



# Item No: 19

Meeting Date: Wednesday 26<sup>th</sup> June 2019

## Glasgow City Integration Joint Board

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### MAXIMISING INDEPENDENCE IN GLASGOW CITY

<b>Purpose of Report:</b>	To outline emergent HSCP thinking in relation to maximising service user and patient independence in Glasgow City, with a particular focus on demand for and access to adult and older people community health and social care services; and, to seek appropriate challenge and guidance from IJB members regarding next steps.
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<b>Background/Engagement:</b>	This report seeks to outline a response to the twin challenges of increasing demand and reducing resources in adults and older people's social care in Glasgow, whilst recognising the best health and care outcomes are associated with the highest possible levels of self-management and independence.
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the HSCP's emergent thinking in relation to maximising independence for patients and service users; and, b) support the continued development of this programme with a commitment to return to the IJB with more specific proposals later in 2019.
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#### Relevance to Integration Joint Board Strategic Plan:

The proposals in this paper are intended to give effect to key elements of the Strategic Plan, including those in relation to shifting the balance of care, promoting independence and achieving budget balance.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Outcomes 1, 2, 3, 4, 6, 7 & 9.
<b>Personnel</b>	No specific implications.
<b>Carers:</b>	These proposals would require an increasing role for families and carers, particularly in relation to low level needs that do not meet HSCP eligibility criteria. Potential new models of care around family support may also impact on the carer role in future. The HSCP is committed to supporting families and carers to sustain their caring roles for as long as possible.
<b>Provider Organisations:</b>	This paper envisages an increasing role for housing associations and third sector organisations around prevention and early intervention.
<b>Equalities:</b>	An EQIA will be undertaken as part of the programme associated with these proposals.
<b>Fairer Scotland Compliance:</b>	No specific implications.
<b>Financial:</b>	These proposals are associated with the £4.2M balance of care saving approved as part of the 2019/20 IJB budget.
<b>Legal:</b>	Any changes emerging from this programme will be consistent with the HSCP's statutory duties.
<b>Economic Impact:</b>	No specific implications.
<b>Sustainability:</b>	Not applicable.
<b>Sustainable Procurement and Article 19:</b>	There are likely to be procurement considerations in relation to the future funding of neighbourhood-level prevention and early intervention initiatives associated with this programme.
<b>Risk Implications:</b>	Some high level risks are identified in section 4 of this report. A detailed risk management plan would be developed as part of the programme.
<b>Implications for Glasgow City Council:</b>	The Council can expect some political challenge in relation to changes to the future HSCP offer in relation to adults and older people's care. This programme is also associated with delivery of significant Council savings.

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As provider of last resort the NHS can expect to experience higher levels of demand should this programme fail to deliver the desired reduction in overall levels of demand for adult and older people's social care.
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<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 outline emergent HSCP thinking in relation to maximising service user and patient independence in Glasgow City, with a particular focus on demand for and access to adult and older people community health and social care services; and, to seek appropriate challenge and guidance from IJB members regarding next steps.

## 2. Background

- 2.1 The IJB and its sub-committees have considered a number of reports over recent years charting the inverse trends in relation to growing demand for health and social care services and reducing budgets to meet that demand. This is particularly, though not uniquely, related to the effects of an ageing population. Demographic projections indicate these trends will only accelerate over the coming decades. These themes are captured in the IJB's new three-year strategic plan and in the medium term financial outlook report to the IJB from 27 March 2019 <https://glasgowcity.hscp.scot/publication/item-no-8-medium-term-financial-outlook>
- 2.2 The HSCP has engaged in transformational change programmes over a number of years to drive more efficient use of available resources to ensure that demand continues to be met. These include amongst others, home care reablement, anticipatory care planning, carer support, housing options, technology-enabled care and the review of occupational therapy services.
- 2.3 In each case the driving principles relate to maximising independence whilst minimising dependency, enabling proportionate risk rather than eliminating risk at any cost and supporting individuals to remain living at home for as long as possible.
- 2.4 Having made significant progress through these changes it is proposed that the time is now right for the HSCP to pursue a step change in individual, family and community independence from statutory HSCP support, increasingly focusing organisational resources and energies on prevention and early intervention approaches in partnership with local community organisations and third, independent and housing sector partners.

- 2.5 Core HSCP services are getting closer to the limits of their capacity. The purchased care homes budget, the largest social care budget in the HSCP, is under constant and increasing pressure. The HSCP's own residential units consistently operate at or around 100% occupancy. Home care, supported living, intermediate care and other core services all report similar pressures. Acute services are now consistently experiencing very high levels of demand, reflected both in ED performance and occupancy levels.
- 2.6 The tolerance of the system in its current form to continue to reform to absorb the twin challenges of increasing demand and reducing resources is itself reducing. The HSCP can and will continue to identify and effect any efficiency opportunities that exist under the status quo to manage demand. However, under current trends it is prudent to forecast that this will lead over time to a steady erosion of performance across key measures as the system as currently configured reaches the limits of its capacity.
- 2.7 How change might best be achieved goes to the heart of the 'social contract' in relation to the health social care offer in Glasgow. Inevitably that would mean a substantive change in who received formal HSCP support, in recognition that the best health and care outcomes are associated with highest possible levels of self-management and independence.
- 2.8 For this change to succeed it will require an altogether more serious and sustained commitment to early intervention and prevention approaches. This would include the systematic application of the principle of therapeutic and purposeful intervention at every stage of the care journey with a view to minimising escalation to higher levels of formal care at every point.
- 2.9 There are opportunities to develop place and local asset-based approaches in line with the new neighbourhood teams for older people's services; the key elements of the Primary Care Improvement Plan and the review of learning disability services. This would involve increasing contributions from families, carers, communities, housing associations, third sector organisations and others, supported and enabled by the HSCP as far as possible.
- 2.10 Another key potential enabler will be the city Community Planning Partnership, which shares the HSCP's ambition to develop local community assets and approaches. There is a significant strategic opportunity to work in partnership with the CPP on this programme.
- 2.11 There would be an associated resource challenge. Specifically around transitioning from the as is to the future to be – ideally involving some element of re-direction from higher tariff service budgets to those focused on prevention and early intervention. Acute set aside budgets would form part of this wider resource equation. This presents a very significant challenge given all of these budgets are currently fully committed.
- 2.12 Eligibility criteria would also be revised to be more aligned to the spirit and principles of the new GP contract with social workers operating to 'the top of their licence' and being substantially only engaged in the lives of those with the most complex need and who require access to formal social work services.

### **3. Emergent Thinking**

- 3.1 It is recognised that re-drawing ‘the social contract’ in relation to the HSCP health and care offer is a complex and potentially contentious issue that will require careful thought and significant engagement and challenge.
- 3.2 At the same time there is an urgency to move forward with practical action. The IJB recently approved budget savings of £4.2M related to this shift in the balance of care. Whilst complex reforms and the associated pre-requisites around cultural and behavioural change take time to effect, budget reductions occur much more quickly. This will remain an unavoidable tension.
- 3.3 HSCP officers have developed a very initial draft pathway that would begin to give effect to the guiding principles outlined at 2.9 above. This was tested in an HSCP senior management session on 4 June and requires further refinement before it is sufficiently robust to be tested with wider partners.
- 3.4 This early draft pathway is informed by what the empirical evidence identifies as the major risk factors in generating demand for formal health and social care, including dementia and co-morbidities, frailty, risk of falls, social isolation, carer burden and poor self-esteem/ self-image and managing challenging behaviour.
- 3.5 In outline the pathway seeks to intervene purposefully and effectively at each stage of the care journey to mitigate the need for formal health and support; or, to minimise the level of support where it is needed. Some of this would be delivered by scaling and speeding up relatively mature elements of the current system such as carer support, TEC and supported living. Others by introducing new initiatives and models of intervention (see 3.8).
- 3.6 The pathway outlines an approach that would see graduation from one level of support to the next only where there is a proven need. For example, graduation to low level social care supports such as day care, low level TEC and home care would only be considered where self-sufficiency, informal family and carer support and even community support have demonstrably been fully utilised.
- 3.7 A similar approach would be adopted at different points on the care journey, up to and including admission to long-term care – which would only be permissible where supported living options had been fully utilised.
- 3.8 Consideration will be given to the development of new service models at different points of the care journey. Specifically there is interest in exploring the potential transposition of family support models that have proven effective in children’s services into the adults and older people’s spheres. Shared care, kinship care and other potential models that might enable families and carers to sustain the caring role for longer, in a manageable way, will be explored. The potential development of a Carers Academy to provide carers with very practical caring skills such as moving and handling will also be explored.

- 3.9 The HSCP is also committed to learning from the best practice from elsewhere. Coventry has been identified as a high performing English social care authority having had some success in managing its social work budget and resources whilst delivering strong Acute performance. A delegation of HSCP officers visited the city in June to learn more about which elements of its model might be applicable to Glasgow. These include an organisational structure based around 'promoting independence' rather than conventional assessment of need, a system-wide application of reablement principles and local community asset-based approaches in partnership with housing and others. The visit proved very worthwhile and the intention is to maintain an ongoing relationship with Coventry to promote mutual learning.
- 3.10 As it develops a full programme of engagement with key stakeholders will be established to test and develop the emergent HSCP thinking. The product of that work will be brought back to the IJB later in the year for consideration.

#### **4. Challenges and Risks**

- 4.1 There are a range of challenges and risks associated with pursuit of the ideas outlined in this paper. Equally, there are risks associated with not pursuing these ideas, as reflected in 2.4.
- 4.2 Chief amongst the risks is that this approach proves unsuccessful in stemming demand for formal HSCP support. It is a feature of the health and care system that efficiencies realised by transformative change can be overtaken by increasing levels of demand. In the worst case scenario the HSCP would re-direct scarce resources to support prevention and early intervention initiatives, leaving it unable to meet demand for higher levels of formal care support. For example, unable to meet the costs of care home placement, resulting in higher levels of delayed discharge in hospital.
- 4.3 There is also a risk that service users, families, carers, the general public, professionals and key decision-makers within the system are not yet ready to face the difficult choices that the economic realities of the health and care system increasingly render unavoidable. This can be expected to apply at both the individual human level and at the whole system level.
- 4.4 As per 3.2 the dissonance between time and budget imperatives and the pace at which complex, transformative change tends to naturally occur will present both a challenge and a risk.
- 4.5 These are headline potential challenges. A formal risk management plan would be developed as part of this programme of work.
- 4.6 Whilst there is also a risk that these changes would be perceived negatively, the prize in this approach would be the development of more self-sustaining, self-confident and resilient individuals and communities. Empirical evidence points to this delivering better long-term outcomes than avoidable health and social work interventions and the associated dependency that can bring.

## **5. Practical Next Steps**

- 5.1 If the IJB assents the next step in this process will be to establish a service transformation apparatus around this programme, including the establishment of a formal programme board and investment in programme support. Programme workstreams will be initiated as a matter of urgency around finance and resources and stakeholder engagement and communication, along with relevant others related to individual workstreams; e.g. new models of care.
- 5.2 A high priority within that programme will be to further develop the detail of the rudimentary prevention and early intervention pathway that was initially tested with HSCP senior managers on 4 June. Thereafter a programme of engagement with key partners will be undertaken as a priority, including service users and patients, families and carers, GP clusters, local community groups, third sector, independent sector and housing providers, Acute sectors and the Health Board – potentially under the auspices of Moving Forward Together. Early discussions with the City Council Chief Executive regarding the proposed role of Community Planning are also planned.
- 5.3 Immediate priority will also be given to developing and testing new family support models (per 3.8) and revisiting the policy and model in relation to the high level of high cost home care packages – 8% of home care service users currently account for 25% of home care expenditure (£12M).
- 5.4 There will be a continued commitment to learn from good practice from other places including Coventry. Leeds and Thurrock are also being looked at.

## **6. Recommendations**

- 6.1 The Integration Joint Board is asked to:
  - a) note the HSCP's emergent thinking in relation to maximising independence for patients and service users; and,
  - b) support the continued development of this programme with a commitment to return to the IJB with more specific proposals later in 2019.