of community teams. This will entail service redesign and the commissioning of alternative models of service delivery to ensure significant numbers of people continue to receive an appropriate early intervention and preventative response – for instance through e-health solutions such as eCBT (Cognitive Behavioural Therapy). This will impact on the numbers of patients seen, the numbers of services user contacts and the length of time such patients would wait for treatment.

7.4 A review of psychotherapy services will deliver efficiencies in staffing costs by making the service more consistent across geographies (Greater Glasgow and Clyde wide) and ensuring that there is a focus on clinical priorities supported by evidence for interventions. The service also has a potential to be a part of efficiencies in acute wards through management of Borderline Personality Disorder and the scope for this will be examined.

7.5 The Scottish Government is providing Health Boards with new money for three years to expand access to psychological therapies. No particular conditions are placed on this other than an expectation that more of the population will get a service and they will get it within the target of 18 weeks. The Health and Social Care Partnership will ensure that use of this new money is maximized within an area of provision in which we are already meeting the national targets within existing resources.

7.6 A review of specialist mental health services including:

- Mental Health Drug and Alcohol Recovery Teams - discharge facilitated through engagement on the ward.
- Trauma post-traumatic stress disorder, new configured NHS Greater Glasgow and Clyde wide service, including Incident response.
- PSYCIS - clinical and demographic information on people who are in contact with adult mental health service's with a diagnosis of psychosis
- GIPSI/SPIRIT - Supervision to staff in psychosocial interventions for those with mental disorders and research in psychosocial therapies.

- Restart - review of vocational training, workshops and meaningful activities in several locations.
- ESTEEM - Review of early intervention for psychosis service model.

Older People Mental Health Bed modelling

7.7 The national Benchmarking data indicates an excess of acute older peoples mental health acute beds 50% above comparative areas. Service change would see improved capacity and investment in community to facilitate reduction in acute older peoples beds. The level of community investment requires to be further scoped to include supplementing liaison psychiatry (which covers adult mental health, older adults mental health and alcohol and drugs) and also consideration of further input and support to nursing homes.

## 8. Stakeholders/ Public Engagement

8.1 Senior clinicians and managers have taken part in engagement discussions over the long term strategy and local management teams discussed short-term service options. Discussion with users and carers has taken place on the longer term strategy thinking to date which also incorporated short term options although not in specific detail. Limited user and carer feedback is supportive of the direction of strategic thinking and recovery orientated services. Further engagement is planned and specifically on carers being fully sported. Initial engagement with Staff Partnership on a system wide basis is also more locally regarded adult services. Similarly these proposals have been shared system wide with the other partnership.

## 9. Risk and Mitigation

9.1 A significant risk of these plans includes a potential impact on waiting time targets and increasing waiting lists with potential consequences for patients if not seen or assessed quickly enough. Reductions in unscheduled care service staffing has the potential to impact on the adult inpatient bed plan while shortfalls in the reform of community services could lead to inappropriate referrals to specialist and other services.

9.2 The potential also exists for a critical skills shortage whereby not having the right people in place with the experience and skills needed to innovate or change services might seriously hamper future service development and implementation. Workforce planning will be required overall for the process of change as well as for specific service changes.

9.3 The proposals will impact on every element of the existing system of mental health services provision. Key in managing and mitigating risk will be agreement to the development of a longer term strategy and agreement to an implementation plan that reviews the impact of each service change before commencing with the next stage of change. Confirmation of service flow changes and volumes will be necessary prior to committing to the next service change. This would ensure the confidence and support of clinicians and managers in managing risk on behalf of service users and the Integration Joint Board.

## 10. Recommendations

10.1 The Integration Joint Board is asked to:

a) note the content of the report;
b) approve the direction of travel as set out in section 4;
c) approve the programme of savings set out in section 7 for 2017/18; and,
d) direct the Council and Health Board to develop or redesign services as outlined in this report.

# DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

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| 1 | Reference number | 150217-8-a |
| 2 | Date direction issued by Integration Joint Board | 15th February 2017 |
| 3 | Date from which direction takes effect | 15th February 2017 |
| 4 | Direction to: | Glasgow City Council and NHS Greater Glasgow and Clyde jointly |
| 5 | Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s) | No |
| 6 | Functions covered by direction | All functions associated with the provision of Adult Services as outlined within this report |
| 7 | Full text of direction | Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop or redesign adult services as outlined within this report. |
| 8 | Budget allocated by Integration Joint Board to carry out direction | As advised by the Chief Officer: Finance and Resources |
| 9 | 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. |
| 10 | Date direction will be reviewed | 15th February 2018 |