



Item No: 6

Meeting Date: Wednesday 24th January 2018

Glasgow City Integration Joint Board

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ADULT SERVICES TRANSFORMATIONAL CHANGE PROGRAMME 2018-2021

Purpose of Report:	To seek IJB approval for the HSCP's Adult Services transformational change programme for the 3 years 2018-21, including associated savings and efficiencies.
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Background/Engagement:	There has been some initial engagement with affected providers and NHS staff side.
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Recommendations:	The Integration Joint Board is asked to: a) note the vision for Adult services for 2018 - 2021, in line with the HSCP's strategic plan; b) note the ongoing Adult service reform programme; and c) consider and approve the Adult savings and efficiency programme for 2018/19.
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Relevance to Integration Joint Board Strategic Plan

Partnership key priorities (p26) and Adult Services Maps (p40-44 and p46).

Reference to National Health & Wellbeing Outcome:	Reference all 9 National Outcomes
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Personnel:	There are implications for some NHS posts.
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Carers:	The proposals contained in this report assume an increased role for carers.	
Provider Organisations:	The proposals contained in this report will have implications for a number of HSCP providers.	
Equalities:	EQIA will be completed for this programme and all aspects of service redesign.	
Financial:	The report will include details of the proposed £5.23 million of efficiencies outlined in the programme for 2018-2019.	
Legal:	None	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	The report highlights a range of risks associated with these proposals. Some relate to the potential impact on HSCP services, and other service providers. The report highlights risks also associated to patients; service users and their carers.	
Implications for Glasgow City Council:	The proposals contained in this report are likely to generate significant political and media interest.	
Implications for NHS Greater Glasgow & Clyde:	The proposals contained in this report are likely to generate significant political and media interest.	
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 seek IJB support for the HSCP's Adult Services transformational change programme for the 3 years 2018-21, including approval of associated savings and efficiencies for 2018/2019.

2. Background

2.1 The Adult Services profile across the City HSCP incorporates a broad range of services. These include:

- Community Justice Services
- Sexual Health Services
- Alcohol and Drug Services
- Mental Health Services
- Homelessness Services
- Disability Services

2.2 A number of reform programmes have been established for these services in order to drive effectiveness and efficiency. Some of these programmes have been reported previously to the IJB and will be subject to more detailed reports being tabled to the IJB during 2018-2019.

2.3 The IJB Strategic Plan outlines 5 key priorities that apply to all HSCP services, including those that support Adults:

- Early intervention, prevention and harm reduction.
- Providing greater self-determination and choice.
- Shifting the balance of care.
- Enabling independent living for longer.
- Public protection – including keeping vulnerable people safe from harm.

2.4 In relation to Adults services there has been significant progress made in shifting the balance of care and delivering more effective community based alternatives. A number of the services have been re-profiled and the development of the Recovery Model of Care in some services has been a significant step change in relation to providing greater self-determination and choice.

2.5 The HSCP's strategy signals a clear intention to shift the focus to enabling and supporting those that require its' help to enjoy the best quality of life possible, informed by choices they make for themselves. For Adult Health and Care services that means a different attitude towards risk and its management across the entire system.

3. Vision

3.1 The vision for Adult Services clearly sets out the need to deliver high quality and effective services to Adults with a complex range of needs. Service users and patients should receive the right services at the right time and service users and their families should be supported to live as independently as possible within their communities. We intend to achieve this by:

- Shifting the Balance of Care
- Promoting an integrated approach to service delivery across all services within the Adult Service construct
- Ensuring the views of patients; service users and their carers are heard
- Working in partnership with the 3rd and independent sector
- Ensuring our staff have the confidence and skills to carry out their role.

3.2 A profound shift in the whole system culture is required in order to ensure that the organisation supports, Adults with complex needs to remain living in the community for as long as possible.

This will rely on:

- A range of preventative and effective early intervention services and supports being available to patients and service users to live independently in the community.
- A network across the City of effective and extensive relationships with 3rd and independent sector organisations. Developed alongside a co-production approach to purchased services.
- A recovery approach which is peer lead and provides support for self-management and community capacity building. This will be determined by services users' needs and take cognisance of lived experiences.
- A detailed programme of work with service users; carers; stakeholders and the public to manage expectations of what future services can deliver.
- Redesign of the more intensive services to target those most at need and to ensure there are effective; sustainable; safe and secure outcomes for these service users.
- All of this requires to be delivered in a series of stepped changes that ensures continuous learning and adjustment from this dynamic process of change.

4. Service Reform Programme

4.1 Community Justice Services

Community Justice Services comprises of 3 distinct services which at this point in time have no significant connection to each other. These services are Criminal Justice Social Work Services; Police Custody Services and Prison Health Care Services. It is our intention to consider over the next year how these services become more connected and to explore opportunities for integration.

4.2 Criminal Justice Services

4.2.1 Background

The HSCP has a statutory responsibility to provide a range of Criminal Justice services these include:

- Community based Criminal Justice Social Work Teams
- Social Work Court Services
- Prison Social Work Services
- Sex Offender Services
- Women's Criminal Justice Services

There has been review of the Criminal Justice Management structure and we are currently progressing Criminal Justice Glasgow transition arrangements in line with the newly established national body. There has been a review, redesign and implementation of Unpaid Work provision for the City in partnership with commissioned providers and we will continue to prioritise our approach to working with women in the justice system.

We are currently preparing for the forthcoming Community Custodial Unit and have had initial discussions on developing an Alcohol Court for the City.

4.2.2 Service Reform Programme

Funding for Social Work Criminal Justice Services in the HSCP is provided through specific grant from the Scottish Government. It is not anticipated that there will be any significant reduction to funding for 18/19. The HSCP will therefore be focusing on:

- Progressing Criminal Justice Commissioning Framework.
- Delivering Unpaid Work requirements.
- Realigning and relocating Criminal Justice administrative HUB.
- Criminal Justice working alongside Homelessness and Addiction Services particularly in relation to how it manages the complex needs population.
- Delivering community responses to reducing prison population, particularly recognising the increase in an aging prison population and offence type.
- Continuing to prioritise early intervention and prevention through the use of Bail, Diversion and structured Deferred Sentencing options.
- Managing and responding to the increase use of electronic monitoring.
- Continuing to prioritise women within the Justice System.
- Working in partnership with key Statutory and Third Sector partners to address and work with complex needs population.
- Developing citywide flexible approaches with an emphasis on assertive outreach.
- Improving integrated public protection and community safety approach.

4.3 Prison Health Care

4.3.1 Background

The responsibility for the Healthcare provision to prisons transferred from the Scottish Prison Service (SPS) to the National Health Services (NHS) in 2011.

There are three prisons within the NHS Greater Glasgow & Clyde area. HMP Barlinnie and HMP Gateside (Greenock) transferred in 2011. HMP Low Moss, located in East Dunbartonshire, became an additional Healthcare responsibility when it opened in March 2012.

There is currently no agreed service specification detailing which Healthcare services will be available within prison and to prisoners, with the expectation that “equivalence of Healthcare” will be made available. There is no validated Healthcare staffing model for use within prison Healthcare.

4.3.2 Service Reform Programme

Whilst much has been achieved since the initial transfer of responsibilities in 2011, there is still a long way to go to achieve “equivalence of Healthcare”. Some achievements to date have been:

- Introduction of Clinical Pharmacist role
- Introduction of Consultant Clinical Psychologist role
- Introduction of Health Improvement Lead
- Introduction of Smoking Cessation Co-ordinator role
- Introduction of Oral Health Support Worker role
- Introduction of Dental hygienist (pilot)
- Introduction of Professional Nurse Advisor role
- Additional primary care and addiction nurses for HMP Low Moss
- Introduction of Team Leader model in HMP Barlinnie

- Introduction of Low Intensity Psychological Interventions (using short term Scottish Government funding).

Over the next year we will continue to develop a service improvement programme for this service which will consider:

- The development of Advanced Nurse Practitioner posts across the service to address the challenge of providing accessible GP cover.
- The review of recruitment practice around nursing staff to support retention and vacancy management.
- A streamlined system around service user complaints.
- A robust Health Improvement approach.

Due to the ongoing challenges around this service no efficiency programme has been developed for 2018/2019.

4.4 **Police Custody**

4.4.1 **Background**

The Police Custody Healthcare Service is a relatively new service which came in to being in April 2014. Prior to this date, the NHS had no responsibility for the provision of Healthcare to individuals in Police Custody, no responsibility for the provision of Forensic Medical Services, nor were NHS staff attending police custody settings in order to provide Healthcare to those detained in custody.

4.4.2 **Service Reform Programme**

The service was developed and implemented on the basis of a nurse-led provision over a seven day per week, 24 hours per day basis to ten police custody suites across the NHS Greater Glasgow & Clyde area, with a total of 20 wte nursing staff providing this service. Medical input to Healthcare and Forensic Medical provision is made through a contractual arrangement with a group called COMS. Although forensic medical services are also delivered as part of a combined service by the NHS, they remain a function and responsibility of the Scottish Police Authority under Section 31 of the Police and Fire Reform (Scotland) Act 2012. The original contract was established for a period of 18 months and was then reviewed as planned and a procurement and tendering exercise was undertaken. The current contract commenced in February 2016 and yielded a saving of £200,000 on a recurring basis at that time. The current contract is again due for review and re-tendering and the planning process is underway at the present time.

The vision for the service remains as was the case at inception – to provide a combined high quality service, including delivery of Forensic Medical Service provision, responsive to the Health care needs of people in custody and to ensure appropriate links are made to other services (e.g. Addiction, Mental Health Services) to meet individuals' ongoing Health needs.

Services are provided on the basis of a common purpose to deliver integrated Healthcare and forensic medical services. Funding relating to forensic services may be subject to review by both Police Service of Scotland and NHS Scotland.

4.4.3 **Savings and Efficiency Programme 2018/2019**

The Forensic Medical contract will be extended for one year and therefore there will be no savings applied for 2018/2019. The development of the new contract will see further discussion with West of Scotland Partners in the delivery of this service. This may allow for further efficiencies to be considered at the tendering stage of the new contract in 2019/20.

4.5 **Sexual Health**

4.5.1 **Background**

The review of Sandyford Sexual Health Service has been organised around three main principles:-

- Improve the use of existing resources and release efficiencies through service redesign which will consider team structures, skill mix, localities and patient pathways
- Encourage those who could be self-managing to be supported differently
- Ensure that Sandyford services are accessible and targeting the most vulnerable groups

To achieve key recommendations for service improvement and an implementation plan, the Programme Board governing the review process has split the work into four work-streams:-

- Clinical Services
- Accessibility
- Young People
- Workforce & Localities

The Programme Board will prepare a report for the IJB in March 2018 that will present key recommendations for service changes and improvement based on the above three principles and the Strategic Plan for Sexual Health 2017 -2020.

The review was initially predicated on the achievement of £250,000 efficiencies for 2016/2017 and this has been achieved. Further financial pressure has resulted in the scope of the review process widening to consider an additional 15% over the next three years. This is also in light of additional service commitments; the development of the Archway Sexual Assault Referral Centre, which has required additional investment and the Scottish Government's role out of the HIV prevention drug, PrEP.

The service review is in the process of developing a recommended service model which will:

- Streamline and standardise the service across the Board area
- Work in partnership with Primary Care colleagues in line with the Primary Care Strategy to deliver new approaches to some aspects of routine care
- Develop a team and management structure to improve service delivery
- Develop new and innovative practice to enable greater self – management by patients who are able to do this e.g. self-testing services / website support, information and accessibility.

4.5.2 Savings and Efficiency Programme 2018/2019

It is anticipated that this service model will deliver efficiencies within the next three years but in 2018/9, the maximum that will be achieved will be **£100,000**. The efficiencies for 2018/19 will be delivered by:

- £50,000 review of current staffing
- £50,000 the introduction of the use of new technology/review of business support.

4.6 Mental Health

4.6.1 Background

Over the past two decades Adult Mental Health Services in Greater Glasgow and Clyde have been subject to transformational change that has delivered with a pronounced shift in the balance of care, significantly reducing the level of inpatient beds and reinvesting progressively in a spectrum of evidence based community and specialist services. The current service delivery model for Mental Health within NHSGGC was refreshed most recently in the NHSGGC Clinical Service Review of 2012-13.

Unlike many other services Mental Health has been planned and in some cases managed at a Greater Glasgow and Clyde level and currently the Glasgow HSCP has a lead co-ordinating role on behalf of all 6 partnerships. HSCPs in NHS GG&C are currently working together to develop a whole system five-year strategy for Mental Health because:

- Implementing conventional efficiencies and seeking modest incremental change is unlikely to meet the projected financial challenge whilst maintaining safe and effective services.
- There are powerful service reasons for change based on performance improvement, pathway redesign and innovative forms of support.
- The Adult Mental Health system is operating under unsustainable pressure with 3% annual growth demand in community services and bed occupancy frequently operating at over 100%.
- It is predicted that future demand led pressures on Health and Social Care services in Scotland will mean that Mental Health services face significant service delivery challenges in the medium to long term.

The direction is now well developed and is detailed in the 'Mental Health 5 Year Forward View' that is also on the agenda for this meeting of the IJB. The content of the document has been presented to and is supported by the Health Board's Corporate Management team and will be presented to all 6 IJBs at their next round of meetings. It is intended, subject to IJB approval, that a detailed implementation plan will be developed over the coming months and that the output from this work will be reported to IJBs in early summer of this year and will be core element of the Health Board's Transformation Program. This detailed work will establish a framework for IJB Adult Mental Health transformation and financial efficiency plans in future years.

4.6.2 Investment and Efficiency Programme

The Scottish Government have committed to increased spending on Mental Health services in 2018/19 and we are currently attempting to fully understand the implications of the content of the Draft Budget communication to Health Boards. The section in relation to Mental Health outlines:

“Through our new Mental Health Strategy, we are shifting the balance of care towards Mental Health, increasing the level of investment in Mental Health services and improving support in the crucial period from birth to young adulthood. To support this, in 2018-19 a further £17 million will be invested, which will go towards the commitment to increase the workforce by an extra 800 workers over the next 5 years; and for transformation in Child and Adolescent Mental Health Services (CAMHS). In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2017-18 spending levels by NHS Boards and Integration Authorities. As a result therefore, it is expected that NHS Boards and Integration Authorities ensure that total spending on Mental Health and CAMHS services in 2018-19 will increase as a minimum by £17 million above inflation. Directions regarding the use of £17 million will be issued in year.”

4.6.3 Rehabilitation Beds

Phoenix House is an 8 bedded rehabilitation facility in South Glasgow. There is currently 39 rehabilitation beds available and they operate at 82% occupancy rate. The proposal is to reduce the number of beds to 31 beds across the City from 1st June 2018 and to close the facility at Phoenix House with an in year saving of **£500,000**. Due to the existing capacity in the system patients and staff will be moved to other locations.

This proposal is a key strand of the 5 year strategy to reform the provision of rehabilitation and accommodation services across Health and Social Care.

A decommissioning plan is being developed and it is proposed that the patients will be transferred by June 2018 with an in year saving of **£500,000** and a recurrent saving in 2019-2020 of **£600,000**.

4.6.4 Mental Health Purchased Social Care Services

A programme of work is underway to review the purchased community service arrangement for Mental Health service users. This has included a programme of deregistration of supported accommodation and the move to independent tenancies for service users able to transition to this level of support.

The proposal is that this programme will continue and be informed by the needs of the 5 year strategy. The total efficiencies for the programme for 2018/19 will be **£235,000**.

4.6.5 Staffing Review

There are a number of vacant posts across the system that are surplus to requirement. It is proposed to review these posts and delivery a service efficiency of **£122,000**.

4.7 Alcohol and Drug Services

4.7.1 Background

Glasgow City has been delivering fully integrated Community Addiction Treatment and Care Services since 2002. The whole system of Addiction Treatment and Care provision includes:

- Community Addiction Team (CAT)
- In Patient Services
- Day Services
- Tier 4 Specialist Services
- Recovery Hubs
- Purchased Services (including Residential Rehabilitation Services)

4.7.2 Service Reform Programme

Alcohol & Drugs Services across the City have been subject to ongoing review over a number of years.

4.7.3 Recovery Communities

Significant outcomes have been achieved over the past 4-5 years as a result of the development of Recovery Communities.

Recovery Communities have strong aspirations for shifting cultures, creating community ownership and control, building on community assets and making best use of vital partnerships with service provision.

Recovery-Oriented Systems of Care (ROSC) is a coordinated network of community based services and supports that is person centred and builds on strengths and resilience of individuals, families and communities. It recognises there are many pathways to recovery, medication-assisted recovery, amongst others. It offers choice by providing a flexible menu of services and supports designed to meet each individual's specific needs. It builds on assets rather than emphasising deficits and pathologies.

Around 600-800 people participate in Recovery Communities programmes in the course of a week with capacity growing on a consistent basis. Promoting ownership of these programmes/activities attracts regular new and fresh volunteers and greater capacity to expand and develop opportunities. These settings provide excellent opportunities for other providers to deliver other priorities around Health improvement, parenting, equalities, alcohol, BBVs and Mental Health. Evidence suggests that for every one individual achieving recovery, another 25 individuals will directly benefit. The embedding of these services is vital to shifting to a culture of recovery, rather than one of dependency.

Each locality within Glasgow City has the following:

- Recovery Lead identified from within Care and Treatment Services (CAT).
- Recovery Coordinator and Senior Recovery Worker in each locality.
- A range of Recovery based settings run by Recovery Volunteers supported by local partners/stakeholders for example: Recovery cafes, Recovery Drop in provision, Group work programmes.
- Dedicated opportunities for women, including support for parents and families. Development of Crèche facilities to support this work going forward is reliant on commitment of resources.
- Dedicated opportunities for men including mindfulness programme, men's Health, parenting and employability.
- Community representation on locality based ADP Strategic Group and Sub-groups has been consolidated and local people play a vital part in these structure.
- A budget allocation from Glasgow's ADP with a focus on ongoing income generation from other sources is in place. A number of successful funding bids have been progressed. While this is an important development for Recovery Communities, a reasonable allocation of core funds is essential to ensure sustainability, standardisation as part of the ROSC model.
- Liaison across the localities staff employed with a specific recovery focus development remit to coordinate and build standard approach.
- Interface arrangements in development with Care and Treatment services. For example in Access Teams, Shared Care, Criminal Justice, Parents in Recovery, and alcohol work.
- Recovery Hubs following a review of all Community Rehabilitation Services and Community Alcohol Support Services provided by a range of third sector provider, a tendering and procurement exercise was undertaken to establish three Recovery Hubs across the City, one in each locality. Recovery Hubs will be a key partner in the City's approach to tackling the challenges posed by alcohol and drug use.

4.7.4 **Community Addiction Teams (CATS)**

The self-evaluation of the Community Addiction Teams (CATs) was completed in 2013 and the CAT Review Redesign is at the final stages of implementation, with teams delivering short interventions, more intensive and targeted to those individuals who are dependent on drugs and/or alcohol or who use drugs and/or alcohol in a harmful way and have a range of complex needs. Access arrangements within CATs have been strengthened and there is closer working with third sector providers.

4.7.5 **Inpatient Services**

There are currently 2 wards across the City delivering inpatients care Eriskay at Stobhill and Kershaw at Gartnavel. Work is underway to consolidate this under a single provision in one site it is proposed that this programme will conclude in 2019/2021 and will form part of the efficiency programme for that year.

4.7.6 **Day Care Services**

A programme of work has been established to consider the delivery of day care/day support services. The programme will consider whether this service can be delivered by a community based approach rather than a building based approach. This work will conclude 2108/2019 and will form part of the transformational programme in 2019/2020.

4.7.7 Savings and Efficiency Programme 2018/2019

A range of actions across Alcohol and Drug Services generate a planned saving of **£1,026,000** in 2018/19.

These actions include the review of a small amount of vacant posts that are now surplus to requirement. The reduction in contract values for Prevention and Education Contract via a new tendering process. The review of ADP Development funding, and the review of non-pay budgets in hosted services. Savings following a change in prescribing from Suboxone to generic Buprenorphine. **Total combined efficiency of £430,000.**

The Alcohol and Drugs Service has seen significant developments over the last few years, Community Services and have been reviewed and the development of an effective and earlier intervention approach has been rolled out across the City. The next phase has seen the review of all residential rehabilitation services. This work has been undertaken on a co-production basis with a range of third sector providers and in consultation with people with lived experience.

The review looked at lengths of stay, outcomes and reasons for unplanned discharge. A finding of this work was that longer stays did not mean better outcomes for individuals. However, robust pre-admission preparatory work did increase the likelihood of individuals completing residential rehabilitation programmes. Work will progress to move towards recovery focused, shorter, more intensive programmes with stronger links to community services and the Recovery Communities. A tendering exercise will be carried out for new Residential Rehabilitation Service Provision early in 2018. It is proposed that this will deliver efficiencies of **£596,000.**

Beyond 2018/19 further savings are planned associated with the redesign of day services and in-patient services (subject to the availability of capital funding) and review of shared care payment arrangements.

The Scottish Government have announced an extra £50 million funding for Alcohol and Drug Partnerships over the next 5 years. No information has been received about allocations or criteria for this extra expenditure. A report will be presented to the IJB later in the year outlining the detail of this additional funding.

4.8 Homelessness Services

4.8.1 Background

The vision for our homelessness service is to progress the transformational agenda by:

- Eliminating Homelessness in Glasgow with a focus on prevention.
- Redesigning and delivering services and support that end rough sleeping.
- Reduce homelessness duration of stay in temporary accommodation.
- Reduce repeat homelessness.
- Increase tenancy sustainment for homeless people accessing permanent tenancies.
- Address Complex Needs population and refocus integrated service approach, develop new environments for service delivery and refocus necessary skills/knowledge set for staff.

- Embed co-production and lived experience in service reform.

Glasgow City HSCP delivers a range of Homeless Services which include:

- Community case work services
- Directly provided residential services
- Primary care Health services
- Alcohol and drugs Services
- Mental Health services
- Emergency out of Hours services

The HSCP also commissions a range of third sector organisations to provide supported accommodation for homeless service users.

There has been a long standing reform programme for the delivery of Homelessness Services across the City which has seen the redesign of the Community Casework Teams and the Residential Accommodation (both purchased and provided). The next phase of service reform will concentrate on 2 areas; the development of a new model of Out of Hours Support and the Development of an Alliance Commissioned approach to purchased services with the 3rd sector.

The agreed phased closure of the Hamish Allan Centre has been progressed with the Out Of Hours pilot in partnership with City Mission. The pilot has now moved from two evening to five evenings per week. The HSCP response to managing Out of Hours Homelessness presentations is now embedded in the wider review of Out of Hours Services. In addition, there is a continued commitment to supporting the Winter Night Shelter.

In addition, we have been engaging with the Business Community, Statutory and Voluntary sector on managing the street begging agenda within the City and have commenced engagement with key housing providers. We will update our Homelessness Strategic plan and Improvement Plan following the outcome of the forthcoming Scottish Housing Regulator inspection.

4.8.2 **Savings and Efficiency Programme 2018/2019**

It is anticipated that the service reform programme provide efficiencies for 2018/2019 of **£2 million**. This will be delivered through the service review programme and in future years via Alliance commissioning.

4.9 **Disability Services**

4.9.1 **Background**

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 Health and Social Care. 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.

Progressing opportunities for more integrated working between Social Work and Health. The further development of the Personalisation agenda, as well as working in partnership with external provider organisations is key to delivering a modern robust service. Areas of activity are focusing on:-

- A review process to consider where Health and Social Care teams can improve joint working and the ability to plan and deliver services within an integrated service model.
- Ensure the statutory duties and functions are maintained.
- Review of service user pathways to ensure effective and efficient use of staffing resources. In doing so we will improve accessibility to specialist services such as psychology, speech and language and occupational therapy services.
- A phased approach to full integration of Community Learning Disability Services will take place over the next 3 years with the first step being the development of an integrated management team at operational and professional/clinical lead level.
- A phased approach to co-location of locality teams where possible to improve communication and engagement with and between front line staff.

4.9.2 **Service Reform Programme**

Learning Disability Tier 4 Services/ Supported Living Developments

Improving performance in relation to delayed discharges remains a core priority of the HSCP and a key element of the development of supported living models and ongoing work with local care providers. Glasgow faces a particular challenge in relation to delays for Adults with a Learning Disability and challenging care needs, given the complexity that individual cases tend to present. There are also a number of service users with similar needs currently living in inappropriate/unsuitable care placements in the community.

There are a minimum of 23 Adults currently receiving robust, specialist services in specialist residential or hospital settings:

- 9 Adults in long stay Hospital beds (Tier 4)
- 6 service users in assessment care and treatment beds (Tier 4)
- 8 Adults in specialist residential placements out with Glasgow

All or any of these individuals could be considered for a place in newly procured, specialist robust services. In addition services will need to be put in place for a number of complex young people known to Children and Families who will move through to adult services in the next 1-3 years. There may also be demand from complex people currently supported in stand-a-lone supported living services which are struggling to cope with their complexity.

Glasgow currently funds 1,500 Adults with Learning Disabilities to live in the community with paid support. The HSCP currently spends around £52.5 million per year on purchased Social Care supports for Adults with Learning Disabilities. 92% of this is spent on community based, non-residential care and 8% on residential placements.

A review group has been convened to develop a range of options for supported living models that not only meet the needs of those service users currently identified but that also takes account of known and projected requirement for service users who will need increased support within a community setting. The context for funding of the 9 Adults

within hospital based complex care will be considered along with the anticipated demand for more robust supported and residential care facilities for our future service demand and the associated costs this will present the HSCP.

It is proposed that by April 2019 the HSCP will have identified and commissioned a range of supported living options to meet the needs of not only those individuals that have currently been identified but also a future supported living framework that will provide support to our projected demographic needs for all service users with a Learning Disability who have significant complex care needs in Glasgow City. A report on the progress of this work will be presented to the IJB in March 2018.

Personalisation

We maintain a continuing focus on delivering the best possible outcomes and quality of life to all people with a Learning Disability in the City that require support from the HSCP.

- There will be a continued emphasis on family and carer support building on the significant progress made in this area over recent years and the new Carers Act requirements. Families generally want to maintain their caring role in the community for as long as possible.
- There will be a requirement to develop a sensitive approach to allow service users to move to more economically efficient models of support.
- There will be a greater and more effective application of technology to help sustain that carer role and community living in general. This will combine the use of technology enabled care for people with higher level care needs.
- We are currently developing a policy guidance to support the delivery of a consistent approach to personalisation and the ongoing commitment required by the HSCP to funding the “relevant amount” the level of funding required to meet each individuals assessed care needs and their outcome based support plan within a community setting.

4.9.3 Savings & Efficiency Programme 2018/2019

All of the activity described above is being undertaken both to meet the needs of people with a Learning Disability in the City and in anticipation of the very difficult financial challenge to come. Learning Disability Services, in common with the HSCP’s other care groups, has been asked to prepare savings and efficiency proposals for the next three years.

This is in a context where significant savings have already been achieved over the past number of years, with most of the relatively straightforward cost reduction options already having been realised. It is also in a context where demand for HSCP resources is increasing, and where we have significant challenges related to the provision of sleepover arrangements and increasing costs associated with national pay strategies such as increases to Scottish living wage.

To manage this level of financial challenge will require a rebalancing of who Health and Care support is provided to. This will mean more stringent examination of whether all current support is required, reducing this where possible and perhaps even taking some service user cohorts out of paid support altogether. A fine balance will be required between maintaining essential preventative services, ensuring all substantial and critical needs are met and avoiding demand shunts onto other parts of the Health and care system. This will require us to revisit eligibility criteria for access to service and to review the requirement for high cost care packages. It may demand difficult

choices to be made in some individual cases; for example, where residential care may be a more appropriate option in workforce and financial terms, to meet assessed needs than an existing high cost community care package being sustained over many years.

The success of this strategy will rely on a number of things:

- Effective partnership working with other service providers.
- A commitment to develop new models of care
- Technology Enabled Care succeeding as an enabler of alternative support models across a range of older people and adult services.
- Engagement with the HSCP's own workforce to build their support for a challenging three-year period.

The savings proposals below are presented in accordance with the HSCP's strategic priorities. Those relating to 2018/19 are presented for consideration and approval:

4.9.4 **Community Learning Disability Services**

A review of staffing levels in the service has allowed us to consider the reduction in the workforce which will yield efficiencies of **£75,000**. A new workforce plan will be developed for the service in line with the future review programme which will ensure even distribution of resource across the City.

4.9.5 **Personalisation and Review of High Cost Care Packages**

Through extending the reviews of the individual budgets of Adults it is expected that further efficiencies can be realised by developing ongoing work to review and potentially revise the available models of care particularly around the use of sleepovers. This proposal will see **£1,000,000** efficiency programme being developed through the Proof of Concept work with provider organisations and the review of Learning Disability service user packages who do not have a personalised budget. Any reduction to service users budgets/support arrangements will require an integrated approach between Health and social work staff. Further work to review accessibility criteria and by applying a consistent approach to providing an appropriate assessed "relevant amount" for community support will be expected to assist in reducing the costs of individual support packages whilst meeting assessed need and improving quality of life.

4.9.6 **Day Care Services**

There are currently 2 Learning Disability Day Care services across the City both with separate staffing and revenue budgets. A review of these budgets has concluded that with minor adjustments the services can reduce their expenditure by **£150,000 per year**. It is proposed that this is offered up as part of the efficiency programme for 2018/2019. There is also a reinvestment programme planned for both centres in order to upgrade the fabric and facilities of the buildings. In addition an options appraisal will be concluded during 2018/19 to consider the replacement of the centres and this will be considered in the Council's Capital Programme in line with the City Property Strategy. Future information on these proposals will be presented to the IJB during the course of the year.

4.9.7 **Physical Disability**

The reform of Physical Disability Services will be part of the programme of work to develop a new commissioned approach to the delivery of community based support. In order to progress this work for service users with a physical disability, it is proposed that

a small project team commence the review of the Physical Disability Service Delivery Model. The team will explore different models of support, with particular reference to collective models of care:

- The use of emerging technologies to support this service user group
- The role of housing in relation to the potential around core and cluster models of support
- Articulating implications and consequences in relation to ILF funding arising from service reform
- Engage with Acute around understanding of extent of need within acute services for patients under 65 years with complex needs
- Scope out the different strata of need within this service user cohort
- Make recommendations on ‘principles of intervention and outcomes’
- Recognise crossovers for policy and planning with other disciplines, e.g. Learning Disability Services.

This work will be reported to the IJB as part of the new Commissioning model in April 2019.

5. HR Implications

5.1 A number of these proposals outlined in this report see a reduction in staffing numbers across the service and relocation of staff to other facilities. Table 1 summarises the staffing implications of these proposals for the services:

Table 1

HR IMPLICATIONS		
Proposal	Staffing Implications	Timescale
Sexual Health Review	Skill mix development in the nursing workforce. Increase in Band 5 nursing decrease in Band 6 nursing.	April 2018
Closure of Phoenix House	Relocation of staff to other Mental Health inpatient sites across the City	June 2018
Reduction AHP Budget	Non-filling of current AHP vacancies.	April 2018
Mental Health vacancy management	Deletion of vacant Planning and Manpower post	April 2018
Alcohol and Drugs Services workforce reduction	Deletion of 2 vacant posts Business Support Manager and Inpatient Service Manager posts.	April 2018
Learning Disability workforce reduction	Reduction of vacant posts across the City.	April 2018

6. Adult Services Efficiency Programme

6.2 Table 2 summarises the Adult Services savings and efficiency proposals described above.

Glasgow City HSCP Budget Proposals 2018/19

Table 2

Adult Services Proposal	Savings (Council)	Savings (NHS)	Total Savings
Reduction of Rehabilitation Beds		£500,000 (Required to fund pay uplift)	
Mental Health Vacancy Management		£62,000 (Required to fund pay uplift)	
Reduction in Mental Health AHP Budget		£60,000 (Required to fund pay uplift)	
Reduction in Mental Health Purchased Social Care Budget	£235,000		
Learning Disability Services reduction of posts		£75,000	
Continued Review of personalisation and high cost care packages	£1,000,000		
Learning Disability Day Services- reduction in revenue	£150,000		
Alcohol and Drugs combined Health efficiencies		£430,000	
Alcohol and Drugs - Development of new contract for residential Rehabilitation Services	£596,000		
Sexual Health Skill mix development and vacancy management		£100,000	
Homelessness – Development of the Alliance Contract	£2,000,000		
Total	£3,981,000	£1,227,000	£5,208,000

7. Service Strategy Timescales

7.1 Table 3 summarises the timescale and reports that will be presented on the specific reform programme to the IJB or Sub-committees.

Table 3

Adult Service Area	Timescale to Report to IJB
<p>Community Justice Services Criminal Justice Plan https://glasgowcity.hscp.scot/publication/item-no-12-criminal-justice-and-community-justice-overview</p> <p>Prison Health Care Inspection Report and Action Plan https://glasgowcity.hscp.scot/publication/item-no-10-prison-healthcare-hmips-inspection-report-hmp-low-moss-draft-improvement-and</p>	<p>December 2018</p> <p>(Finance and Audit Committee) June 2018</p>
<p>Sexual Health Services Outcome of the Sexual Health Review https://glasgowcity.hscp.scot/publication/item-no10-sexual-health</p>	<p>March 2018</p>
<p>Mental Health 5 year Strategy</p>	<p>January 2018</p>
<p>Homelessness Services Update of the Alliance Commissioning Approach https://glasgowcity.hscp.scot/publication/item-no7-developing-effective-joint-commissioning-arrangement</p> <p>Development of the City Centre Hub and redesign of Out of Hours Services https://glasgowcity.hscp.scot/publication/item-no-29-homelessness-strategy-progress-and-update</p>	<p>September 2018</p> <p>June 2018</p>
<p>Disability Services Proposals for the Development of a New Framework for Support Living</p> <p>Policy Development in supporting adults with complex needs</p>	<p>March 2018</p> <p>March 2018</p>

8. Recommendations

8.1 The Integration Joint Board is asked to:

- a) note the vision for Adult services for 2018 - 2021, in line with the HSCP's strategic plan;
- b) note the ongoing Adult service reform programme; and
- c) consider and approve the Adult savings and efficiency programme for 2018/19.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	240118-6-a
2	Date direction issued by Integration Joint Board	24 January 2018
3	Date from which direction takes effect	24 January 2018
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	Adult Services
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver the Transformation programme for Adult Services as outlined in this report
8	Budget allocated by Integration Joint Board to carry out direction	As outlined in this report at table 2, and 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	January 2019