



**Item No: 7**

**Meeting Date: Wednesday 8<sup>th</sup> November 2017**

## **Glasgow City Integration Joint Board**

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### **OLDER PEOPLE'S TRANSFORMATIONAL CHANGE PROGRAMME, 2018-21**

<b>Purpose of Report:</b>	To seek IJB approval for the HSCP's older people's transformational change programme for the 3 years 2018-21, including associated savings and efficiencies.
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<b>Background/Engagement:</b>	There has been some initial engagement with affected providers and NHS staff side.  The issues and proposals within this paper were also considered at an IJB development session in late October.
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the vision for older people's services for 2021, in line with the HSCP's strategic plan; b) note the ongoing older people's service reform programme; and c) consider and approve the older people's transformational change programme for the 3 years 2018-21, including associated savings and efficiencies, noting that further work is required to confirm the set aside proposal.
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#### **Relevance to Integration Joint Board Strategic Plan:**

Partnership key priorities (p26) and Older People Strategy Map (p39).  
<https://glasgowcity.hscp.scot/publication/strategic-plan-2016-19>

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## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	All 9 national health and wellbeing outcomes.
<b>Personnel:</b>	There are implications for some NHS posts. These are detailed at section 5.6.
<b>Carers:</b>	The proposals contained in this report assume a continuing reliance on, and need for carers to be involved in sharing the care of older people.
<b>Provider Organisations:</b>	The proposals contained in this report will have implications for a number of HSCP providers, including RSLs, independent sector care home providers and the two city hospices.
<b>Equalities:</b>	An Equalities Impact assessment will be completed by the HSCP on these proposals prior to the 31 <sup>st</sup> March 2018 and will be available on the HSCP website when completed.
<b>Financial:</b>	The proposals in this report total £9.97 million for release to savings in 2018/19 (subject to further work and discussions).
<b>Legal:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	The report highlights a range of risks associated with the proposals. Some relate to the potential impact on HSCP services, some relate to the potential impact on GP services, whilst others relate to the potential impact on the Acute system and external service providers.
<b>Implications for Glasgow City Council:</b>	The proposals contained in this report are likely to generate significant political and media interest.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The proposals contained in this report would require change in the operation of NHSGGC Acute and will therefore generate political and media interest.

<b>Direction Required to Council, Health Board or Both</b>	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 older people's transformational change programme for the 3 years 2018-21, including approval of associated savings and efficiencies.

## 2. Background

- 2.1 The IJB Strategic Plan outlines 5 key priorities that apply to all HSCP services, including those that support older people:
- 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.
- 2.2 In relation to older people, there is a particular distance to travel to deliver on priorities 1-4 above. This is in part explained by a relatively risk averse perhaps at times relatively patrician historical culture in Glasgow, where the tendency has at times been to 'do for' rather than enable people to 'do for themselves'.
- 2.3 There has been significant progress in changing that innate tendency over recent years, reflected in the development of successful new service models such as home care reablement and intermediate care, with their focus on rebuilding confidence and skills for independence. However, there remains a historical legacy which has contributed to the comparatively very high usage of institutional care (hospital and care home) in the city.
- 2.4 The HSCP's strategy signals a clear intention to shift the focus to enabling and supporting those that require assistance to enjoy the best quality of life possible, informed by choices they make for themselves. For older people's health and care that means a different attitude towards risk and its management across the entire system, particularly where older people themselves make a conscious choice to live with risk in the community.
- 2.5 This strategic outlook has informed the HSCP's integrated work over the past number of years, enabling it to make important progress in key areas such as delayed discharges from hospital, whilst remaining within budget. We will seek to draw from this experience as we look ahead to the next three years.

### 3. Vision – 2021

3.1 In looking towards 2021 the intention is to build upon the momentum already established over recent years and accelerate progress still further in the face of the significant financial and other imperatives the HSCP will face over the period.

3.2 In line with the guiding vision for older people set out in the strategic plan and as a consequence of the programme of work described below, it is envisaged that by 2021 the HSCP's older people's service provision will be characterised by the following:

- A continuing focus on delivering the best possible outcomes and quality of life to all older people in the city that require support from the HSCP.
- A profound shift will have been achieved in whole system culture, with a clearly understood and enacted emphasis on supporting more and frailer older people to remain living in the community for as long as possible.
- By extension, the profile of older people living the community will have markedly changed. They will be older, frailer and with higher levels of support needs than at present and certainly the recent past.
- Related to this, significantly more efficient use will be being made of the Acute system. Only those older people with genuinely acute medical needs will be occupying hospital beds. Where no such needs are present, older people will either be diverted from admission at the front door or discharged speedily when their acute medical needs have been attended to. Ideally the HSCP's anticipatory care activity will preclude the need for attendance at hospital in the first place.
- Where older people are being supported in the community they will experience a more joined up and co-ordinated input from HSCP staff, irrespective of their particular professional role. This is exemplified by the work being undertaken under the auspices of the occupational therapy review outlined below. It will also be integral to the implementation of integrated operational older people teams across 10 local neighbourhoods in the city. The next three years will be a time of significant change for the HSCP's own staff group, as integration begins to take full effect. As with occupational therapy staff we will seek to work with staff and their trade unions to support them through this change and involve them appropriately in shaping the change process.
- There will also be more effective co-ordination between HSCP and Acute staff and systems in three years. This has already been achieved in relation to delayed discharges over recent years. The focus now will increasingly turn to the front door of hospitals and the joint activity in relation to unscheduled care that is likely to bring significant changes in pathways, processes, staff and clinical roles and responsibilities and how resources are deployed across the whole system.
- However, the challenge of unscheduled care is not restricted to the Acute system. There is a general challenge in ensuring that older people either present to the correct part of the health and care system or are directed there as

efficiently as possible. For example, in three years' time the aspiration would be that significantly fewer older people with non-medical needs such as loneliness present to their GPs, but are instead more connected into the community supports we are seeking to build across the city. There is a particular challenge around making the best possible use of GP time and resource, particularly as clinical activity is shifted from the Acute system.

- There will be an even greater emphasis on family and carer support than at present, 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. By 2021 the HSCP aims to help many more families achieve this, therefore alleviating demand for paid support provided by the HSCP and wider health and social care system.
- 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 that require support from the HSCP, with generally available technology that individuals and their families may choose to purchase from the open market to provide reassurance and peace of mind at the early stages of frailty.
- There will be closer and more effective partnership working with the housing sector in the city to help maintain their tenants in their homes for longer. This will build upon the work undertaken to date in the Accommodation Based Strategy and link into related activity around technology, aids and adaptations, community connectors etc. As increasing numbers of owner occupiers reach old age it is recognised that this activity must be effective across all housing tenures.
- In three years' time the care home sector in Glasgow is likely to look very different to the present. There may be a consolidation in the sector that means fewer care homes, but certainly the resident population will be frailer and the average length of stay will be shorter. This will present challenges both to the independent sector and the HSCP's own direct provision, which we can expect to be reflected in adapted models of care through time. Necessarily, more frail elderly people will require to be better supported in their community placements with expert geriatrician support for GPs, DNs, care homes and social care than is currently available if there is to be an avoidance of revolving door admissions to hospital.
- By 2021 the HSCP's partnership with the third sector in the city will have matured further, building upon the partnership activity of recent years in key areas such as community connectors and the third sector transformation fund. The third sector has a key role in supporting and enabling the city's older people and mitigating against their premature presentation to the health and social care system.

3.3 The vision for 2021 outlined here drives the programme of service reform activity outlined below and has informed the proposed savings and efficiency programme detailed later in this report.

## 4. Service Reform Programme

- 4.1 The HSCP's older people's service reform programme described below is broad in scope and already well established, with a number of reports on separate elements having previously come before the IJB. This programme of work will continue to evolve over the next three years in support of the above vision. As indicated below, individual work streams either have already been or will be the subject of separate, more detailed reports to the IJB.
- 4.2 **Unscheduled Care** – in March the IJB approved the HSCP's draft unscheduled care strategic commissioning plan and noted the development of a detailed implementation action plan. That action plan comprises in excess of 30 activities already underway or planned to support the strategic commissioning plan's aims around admission avoidance, effective discharge and future reconfiguration of acute activity.

Since March significant progress has been made in joining up the HSCP's activity with that of the wider health and care system, including North and South Acute sectors and the other Health Board HSCPs. A Board-wide group chaired by the Health Board chief executive, on which the HSCP Chief Officer serves as a member, will undertake a whole system steering group function, supported by delivery groups in each of the three Acute sectors, with Glasgow HSCP strongly represented in both North and South.

These arrangements are bringing together all related activity, including the components of the Glasgow HSCP action plan, with the common aim of reducing unscheduled care in the acute system by 10%. It is through these arrangements that cross-system reform activity will be agreed and implemented; for example, how in future, GPs access geriatrician expertise to inform clinical decision-making that reduces the presentation of frail older people at A&E; and, how the HSCP's Home Is Best team is aligned with the GRI and QEUH frailty unit teams to expedite early discharge for patients at risk of longer admissions to hospital.

Some elements of the action plan are the singular responsibility of the HSCP. For example, addressing higher levels of A&E referrals from some care homes in the city.

There are some early indications that the Acute system in Glasgow is already running relatively efficiently. Day of Care audits undertaken in September as part of the unscheduled care programme found that 12.8% of patients in North Sector and 14.6% in South Sector were occupying acute beds when they did not have to. This was against a typical figure nationally of between 20-30%. These audits will continue as a routine monitor of unscheduled care performance.

As progress is made towards the intended reduction in unscheduled care of 10%, it will inform the future commissioning of Acute provision. For the whole system to remain in balance it is imperative that this efficiency is realised through a reduction in Acute provision and associated savings to the set aside budget. The savings and efficiencies programme detailed below assumes the HSCP will realise its share in financial terms of any set aside savings in order to provide sustainable funding for sustainable service provision.

4.3 **Delayed discharges** – improving performance in relation to delays remains a core priority of the HSCP and a key element of the unscheduled care plan. As has previously been reported to the IJB, following a dramatic improvement since the introduction of intermediate care in 2014 delays performance has been maintained at one of the best levels in Scotland. However, the intention remains to achieve a further reduction to 20 acute delays from the current typical level of 40-50. Glasgow faces a particular challenge in relation to delays for adults aged 18-64, given the complexity that individual cases tend to present.

4.4 **Integrated neighbourhood teams** – progress is being made with the implementation of integrated health and social work teams across ten local neighbourhoods in the city – 3 in North West, 3 in North East and 4 in South. Service managers with integrated responsibility for social work, rehab and enablement and district nursing teams have now been appointed and will transition to their new duties during November. The intention is that these new neighbourhood teams cohere local health and social work activity together more efficiently and effectively, forging ever stronger links with local GP clusters as well as local communities, carers, third and independent sector providers and community organisations.

In addition the new citywide Home Is Best hospital-facing team is being established, managed by a single service manager. This team will also be multi-disciplinary, comprising both health and social work staff, charged with responsibility for working with Acute colleagues (including in the frailty units at GRI and QEUH referenced above) to ensure improved diversion from hospital admission and improved delayed discharge performance. This team, which will have hubs at both the GRI and QEUH, will interface with the ten neighbourhood teams as patients/ service users emerge from the Acute system.

4.5 **Primary Care** – a group jointly led by the current Head of Locality, North West and HSCP Clinical Director has been established over the past year to develop and the primary care agenda for the city. Although it remains in its early stages, delivery of robust primary care services is a recognised priority for the HSCP. Specifically there is a clear understanding that the implication of all of the activity described in this report will result in displaced demand onto primary care services, particularly GPs. It is essential that the primary care strategy helps effect an associated displacement of current primary care activity into other, more appropriate elements of the health and care system to ensure the system remains sustainable. Indeed there may be some elements of primary care activity that are taken out of the HSCP altogether, with demand met by the community in different ways. Achievement of these shifts will be critical to maintaining balance in the primary care system. The new GP contract is also a key factor, with proposals expected presently and commencement slated for April 2018. There is expected to be an associated reconfiguration of some services currently provided by GPs that will become the responsibility of the HSCP. This change will require careful management to ensure GPs workloads are kept in balance.

4.6 **Accommodation-Based Strategy** – the HSCP's partnership with housing sector continues to mature across a number of different areas, including the continued growth in supported living, the ongoing contribution of housing options for older people in linking housing and health and social work professionals and the application of technology enabled care.

Forging a stronger and more effective partnership with housing colleagues to enable frail older people to remain living at home will remain a priority for the HSCP over the next 3 years, with detailed work continuing with both the West of Scotland Housing Forum and Wheatley Group, as well as the Council's Development and Regeneration Services. This relationship has been tested through the changes to sheltered housing in the city, but progress is being made, through for example, the re-direction of some of that resource to support the growth of supported living initiatives in different parts of the city.

- 4.7 **Technology Enabled Care** – as per previous reports to the IJB, the HSCP commissioned an independent evaluation of its technology enabled care (TEC) model last year. That evaluation identified a number of recommended changes that were needed to effect a step change in both the uptake and effectiveness of TEC in relation to older people and adults. These recommendations addressed a number of weaknesses in relation to brand recognition and trust, pathways and processes, client contribution and staff roles and responsibilities.

A dedicated HSCP team has been established to take forward those changes, reporting to a TEC Governance Group chaired by the Head of Strategy & Operations, Older People. Good progress is being made, with tangible changes now being delivered in areas such as a revised responder service model, building capacity within locality teams and a joint programme with the housing sector.

A significant increase (some 200%) in the number of service users (older people and adults) being supported by complex telecare products has been achieved over the past year, but there remains considerable room for improvement and expansion as we seek to manage need more effectively in the community.

- 4.8 **Palliative & End of Life Care** – the IJB considered a report on the HSCP's palliative care strategy at its previous meeting in September. Core to that strategy is increasing the number of people in the city supported to exercise their preference to experience palliative and end of life care at home. The underlying trend over recent years has been in line with this aspiration, with fewer people than ever before now dying in hospital.

Our intention is to continue to accelerate this trend, particularly given the opportunities now arising from the transfer of the hospice contract management function and resources from Acute to the HSCP earlier this year. Those opportunities include the potential to grow the hospice services' presence in local communities, through initiatives such as local clinics etc. However, that is set against the challenge of financial savings, which hospices are not immune to as is described below.

It must also be acknowledged that increasing the number of people ending their lives in the community does place particular added pressure on community services, particularly community nursing and GPs.

- 4.9 **Carers** – implementation of the new Carers Act will provide a fillip for the HSCP's long-term commitment to enable the carers' role to be sustained for longer in relation to frail older people. This reflects the aspiration of most families, but requires the correct supports to be available at the right times, particularly where there is a risk of carer burnout. A Carers Act implementation group has been established to oversee the implementation of the new legislative requirements in



the city and to work alongside the existing carers groups to ensure that any additional investment arising from the new Act is deployed in a manner that effectively supports carers.

- 4.10 **Occupational Therapy** – has been subject to early review given the obvious potential synergies across the health and social work OT functions inherited by the HSCP. Considerable progress has been made in integrating occupational therapy, with OTs now no longer regarded as NHS or Social Work OTs, but HSCP OTs, albeit individual specialisms such as mental health are retained. OTs working with older people will form an important part of the integrated older people's neighbourhood teams referenced above, whilst pathways, processes, roles and responsibilities have all been streamlined as part of the OT Review, giving professionals licence to see their case management through rather than hand off to other OTs part way through the process. Such hand offs are associated with delayed resolution of support needs and frustration both for the service user and the professional supporting them.

Recently the HSCP agreed a single eligibility criteria for occupational therapy, replacing separate NHS and Social Work eligibility criteria. This change addressed a key area of concern expressed by frontline staff during the review, with different criteria being experienced as at odds with integration.

These are changes that are making a difference on the ground, are supported by frontline staff and consistent with a strategy that aims to maximise prevention and early intervention and ensure small investments are made that avoid larger costs being accrued later.

- 4.11 **Dementia** – as the population of the city ages over the coming decades there will be an associated increase in the number of people with dementia requiring support from the HSCP. The importance of meeting the needs of those individuals and their families is reflected in HSCP's dementia strategy, jointly developed with Alzheimer's Scotland and which is the subject of a separate report to the IJB. The report confirms that good progress has been made across a range of initiatives intended to meet the strategy's commitments to improve health and social care services for people with dementia, recognising that a diagnosis of dementia should be the gateway to information, support, care and treatment. These include improvements in relation to key priorities such as post-diagnostic support and support for carers.

- 4.12 **Tomorrow's Residential & Day Care** – this programme of replacing the HSCP's directly provided, older residential and day care facilities with sector-leading facilities continues apace, with Riverside Care Home on the site of the commonwealth games village the latest to become operational earlier this year. Two more care homes and two more purpose-built day care facilities will conclude the building programme over the next 2 years, giving the HSCP and people of Glasgow some of the best provision in the UK.

In common with the wider HSCP service there is an expectation that these new services will continue to evolve to meet the needs of today and tomorrow and not simply continue to provide the same services they have in the past. This is already happening, with the residential units now routinely supporting older people at end of life and with complex needs. Likewise the frailty profile of those attending day care has also increased over recent years as a direct consequence of the shifting

balance of care to the community and the review of older people's day care concluded last year.

These trends in service user profile will continue into the future and the HSCP will seek to take advantage of the opportunities that integration provide to manage the impact of this.

- 4.13 **Transfer of Continuing Care** – another tangible example of a shift in the balance of care has been the transfer of the former Acute continuing care contracts and resources to HSCP management earlier this year. In North East Glasgow this has seen the transfer of beds at Fourhills and Greenfield Park care homes, where use has been changed to meet complex intermediate care and palliative and end of life care needs.

Underpinning this change has been an emphasis on maximising the efficient use of these resources whilst supporting very vulnerable older people to access the support they need in the right place for them. In many cases that has meant people being supported in care homes who might in the past have remained within Acute continuing care. This change should not only benefit individual patients, but also the wider health and care system with the throughput now being achieved in these beds.

Similar aims will apply to the transfer of former continuing care resources in other parts of the city, albeit the inherited arrangements are different in each area (St Margaret's, North West and Mearnskirck, South) and the resulting service models will reflect that in each locality.

- 4.14 **Community Connectors** – an important example of where the HSCP is working in partnership with the third and housing sectors to support delivery of the older people's strategy. Community connectors are funded by the HSCP, co-ordinated by GCVS and embedded within local RSLs, with a remit to support and enable older people at risk of requiring health and care services to maintain and enhance their skills for independence. Community connectors also work closely with local HSCP teams and have an independently evaluated track record in delivering positive outcomes for their target population.

Community Connectors have a particular focus on addressing issues related to social isolation and loneliness, which remains a challenge not only for the HSCP but also all community planning partners.

## 5. **Proposed Savings & Efficiency Programme, 2018/19 and beyond**

- 5.1 All of the activity described above is being undertaken both to improve the lives of older people in the city and in anticipation of the very difficult financial challenge to come. Older People's Services, in common with the HSCP's other care groups, has been asked to prepare savings and efficiency proposals for the three years from 2018 at 5% per annum, 15% over the three years.
- 5.2 For older people this equates to c£10 million per year and c£30 million in total. This is in a context where significant savings have already been realised over the past number of years, with most of the relatively straightforward options already having been realised. It is also in a context where demand for HSCP resources is

increasing, both from an ageing population and as a direct consequence of the shift in the balance of care from the Acute sector.

5.3 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 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.

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

- Effective partnership working with Cordia and other service providers.
- Technology Enabled Care succeeding as an enabler of alternative support models across a range of older people and adult services.
- A shift in responsibility from paid care to family/ carer support. Specifically, we need to create the conditions where families are willing and able to do more to support their relatives for longer, particularly at higher levels of frailty.
- Engagement with the HSCP's own workforce to build their support for a challenging three-year period.

5.5 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, with those for 2019/20 and 2020/21 presented as indicative at this time. Permissions for those proposals will be sought from the IJB at an appropriate future juncture.

5.6 The proposals are as follows:

- i) **Shifting the Balance of Care** by reducing the volume of Purchased Care Home Placements that the HSCP makes on annual basis.

This action is not risk free as follows:

- Vulnerable individuals currently living in the community and who meet the eligibility for care home placements alongside a current tendency to prioritise placements for those requiring to be discharged from hospital or intermediate care. For these groups of individuals, it is likely that increasing numbers of them will continue to be supported at home for longer or discharged from hospital or intermediate care back home when they currently might expect to be placed in care.
- For Acute hospital services, an inability to embrace the above risk by clinicians, social workers, patients and families and all other stakeholders, increases the risk that patients will be delayed in hospital should the number requiring placement in long-term care exceed the available

resource. This in part explains the experience in England over recent years.

- For care home providers, it can be expected that not all current care home operators within the city will choose to continue to operate in this market.

Mitigation of these risks are all by way of the activity described in section 4 above. By supporting people to remain living independently at home for longer the HSCP's expectation is that demand for care home placements will reduce.

This will enable **£4 million per annum** (£12 million over 3 years) to come out of the current £70M expenditure in the purchased care homes budget.

This reduction does follow a trend over recent years, with approximately 25% fewer purchased placements already being made compared to 5 years ago. However, Glasgow remains amongst the highest user of care home care in Scotland. In actual fact, because of the annual increases in care home fees through the National Care Home Contract negotiations, the annual level of expenditure has remained largely static at £70M despite the reduction in levels of placements.

A more detailed report outlining how this efficiency can be realised over the next 3 years will be presented to the Finance and Audit Committee of the IJB in December 2017.

ii) **Shifting the Balance of Care** by realising the efficiency gain.

This concept is based on two key assumptions: that the unscheduled care activity outlined in this report generates significant efficiency gains to the Acute system; and, that the HSCP shares the benefits of those efficiencies.

These are significant risks, and it is accepted that the unscheduled care activity will take time to fully and consistently impact on Acute performance. As such, the proposal that **£3.27M** can come out of the £120.803M set aside budget is under analysis and the subject of further work.

To ensure compliance with relevant guidance, the detail of this proposal, particularly the status and position of set-aside budgets, requires ongoing discussion at the Health Board and at national level.

iii) **Evolving Partnership with Housing**

This saving would be realised from the remaining housing support budget once the provision of sheltered housing services in their historic form with warden cover in the city comes to an end during the current financial year. A proportion of the historic budget has been used to support some sheltered housing providers to transition to new service models in line with the Accommodation-Based Strategy, with more expected to fund an expansion of supported living during the next year. This work is expected to be able to realise the release of **£1M** from the balance in 2018/19 with no further reductions thereafter.

iv) **Personalisation**

Through extending the reviews of the individual budgets of adults both over and under 65 years it is expected that further efficiencies can be realised up to **£390K** per annum for three years out of an overall expenditure of £18.5m. For the over 65s this would relate to those that have transitioned from adults to older people's services, often on comparatively high support packages. For under 65s this will include younger adults with a physical disability, sometimes life limiting, again supported through personalised support plans.

For younger adults in particular it may be very difficult to realise significant additional savings from individual support plans, given their needs profiles. Ongoing work to review and potentially revise the available models of care and commission new provision for younger physically disabled adults will be expected to assist in reducing the costs of individual support packages whilst improving quality of life, but it is likely to be closer to 2019 before any benefit is felt.

v) **Low risk, ad hoc provision**

Arising from much of the strategic, citywide and mainstreaming of service provision and activity outlined in section 4 and elsewhere (e.g. Unscheduled Care Plan) the potential to generate alternative sources of income and removing habitual underspends, service reductions together with service and staffing reconfigurations can be realized enabling the withdrawal or reconfiguring of funding provision within services to a level of **£455K** in 2018/19. Such activities were previously funded by the former Integrated Care Fund, now mainstreamed, and as such have been subject to the same level of scrutiny and review as all other activity. It is considered that efficiencies can be realised from Good Moves; the Bridging Service; consultant geriatrician sessions; responder service pilots; 'Home from Hospital'; 'Better at Home' Housing Options for Older People, lunch clubs.

vi) **Palliative & End of Life Care**

Discussions are underway with the two hospice providers in the city, Prince and Princess of Wales and Marie Curie with the intention to achieve a one-year efficiency and seek to protect these strategically significant partners from any further savings over the subsequent two years. It is recognized that this is particularly challenging given the difficult fundraising climate and development of the new PPW hospice in Bellahouston Park, due to open next year but it is considered achievable that **£235K** can be released from an annual £4.7M.expenditure.

vii) **Clinical redesign**

A number of NHS staffing changes are proposed, arising as a consequence of long standing vacancies and retirements. In planning for these staffing changes, mitigation will be sought via reviews of skill mixes and current functions. This is expected to realise **£620K** in 2018/19.

The areas under consideration are as follows

- MS Chronic Disease Nursing
- OPMH Consultancy
- District Nurse Out of Hours Co-ordination
- Community Nursing
- Rehab Psychology

- 5.7 No savings are proposed for key areas of activity with a focus on prevention, early intervention and maintaining vulnerable older people at home. These include HSCP-funded third sector services, carers' services, aids, equipment and adaptations and home care, Technology Enabled Care.
- 5.8 Table 1 summarises the older people savings and efficiency proposals described above.

**Table 1 - Glasgow City HSCP  
Budget Proposals 2018/19**

<b>Older People Proposal</b>	<b>Total Savings</b>
Shifting the Balance of Care – Purchased Care Home Placements	£4,000,000
Personalisation	£390,000
Evolving Partnership with Housing	£1,000,000
Palliative & End of Life Care	£235,000
Low Risk, Ad Hoc Provision	£455,000
Clinical Redesign	£620,000
<b>Total</b>	<b>£6,700,000</b>

NB Work will continue in relation to the set aside target of £3.27M outlined in 5.6ii to agree actions and targets that will enable the release of finance from this budget.

## **6. Recommendations**

- 6.1 The Integration Joint Board is asked to:
- a) note the vision for older people's services for 2021, in line with the HSCP's strategic plan;
  - b) note the ongoing older people's service reform programme; and
  - c) consider and approve the older people's transformational change programme for the 3 years 2018-21, including associated savings and efficiencies, noting that further work is required to confirm the set aside proposal.

**DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD**

1	Reference number	081117-7-a
2	Date direction issued by Integration Joint Board	8 November 2017
3	Date from which direction takes effect	8 November 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	Older People's Services
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver the Transformation programme for Older People's Services as outlined in this report
8	Budget allocated by Integration Joint Board to carry out direction	As outlined in this report at table 1, 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	November 2018