



Item No: 9

Meeting Date: Wednesday 15 February 2017

Glasgow City Integration Joint Board

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

Contact: David Walker

Tel: 0141 427 8231

ADULT SERVICES FINANCIAL PLANNING FOR 2017/18 COMMUNITY LEARNING DISABILITY SERVICES

Purpose of Report:	The purpose of this report is to set out the proposed actions to deliver financial efficiencies within adult community learning disability services in 2017/18 and to inform of the further work that will take place in 2017/18 to scope the potential for further efficiency savings in future years. These proposals are set within the context of full implementation of the agreed Learning Disability Change Programme: ' <i>A Strategy for the Future</i> '
---------------------------	--

Recommendations:	The Integration Joint Board is asked to: a) note the content of the report; b) approve the proposed actions outlined in this report; and c) direct NHS Greater Glasgow and Clyde to develop or redesign adult learning disability services as outlined within this report.
-------------------------	---

Implications for Integration Joint Board:

Financial:	The recurring release of £155,000 from 1 st April 2017 to contribute towards Glasgow City IJB's financial savings plan.
-------------------	--

Personnel:	Not applicable at this time
-------------------	-----------------------------

Legal:	Not applicable at this time
---------------	-----------------------------

Economic Impact:	Not applicable at this time
-------------------------	-----------------------------

Sustainability:	Not applicable at this time	
Sustainable Procurement and Article 19:	Not applicable at this time	
Equalities:	An EqIA (Equality Impact Assessment) will be completed as part of the proposed service improvement programme in 2017/18 (as set out in section 5.2)	
Risk Implications:	Set out in section 9.	
Implications for Glasgow City Council:	Not applicable at this time	
Implications for NHS Greater Glasgow & Clyde:	Budget and staffing establishment adjustment.	
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 set out the proposed actions to deliver financial efficiencies within adult community learning disability services in 2017/18 and to inform of the further work that will take place in 2017/18 to scope the potential for further efficiency savings in future years. These proposals are set within the context of full implementation of the agreed Learning Disability Change Programme: *'A Strategy for the Future'*.

2. Background

- 2.1 In May 2014, NHS Greater Glasgow and Clyde produced *'A Strategy for the Future'* as the outcome of the Learning Disability Change Programme. The document set out a proposed service specification for adult learning disability services in Greater Glasgow and Clyde. The specification took cognisance of local and national policy, including the Scottish Government's *'The Keys to Life'* strategy, as well as local and national health needs assessment information.
- 2.2 *'A Strategy for the Future'* applied to both adult community learning disability services (Tier 3 services managed directly by HSCPs) and specialist services, including inpatient beds (Tier 4 services managed directly by East Renfrewshire HSCP). This IJB paper only focuses on Glasgow City HSCP adult community learning disability teams (CLDTs).
- 2.3 Following its approval in 2014/15, *'A Strategy for the Future'* moved to an implementation phase, which continues to be progressed. Running in parallel was the implementation of an agreed resource allocation model (RAM) across NHS Greater Glasgow and Clyde. Much of the efforts over the last 18 months within

Glasgow City have been to facilitate and support the necessary workforce changes required to accommodate the impact of the RAM and to minimise the resultant cost pressures. During this period, there has also been further clarity surrounding the extent of the financial challenges faced by Glasgow City HSCP. Accordingly, as we proceed to full implementation 'A Strategy for the Future', it is necessary to further scrutinise all opportunities for savings and efficiencies.

3. Current Service Delivery Model

- 3.1 CLDTs currently operate within the 3 localities of Glasgow City HSCP, managed by the respective Heads of Adult Services. The teams are made up of a wide range of health professionals who provide specialist assessment, advice, treatment and support services for adults with a learning disability and their carers. The teams work collaboratively with other health care services, social work, voluntary services and others. A total staffing compliment of 78.14 wte currently exists to deliver those community services.
- 3.2 Implementation to date of 'A Strategy for the Future' has seen the dissolution of the system-wide Complex Needs Support Team. The services previously delivered by this team are now delivered within local CLDTs to improve local access.
- 3.3 CLDTs also play an important role in supporting people who have been discharged from hospital. The agreed strategy to close NHS long stay beds and support people to resettle into community facilities will place additional pressures on CLDTs, as well as the resources available to the HSCP to commission and place people in the appropriate community setting.

4. Anticipated Future Service Delivery Model

- 4.1 The overarching aim of the service model set out in 'A Strategy for the Future' is to provide a balanced system of care where people get care in the right place from people with the right skills, working across the artificial boundaries of 'Learning Disability services' and 'mainstream' services. Underpinning this is the aim that people with a learning disability will have positive experiences of healthcare. Characteristics of the model such as network approaches and co-working frameworks have been chosen to address the range of issues highlighted during engagement with staff, practitioners and people with a learning disability themselves. Getting this right will enable more intensive support 'direct interventions' for those most in need, and supported self management 'enablement' with rapid access into services when required for the majority of the population.
- 4.2 To support delivery of the above, the service specification within 'A Strategy for the Future' sets out the required core interventions, enabling roles and service characteristics for learning disability services. An extensive workforce development programme has been undertaken to support this.

5. The Case for Change

- 5.1 The broad 'case for change' themes to be addressed that are set out within 'A Strategy for the Future' include:
 - General Duties set out in Equality Legislation are not consistently delivered or measured against performance

- The Learning Disability service does not focus on enabling access to mainstream services; development of self management and anticipatory care
- Many clinical interventions are undefined and lack a strong evidence base, partly due to limited research activity
- The connections between professions in these clinical interventions is better defined in some teams than others
- Care Pathways are underdeveloped and variable both within Learning Disability services and within wider NHS Services
- Many processes are cumbersome and result in 'multiple hand offs' between professions which can increase clinical risk and impact on the patient's experience
- Established and validated outcome measures are not in place

5.2 In addressing the above, it will be necessary to ensure that CLDTs are operating more 'leaner' and effectively and within the resources available and anticipated savings targets. A transformational change programme will therefore take place over 2017/18 for implementation from April 2018 to:

- Fully implement the core interventions, service criteria and operating standards set out in the services specification
- Progressing opportunities for more integrated working between health based Learning Disability provision and the Personalisation agenda in partnership with external provider organisations.
- Applying service improvement Lean methodologies such as CAPA (Choice and Partnership Approach) to review processes, demand and capacity requirements and outcomes sought
- Caseload audits
- Reviewing skill-mix
- Benchmarking and productivity assessments

5.3 In preparation for managing the financial impact of the NHSGGC-wide resource allocation model (RAM) and associated workforce changes, Glasgow City HSCP management adopted a robust vacancy management approach. This has assisted in accommodating a number of redeployed staff into substantive posts. Further work is required to complete this programme. However, it has enabled management to review the service impact of a number of vacancies that were being held.

5.4 In the context of the overall financial challenges facing the HSCP, it is considered that a combined total of 3.5wte vacant posts could be removed from the learning disability budget from 2017/18 onwards and that service impact of this is manageable. The vacant posts proposed for deletion are mainly part-time clinical posts that have been vacant for over 8 months. However, because vacancies have arisen on an opportunistic basis, there will be a need to review the profile of staffing across the 3 HSCP localities to ensure there remains an appropriate balance to multidisciplinary staffing levels. This work will complement the proposed work programme set out in section 5.2, above.

6. Expected Benefits for Patients / Service Users

- 6.1 The overall vision is of '*A Strategy for the Future*' is to ensure people with a learning disability are supported to live healthy, happy, independent lives in the community and are able to access the right healthcare, at the right time and place, and to support mainstream services to better understand and care for the needs of people with a learning disability.
- 6.2 It is anticipated that the implementation of the proposed efficiencies outlined in section 5.4 of this paper will have a minimal and manageable impact on patient care / experience.

7. Financial Savings and Phasing

- 7.1 In accordance with sections 5.4 and 6.2 of this paper, it is proposed that 3.5wte vacant clinical posts be deleted from the CLDT budget for Glasgow City HSCP and the funding released as efficiency savings. This equates to recurring savings of £155k, with the full year effect available for release on 1st April 2017.

8. Stakeholder / Public Engagement

- 8.1 The development of '*A Strategy for the Future*' included extensive engagement with services users, carers and staff. Further engagement with key stakeholders will take place as part of the service improvement programme in 2017/18.

9. Risks and Mitigation

- 9.1 As previously referenced, it is anticipated that the implementation of the proposed efficiencies outlined in section 7.1, above, will have a minimal and manageable impact on patient care / experience.
- 9.2 The output from the transformational change programme referenced in section 5.2 of this paper will determine levels of further financial efficiencies that are likely to be required in 2018/19 whilst still delivering a safe and effective level of care. At this stage, it is considered that without transformational change in the way that services are delivered, further savings requirements in 2018/19 could have a detrimental impact on patient care and experience, including lengthening of waiting times. Such potential risks will be explored, along with consideration of how any such risks can be mitigated as the programme develops and detail will be brought back to the IJB in the Autumn. An Equality Impact Assessment (EqIA) will also be undertaken to support this work. While the release of further efficiency savings will be challenging, it is important to state that progressing the service improvement programme is a critical part of delivering full implementation of '*A Strategy for the Future*'.

10. Recommendations

- 10.1 The Integration Joint Board is asked to:
- a) note the content of this report;
 - b) approve the proposed actions outlined in this report; and
 - c) direct NHS Greater Glasgow and Clyde to develop or redesign adult learning disability services as outlined within this report.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	150217-9-a
2	Date direction issued by Integration Joint Board	15 th February 2017
3	Date from which direction takes effect	15 th February 2017
4	Direction to:	NHS Greater Glasgow and Clyde only
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 Community Learning Disability Services as outlined within this report
7	Full text of direction	NHS Greater Glasgow and Clyde is directed to develop or redesign adult learning disability services as outlined within this report.
8	Budget allocated by Integration Joint Board to carry out direction	As directed by the Chief Officer: Finance and Resources and including the recurring saving of £155,000 from 1 st April 2017 as outlined in para 7.1
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	15 th February 2018