



Item No. 8

Meeting Date Friday 24th June 2016

Glasgow City Integration Joint Board

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DELIVERING A TRANSFORMED HEALTH AND SOCIAL CARE SYSTEM IN GLASGOW CITY FROM APRIL 2017

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| Purpose of Report: | To provide the Glasgow City Integration Joint Board with a proposed approach to the delivery of transformed and integrated health and social care services in the city from April 2017 and deliver financial efficiencies in the process. |
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| Recommendations: | The Integration Joint Board is asked to consider and approve the approach outlined in this paper including the initial actions identified for reform from 2017/18. |
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Implications for IJB:

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| Financial: | The Integration Joint Board is responsible for an annual revenue budget of approximately £1.1bn |
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| Personnel: | There are approximately 9000 staff working within the Glasgow City Health and Social Care Partnership |
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| Legal: | Budget setting processes within the Council and Health Board are carried out as defined by statute and regulations, and payments to the Integration Joint Board are made as detailed within the Integration Scheme |
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| Economic Impact: | Reduced budgets for health and social care will invariably have an economic impact, however action will be taken to mitigate this. |
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| Sustainability: | None |
| Sustainable Procurement and Article 19: | None |
| Equalities: | Individual transformation projects or programmes will be subject to Equality Impact Assessment and appropriate action plans put in place as necessary |
| Implications for Glasgow City Council: | The Council will be required to work with the Health Board and Integration Joint Board to deliver on the improvements to health and wellbeing in the city over the longer term. |
| Implications for NHS Greater Glasgow & Clyde: | The Health Board will be required to work with the Council and Integration Joint Board to deliver on the improvements to health and wellbeing in the city over the longer term. |

1. Purpose

1. To provide the Glasgow City Integration Joint Board with a proposed approach to the delivery of transformed and integrated health and social care services in the city from April 2017 and deliver financial efficiencies in the process.

2. Background

- 2.1 Glasgow City Health and Social Care Partnership (HSCP) is the largest health and social care partnership in the country with a combined annual revenue budget of approximately £1.1bn.
- 2.2 On 21st March, the Integration Joint Board approved on an interim basis, the Strategic Plan for 2016-19. It was only able to approve this on an interim basis because of the lack of a finalised budget being provided by NHS Greater Glasgow and Clyde before the Health Board approves its 2016/17 budget on the 28th June. This date actually falls after the Glasgow Integration Joint Board meeting in June (the 24th) which means that it will not be possible for the Integration Joint Board to consider a formal finalised budget for 2016/17 from the Health Board until its meeting in early September 2016.
- 2.3 However, even if the budget setting timescales are aligned, there are still significant inhibitors to the potential to deliver transformational change primarily because of the limitations of separate and non-coterminous annualised budget setting processes.

- 2.4 In contrast, the strategic plan is a three year plan. The aspirations of much of what is contained within the legislation and the longer term drive towards a healthier population enabled to be more independent requires a longer term programme of reform to be put in place, one which transcends financial year boundaries.
- 2.5 One of the aspirations of the legislation is for HSCPs to move towards an integrated budget between the health and social care allocations from Health Boards and councils respectively. However, for 2016/17, the budget setting process for both the Council and Health Board relating to Glasgow have been undertaken separately as has historically been the case.
- 2.6 This has required the Integration Joint Board to consider efficiencies being delivered in 2016/17 separately in the social care budget to a tune in excess of £10m (with a known further £10m target already in place for 2017/18). Similarly, work is ongoing, again separately, to deliver options for approval by the Health Board in June within a process for 2016/17 of whole system planning across the six Partnerships, Acute and Corporate which has equated to all members of the NHS corporate team aiming to achieve consensus on reform proposals before progressing via the Health Board and then partnership governance routes. Based on the work to date and indicative budget discussed, the likely savings required from the NHS budget will be £11.5m in 2016/17
- 2.7 The inherent structural problem with these approaches are twofold: firstly, it reinforces the separateness of the budgets and therefore makes integration of services (and budget) more difficult, and secondly, it maintains the current system of redesigning services substantially as a consequence of budget cuts, as opposed to a transforming of services in a proactive way because of the integration agenda and through which meaningful efficiencies can be delivered.

3. Proposal for change

- 3.1 In approving the interim Strategic Plan on 21st March, the Integration Joint Board also approved a lengthy list of implementation actions for 2016/17. Many of these actions have begun to take the form of integrated transformation within Glasgow's boundary, however, a significant element of these actions continue to be responses to the financial position.
- 3.2 The opportunity that is available to Glasgow City HSCP to change the way it plans the future commissioning of services and delivers transformational change is uniquely available to the Integration Joint Board because of the scale of the totality of operations within the city and the ambition that scale should necessarily afford. This proposal is centred on a need to look further into the future in terms of a change

programme, with an expectation that services will be transformed and integrated and done so in such a way that they deliver the Strategic Plan and efficiencies in the process. In short, an integrated service and financial planning system.

- 3.3 The Integration Joint Board needs to move towards a position where it is setting the agenda for transformational change in anticipation of the annual budget setting processes of the Health Board and Council but doing so in partnership with the Health Board and Council respectively. In short, the IJB, alongside the Health Board and Council should be in a position to have already identified most of the changes it wishes to make within its annual directions to the Health Board and Council prior to allocations of budgets by those two bodies.
- 3.4 To give an example of transformational change where there is an opportunity offered by the scale and established partnerships already in the city. The Implementation Actions for 2016/17 include a move towards an integrated health and social care out of hours emergency system. However, Partnerships and Health Board are only required to look at the GP Out Of Hours Services as a consequence of Sir Lewis Ritchie's review in 2015, and to date this work has still to commence within the Health Board.
- 3.5 There is an opportunity to be more ambitious and transformational in the process because of the opportunities presented in considering the GP service together with the other out of hours systems (Mental Health, Social Work, homelessness, care at home responder services) which could bring in an integrated out of hours health and social care service. Beyond that, there may be opportunities of considering such a reform in tandem with for example NHS 24, the Fire and Rescue Service or Police Scotland (or all three). Such a review necessarily has to consider shared services, premises, management, perhaps even the level of staffing currently in place across all the systems, and out of which the expectation should be a transformed integrated provision out of which has come some not insignificant efficiencies.
- 3.6 There is a requirement on Chief Officers to cooperate with each other to ensure effective sharing and transparency on change programmes with a view to ensuring clinical integrity is maintained across the Board area. In that respect there are established arrangements and a history of Glasgow leadership of NHS system wide change programs that have both modernised services and delivered significant cash releasing efficiencies in relation to mental health, addictions and specialist children's services. Also, the most recent Glasgow Community Addictions Team Review developed a model for the City and established a service framework for other areas to inform local implementation plans.
- 3.7 Whilst delivering for the Integration Joint Board it is important that the Glasgow transformation and financial efficiency process, outlined

above, is appropriately connected to the wider Local Authority and NHS service and financial planning systems. In that respect the HSCP Executive Team will participate in a range of partnership arrangements to ensure that:

- the Glasgow HSCP requirements are adequately reflected in wider system service and financial planning arrangements
- the resources and expertise within the Glasgow HSCP make a positive contribution to these system wide arrangements, and
- the outputs from the Glasgow program are shared when there is potential for system wide application.

3.8 This approach undertaken within the city would reinforce the benefits of:

- Working in partnership and focussing on place based solutions consistent with locality planning in Glasgow.
- Designing services around our citizens and communities.
- Improving outcomes and reducing costs.
- Prioritising early intervention and prevention by way of effective engagement with the third and independent sector within the city.

3.9 It is about moving towards using the £1.1b Glasgow City HSCP budget to influence the more effective £4b spend in the public sector within the city in order to deliver on the improvements to health and wellbeing in the city over the longer term.

3.10 The process would involve integration transformation projects or programmes being developed on a continuous basis within the Partnership and presented for approval to the Integration Joint Board throughout each year and across financial years. It is an approach that is about proactive forward planning and effective management of budgets and services. Initial proposals for consideration in transformational change in 2017/18 are included in appendix 1.

Recommendations:

The Integration Joint Board is asked to consider and approve the approach outlined in this paper including the initial actions identified for reform from 2017/18

2017-18 Transformation Programme

| No | SP Consultation Comment / Theme | Ref | Planned HSCP Action | Link to National Health and Wellbeing Outcome(s) | Additional Investment Needed (Y/N) | Amount of Investment | Investment Source (Scottish Government Social Care Funding, Integrated Care Fund, Delayed Discharge funding, other) | Efficiencies Expected (Y/N) | Amount of Efficiency | Efficiency realised in: | Expected completion date |
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| 1 | Consistent message throughout consultation responses that early intervention and prevention has to be the top priority for the HSCP | 1a | Review and reform of health improvement function | Outcome 1, 4 and 5 | | | | | | | |
| | | 1b | Review and reform of community nursing and rehabilitation models | Outcome 2 and 4 | | | | | | | |
| 2 | Respondents frequently noted that health and social care services should be designed by and for the people who use them | 2a | Shifting the balance of care in Mental Health Services | Outcome 2 | | | | | | | |
| | | 2b | Complex Care Needs - Adults | Outcome 1, 2 and 4 | | | | | | | |
| | | 2c | Complex Care Needs - Children's Services | Outcome 1, 2 and 4 | | | | | | | |
| | | 2d | Complex Care Needs - Older People | Outcome 1, 2 and 4 | | | | | | | |
| | | 2e | Review and reform of hospital discharge arrangements | Outcome 2 | | | | | | | |
| 3 | Work with 3rd and independent sector to innovate and redesign services | 3a | Review of learning disability services | Outcome 2 and 4 | | | | | | | |
| 4 | Noted throughout the consultation process that the partnership's 9000 staff presents a significant opportunity to do things differently | 4a | HR - Vacancy Management and Redeployment Processes | Outcome 8 | | | | | | | |
| 5 | The HSCP needs to find better ways to use existing resources | 5a | Review of Business Support Arrangements | Outcome 9 | | | | | | | |
| | | 5b | Review of Planning and Performance Arrangements | Outcome 9 | | | | | | | |
| | | 5c | Rationalisation of Management Arrangements | Outcome 9 | | | | | | | |