Item No: 20

Meeting Date: **Wednesday 19th September 2018**

Glasgow City
Integration Joint Board

Report By:	**Susanne Millar, Chief Officer, Strategy and Operations / Chief Social Work Officer**
Contact:	**Heads of Planning**
Tel:	**0141 314 6240**

BALANCE OF CARE

Purpose of Report:	To present an analysis of the balance of care for each care group.

Background/Engagement:	Shifting the balance of care is a key strategic aim of the Integration Joint Board and is an underpinning priority in a number of national policies and strategies across all care groups. Shifting the balance of care reflects the overall desire to move from traditional institutional forms of care to providing more support in community settings with a focus on prevention and early intervention. How this is achieved and measured is different in each care group.

Recommendations:	The Integration Joint Board is asked to: a) note the progress achieved in shifting the balance of care in each care group.

Relevance to Integration Joint Board Strategic Plan:

The IJB Strategic Plan commits the Partnership to shifting the balance of care as one the five strategic priorities for the Partnership.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	This analysis will inform the development of the new Strategic Plan and care group transformational plans.

Personnel:	None

Carers:	Supporting carers is a crucial part of achieving a shift in the balance of care.

Provider Organisations:	Shifting the balance of care will have implications for providers as new models of community based care are developed.

Equalities:	Each care group has a programme of EQIAs. Significant areas of service change referred to within care group plans have been subject to an EQIA and made available on the GCHSCP website, accessible at the link below: https://glasgowcity.hscp.scot/equalities-impact-assessments

Financial:	The shifting the balance of care will need to be taken forward within the resources available to the Partnership.

Legal:	None

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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 present an analysis of the balance of care for each care group.

2. Background

2.1 Shifting the balance of care is one of the five strategic aims of the Integration Joint Board as described in the Partnership's Strategic Plan. Shifting the balance of care is also an underpinning priority in a number of Scottish Government national policies and strategies for health and social care and applies across all care groups. This policy reflects the desire to move from traditional institutional forms of care to providing more person centred support in community based settings with a focus on prevention and early intervention.

2.2 Integration is key to this policy direction as we work to ensure people get the right care, at the right time and in the right place, and are supported to live well and as independently as possible. An important aspect of this is ensuring that people's care needs are better anticipated, so that fewer people are inappropriately admitted to hospital or long-term care. That is why we are focus on reducing inappropriate use of hospital services as part of our unscheduled care plans, shifting resources to primary and community care, and developing additional community supports.

2.3 How this is achieved and measured is different in each care group. Attached is an analysis for each care group showing the changes in recent years and current plans going forward.

2.4 There is no prescription as to what the preferred balance of care is and this will be different for each care group depending on the pace of change, the development of service models, and people's needs. This analysis is being used to inform the next iteration of the Partnership's Strategic Plan and care group transformational programmes, and updates will be provided to the IJB in due course.

3. Recommendation

3.1 The Integration Joint Board is asked to:

a) note the progress achieved in shifting the balance of care in each care group.

Children's Services Transformation Programme – shifting the balance of care

The Glasgow Integrated Children and Young People Service Plan 2017-2020 articulated some of the key drivers for change in children's services:

- The Transforming Glasgow agenda is a focus on transforming services to be more efficient and to make best use of resources to resolve issues early, so that we can prevent crisis situations occurring.

- Responding to the improvement recommendations as detailed in the report by the Care Inspectorate on the findings from their inspection of children's services in Glasgow City in 2017.

- The significant financial challenges being experienced by local authorities, the NHS and third sector organisations are still affecting our capability to provide high quality services. However, as we are considering a whole system change that enables us to reduce the numbers of children and young people who are looked after and accommodated in expensive and "acute" provisions, where the investment does not optimise the outcomes and, instead reinvest in building the capacity of children, their families and the wider communities.

Medium term outcomes

- Re-focusing investment on sustainable family and community based supports that promote early intervention and prevention
- Preventing, where possible, children and young people from coming into statutory care
- For those children, who are already in care, we want to promote the longer term stability of placements
- Reducing our reliance on more institutional forms of care for young people.

Longer term outcomes

- Working with other agencies in the city to reduce child poverty
- Achieving positive physical and emotional health and wellbeing outcomes for children and young people
- Improvement in positive destinations for care experienced young people

Some key trends

- The number of children coming into care is reducing on a monthly basis from 51 placements in January 2018 to 8 by the middle of August 2018.

- For the whole of 2017 there were 947 children provided placements in care compared to 324 so far this year.

- In March 2017 there were 2867 children being looked after by Glasgow City Council but this had reduced to 2644 by August 2018.

- In March 2017 there were 1227 children being looked after and accommodated by Glasgow City Council but by August 2018 this had reduced to 1080.

- The number of children in kinship care placements (i.e. living with relatives or close friends) is higher than the number of children in foster care placements. In August 2018 862 children were in foster care placements compared with 1078 in kinship care arrangements.

- In March 2017 there were 111 high cost residential placements being purchased for children and this has reduced to 61 at the current time.

- Through changing the balance of care we have made net savings of £8.3m over the past 2 years in the budget for children's and families.[1]

Future Plans

- The HSCP has allocated additional funding of approximately £2.1m to establish two services for young people. The Edge of Care team will help them stay within their own homes and the Peripatetic team will enable us to provide appropriate care for young people within our directly provided residential care.

- Our future plans are to reduce the number of purchased high cost placements by 60 and the number of purchased foster care placements by 60 over the next three years.

- Through this process of change we aim to reduce the number of children and young people in care outside Glasgow.

- We are developing a family support strategy to improve services targeted at prevention and early intervention. Our intention would be to re-invest some of the future savings made through our transformation programme to further enhance and sustain family support services. This re-investment will be critical in sustaining the shift in balance of care in the longer term.

- We are embarking on three transformation projects - in foster care, residential care and a community -focused initiative to improve support for young people

---

- [1] £200,000 (approximately) per purchased residential care full year (high cost placements)
- £164,000 per provided residential care full year
- £52,000 (approximately) per purchased foster care full year
- £26,000 per provided foster care full year

on the “edge of care”. These projects will be supported by Celcis (Centre for Excellence for Looked after children in Scotland).

Adult Services – Shifting the Balance of Care

Adult services are committed to supporting adults with complex needs to remain living in the community for as long as possible. In order to achieve this we will develop:

- 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.
- A 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.

Shifting the balance of care identifying the plan for a review and reduction of inpatient capacity by identifying a range of preventative and effective early intervention services for patients and service users to live independently in the communityThe tables below show the total number of adult service users across a range of clients groups in social care residential and non residential settings in 2017/2018 and 2018/2019.

Financial Year: 2017/2018

Client Group	Non-Residential			Number Service Users
	Budget	Actuals	Variance	
Learning Disabilities	50,190,531	50,576,944	386,413	1,850
Mental Health	8,957,901	8,792,884	-165,017	550
Addiction *	5,661,684	5,059,705	-601,979	55
Homeless **	22,806,571	22,483,999	-322,572	908
Adults Total	**87,616,687**	**86,913,532**	**-703,155**	**3,363**

Financial Year: 2017/2018

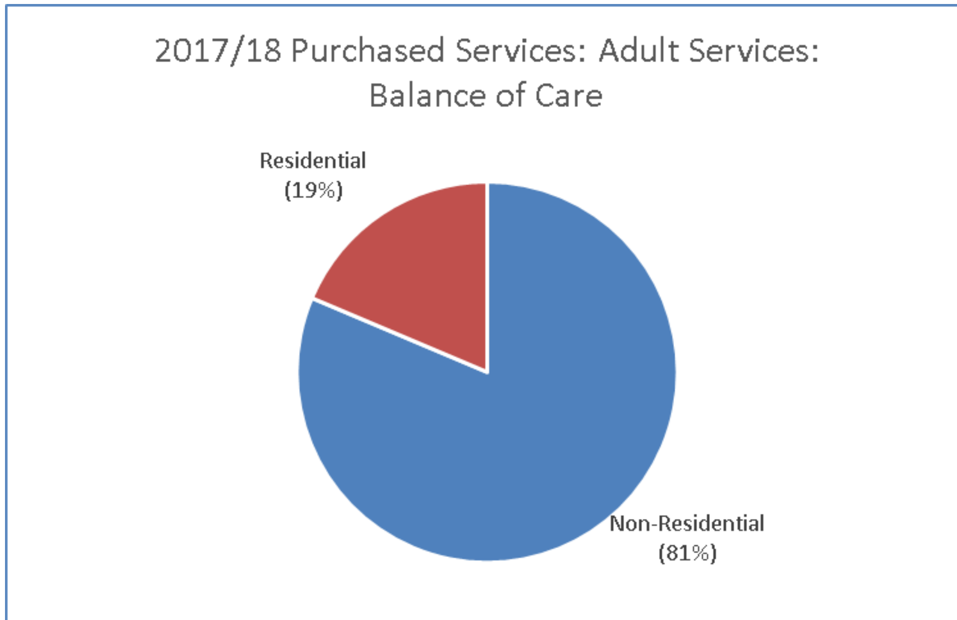
Client Group	Residential			Number Service Users
	Budget	Actuals	Variance	
Learning Disabilities	6,559,804	6,943,928	384,124	129
Mental Health	6,077,101	5,847,449	-229,652	150
Addiction *	4,797,667	4,587,716	-209,951	102
Homeless **	2,808,774	2,527,068	-281,706	74
Adults Total	**20,243,346**	**19,906,161**	-337,185	455

*Alcohol and Drug service users based on available beds per night

**Homeless service users based on available bed per night/non residential excludes service users receiving day services/outreach services

Client Group	% Non-Res	% Res
Learning Disabilities	87.93	12.07
Mental Health	60.06	39.94
Addiction	52.45	47.55
Homeless	89.90	10.10
Adults Total	**81.36**	**18.64**

Non-Residential: Includes SDS (Options 1 (DP's),2 & 3/Cordia/Traditional Services)



Financial Year: 2018/2019

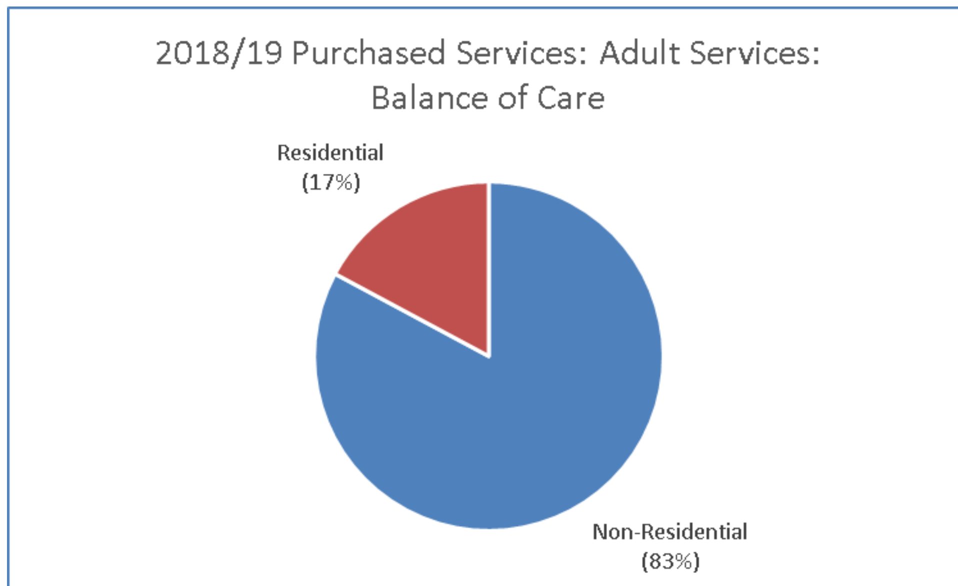
Client Group	Non-Residential Budget	Commitment	Variance	Number Service Users
Learning Disabilities	53,212,972	55,021,402	1,808,430	1,714
Mental Health	9,722,488	9,355,882	-366,606	485
Addiction *	5,392,536	5,202,136	-190,400	42
Homeless **	23,668,396	23,699,063	30,667	908
Adults Total	**91,996,392**	**93,278,483**	**1,282,091**	**3,149**

*Alcohol and Drug service users based on available beds per night
**Homeless service users based on available bed per night/non residential excludes service users receiving day services/outreach services

Client Group	Residential Budget	Residential Commitment	Residential Variance	Number Service Users
Learning Disabilities	6,023,587	6,623,785	600,198	128
Mental Health	5,514,805	5,819,253	304,448	133
Addiction *	4,692,743	4,703,825	11,082	102
Homeless **	2,205,483	2,187,447	-18,036	74
Adults Total	**18,436,618**	**19,334,310**	**897,692**	**437**

Client Group	% Non-Res	% Res
Learning Disabilities	89.25	10.75
Mental Health	61.65	38.35
Addiction	52.52	47.48
Homeless	91.55	8.45
Adults Total	**82.83**	**17.17**

Non-Residential: Includes SDS (Options 1 (DP's),2 & 3/Cordia/Traditional Services)



BALANCE OF CARE ANALYSIS
OLDER PEOPLE SERVICES

INTRODUCTION

Older people services in Glasgow have under gone radical change in recent years – changes that commenced prior to the formal introduction of the Health & Social Care Partnership – as a result of national policy to reshape care for older people.
The direction of travel for older people services is to shift the balance of care away from traditional hospital or institutional care towards providing more support in community settings so people can live independent quality lives for as long as possible in their own homes or other community based settings. As the data below shows Glasgow has made great strides in this direction by reducing reliance on care homes and providing more community based supports, and preventative services.

RESHAPING CARE PATHWAY

The older people's strategy published in 2015 presented the balance of care by analysing care across the reshaping care pathway (figure 1) and a strategic intention to move spend towards prevention and anticipatory care. The spend across the pathway at the time of the strategy is shown in table 1 and figures for 2017/18 shown in table 2.

Table 1 – NHS and social work budgets 2012/13 by care pathway

Budget 2012/13	Preventative& Anticipatory Care	Proactive Care & Support at Home	Effective Care at Transition	Hospital & Care Homes	Enablers	Total
	£'000	£'000	£'000	£'000	£'000	
NHS	£ 4,942	£19,317	£53,665	£32,360	0	**£110,285**
SWS	£9,441	£73,549	£484	£96,611	£568	**£180,652**
Total	**£14,383**	**£92,866**	**£54,148**	**£128,971**	**£568**	**£290,937**
%	5%	32%	19%	44%	0%	**100%**

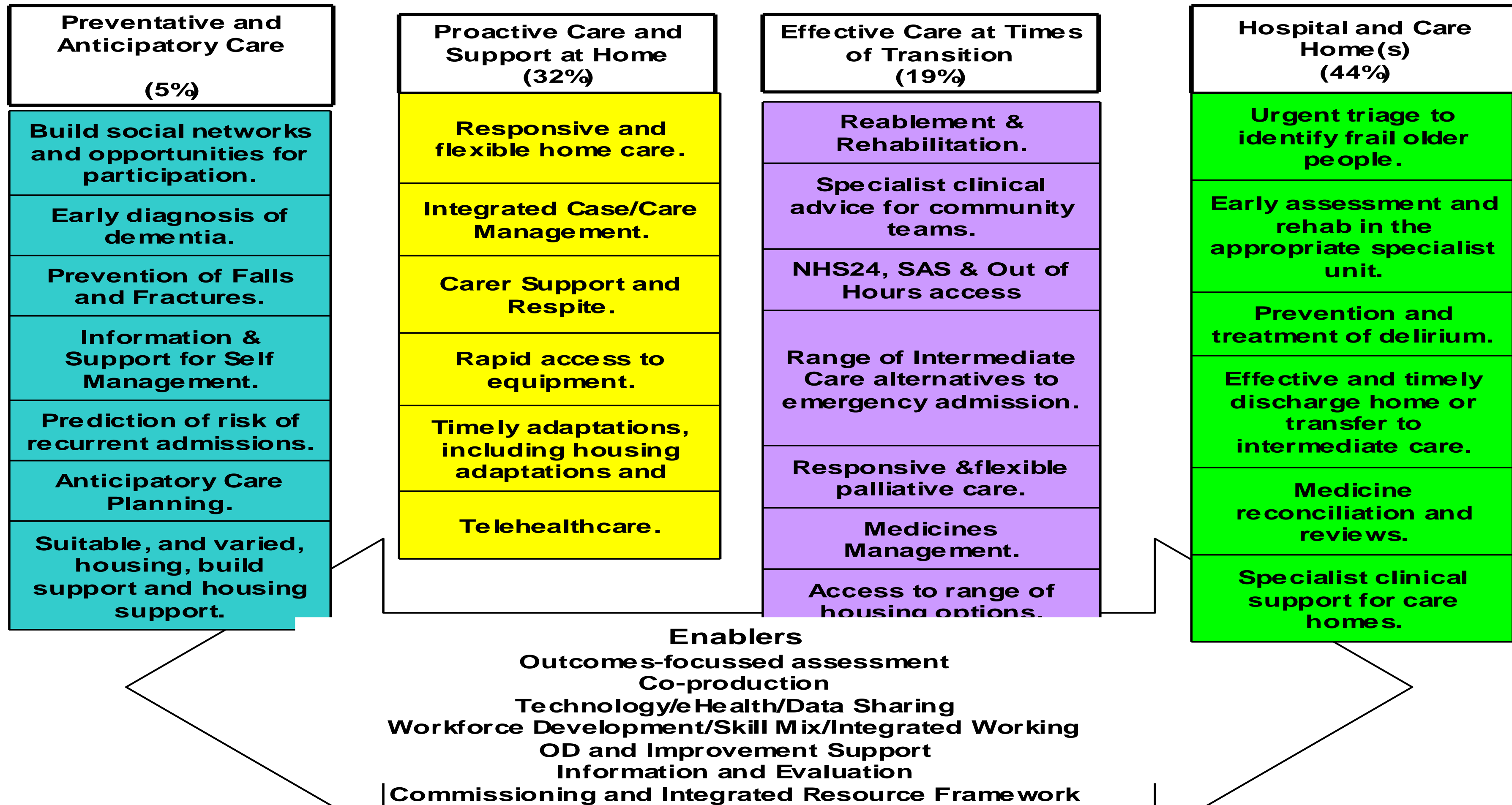
Note: these figures do not include the notional budget add ons in table 4 due to the difficulty of proportioning GP and other costs including prescribing across the care pathways.

Table 2 – NHS and social work budgets 2017/18 by care pathway

Budget 2017/18	Preventative& Anticipatory Care	Proactive Care & Support at Home	Effective Care at Transition	Hospital & Care Homes	Enablers	Total
	£'000	£'000	£'000	£'000	£'000	
NHS	9,618	21,818	54,043	25,051		**110,530**
SWS	7,799	80,112	217	87,679	264	**176,071**
Total	**17,417**	**101,930**	**54,260**	**112,730**	**264**	**286,601**
%	6%	36%	19%	39%	0%	**100%**

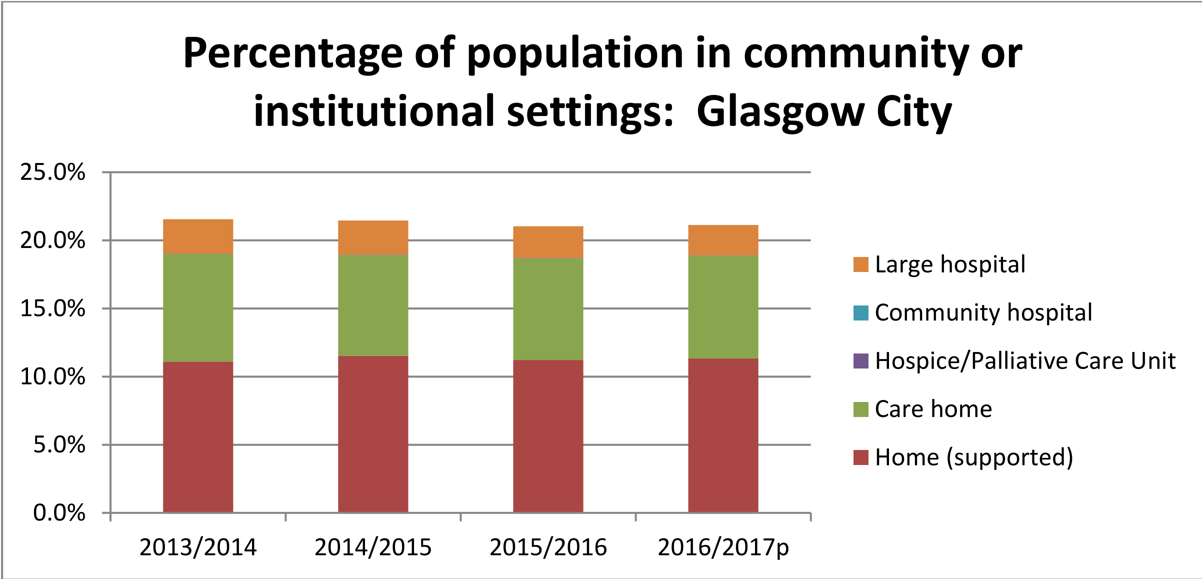
Notes:- these figures do not include the notional budget add ons re Family Health Services / GP & Prescribing due to the difficulty of proportioning across the care pathways.
- the figures include Geriatric Assessment & Rehabilitation Acute services at the prior 2012.13 allocation, awaiting updates.

Figure 1 – reshaping care pathway



According to the latest ISD information the balance of care across the different care settings can be shown as in figure 2 below. This shows that while most care is provided out of hospital the proportions across the various care settings has only changed marginally since 2013/14

Figure 2 – balance of care 2013/14-2016/17



HOSPITAL AND CARE HOMES

This section shows the key changes in shifting the balance of care in older people's services in recent years and the HSCP's current plans. The figures show a year on year reduction in care home places and hospital beds and an increase in home care and other community based services in line with the national and local strategic direction. The charts also show how the different parts of the health and social care system are performing in meeting targets and responding to demand.

Purchased Care and Residential Home places

The HSCP has reduced the number of purchased care home places by over 20% since 2012/13 (see table 3).

Table 3 – Care home planned placements 2013/14-2017/18

	Planned Placements	Year on Year Reduction	% Change	Cumulative % Change
2012/13	3,384	0	0	0
2013/14	3,307	77	-2.33%	-2.33%
2014/15	3,191	116	-3.64%	-5.97%
2015/16	3,071	120	-3.91%	-9.88%
2016/17	2,966	105	-3.54%	-13.42%
2017/18	2,748	218	-7.93%	-21.35%

Since 2014 Glasgow City Council has been taking forward a radical programme to modernise its residential and day care provision which has resulted in new high quality homes being developed across the City. The programme is due to complete

in 2020 and will result in 550 new beds as shown in table 4. Current occupancy levels in residential care are over 95%. Evidence from homes also indicates an increase in frailty and complex needs of residents through the increase in calls to GPs who cover the homes and equipment.

Table 4 – Directly provided residential care beds

Residential care beds		
Site	**Beds**	**Timescale**
Hawthorn House	120	Opened 2014
Leithland	120	Completion in 2019
Blawarthill	70	Completion in 2019
Orchard Grove House	120	Opened 2015
Riverside House	120	Opened 2017
TOTAL	**550**	

Intermediate Care

A new model of intermediate care was introduced in 2014 to better support people who were identified as ready for discharge from a stay in an acute hospital. This model includes step up beds for GPs to refer patients who don't need hospital care and step down beds for people who are discharged from hospital and require further support, often rehabilitation, before going home or to another care setting. The model has been shown to provide more appropriate care and support to enable people to move back home or other community setting with support where needed. It has also resulted in a dramatic reduction in delayed discharges (see figure 3). Table 5 shows the intermediate care provision since 2014/15 and current plans for 2018/19

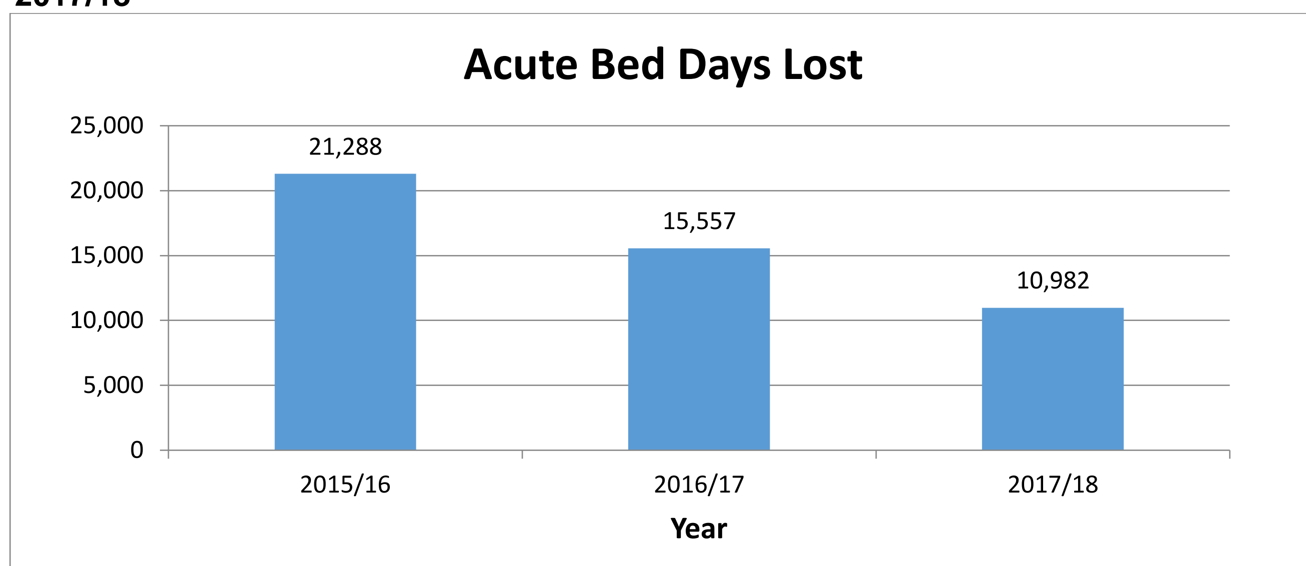
Table 5 – Intermediate care provision 2014/15-2017/18

	2014/15	**2015/16**	**2016/17**	**2017/18**	**2018/19**
Step down beds	105	115	91	86	86
Step up beds	6	6	6	4	4
TOTAL	**111**	**121**	**97**	**90**	**90**

Delayed Discharges

The introduction of Intermediate care has had an impact on hospital discharges, and has contributed to a significant reduction in acute hospital bed days attributed to delayed discharges. Figure 2 shows that the reduction seen between 2015/16 and 2016/17 has continued into 2017/18, with bed days lost falling by approximately **29%** over this period to **10,982.**

Figure 3 – acute hospital bed days lost due to delayed discharges 2015/16-2017/18



Complex Care

One specific area that has seen considerable change in recent years as a result of changes in national policy and developments in the models of care, is provision for what was NHS continuing care for often very frail older people who were provided for in long stay settings. In 2012 in Glasgow there were 328 such NHS beds. There are now 264 and further reductions are planned in 2019 (see table 6 below). Provision for Adults with Incapacity is shown in table 7 with increases planned as a result of demand in recent months.

Table 6 – Complex care beds 2015-2019

Location	2015	2018	2019
Drumchapel	28	0	0
St Margaret's	30	0	0
Rodger Park (Lime tree)	24	24	0 (will close on 31/08/2018)
Fourhills	60	60	30
Greenfield Park	50	50	30 (from 30 November 2018)
Mearnskirk	72 (60 in use)	72 (60)	0 (will close on 31 March 2019)
Bonnyholme	0	0	30 (from 1 April 2019)
Total	**264 (252 in use)**	**206 (194 in use)**	**90**

Table 7 – Adults with Incapacity beds

Location	2018	2019
Darnley Court	30	30
Quayside	24	0
Fourhills	0	30
Total	**54**	**60**

Older People Mental Health Beds

The HSCP also provides hospital and community services for older people with mental health problems. And in line with shifting the balance of care, the direction has been to move away from hospitals based provision to more supports in the community. Bed numbers in Glasgow have reduced from 138 to 127 since 2012. Further reductions are anticipated as part of a Greater Glasgow & Clyde Board wide review of the strategy for this service.

Table 8 – older people mental health acute beds

	Acute beds 2012-2018	
	2012	2018
North East	59	44
North West	33	45
South	46	38
Total	138	127

CARE AT TRANSITION AND COMMUNITY SUPPORTS

To balance this shift in care from away from hospital and care homes to more support being provided in community settings the HSCP has had a transformational programme to introduce new and enhanced services capitalising on new technologies and integration.

Home Care

The total number of people over 65 receiving Cordia provided home care support hours has increased gradually in recent years (see table 9).

Table 9 – Home care provision 2012-2017

	2012	2013	2014	2015	2016	2017
Number of people 65+ receiving homecare	6,182*	5,747*	6,000	6,300	6,600	6,277

(*Scottish Government Health & Social Care Data Set May 2014)

Supported Living

In addition to the standard home care the HSCP has also invested in supported living services to enable an increased number of older people to be supported at home with enhanced packages of care, and thereby reduce the number of people going into residential or nursing care. In 2017/18, the HSCP exceeded its target of 650 people being supported in this way, with **734** packages in place. In 2018/19, we will seek to build upon this in order to maximise the number of older people in the city who can access and benefit from these enhanced packages of support.

Table 10 – supported living 2016/17-2017/18

	Baseline 2016/17 Year	Year End 2017/18
Number of people in supported living services	**231**	**734**
% Service users who receive a reablement service following community referral for home care	**76.5%**	**78.2%**

A core and cluster based model of community based supported living is also being introduced by the HSCP to provide additional supports with the following provision planned in 2018/1. Table 11 below shows the allocation of placements to each locality in 2018/19.

Table 11 – community based supported living places 2018/19

	Planned Places 2018/19
North East	22
North West	23
South	27
TOTAL	**72**

Tele Care

The HSCP is also developing its approach to tele-care to better support people live at home or other community settings. There has been a dramatic increase in tele care provision in recent years as shown in tables 12 and 13 below.

Table 12 – Telecare referrals 2017 -2018

Type of Telecare	2017-18 Target	2017-18 Actual
Basic	**2,248**	**2,771**
Advanced	**304**	**1,222**

Table 13 - Telecare Service User Connections: 2014 - 2018

Year	Standard Telecare	Enhanced Telecare	Hard Wired Alarms	Total
2014-15	6,125	1,260	699	**8,084**
2015-16	6,127	1,302	694	**8,123**
2016-17	6,104	1,545	688	**8,337**
2017-18	6,029	2,027	912*	**8,968**

* Increase due to one-off transfer of housing support service users from BR24 to Glasgow's Telecare Service to enable service reconfigurations.

Day Care

Day care is also an important service in maintaining people's independence and preventing admission to hospital or residential or care home. As part of its residential home modernisation programme directly provided day care services are also being improved with the following planned to be complete by 2019.

Table 14 – new day care centre programme

Day care places		
Site	**Places**	**Timescale**
Glenwood, Castlemilk	30	Opened 2013
Hawthorn House*	30	Opened 2014
Leithland Avenue*	30	Planned for 2019
Orchard Grove*	30	Opened 2015
Woodside	30	Planned for 2019
Wallacewell	30	Opened 2017
TOTAL	**180**	

*6 day service other centres 5 day service

In addition the day care centres at Budhill, Muirhead, Mallaig and Focal Point are all undergoing refurbishment and due to be completed by 2019.