



Item No: 9

Meeting Date: Wednesday 15th May 2024

Glasgow City Integration Joint Board

Report By: Sharon Wearing, Chief Officer, Finance and Resources

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Integration Joint Board – 2024-25 Budget Update

Purpose of Report:

This report will provide an update on the revenue budget for Glasgow City Integration Joint Board for 2024-25 following approval of the budget by the IJB on 20 March 2024.

Background/Engagement:

The IJB agreed the 2024-25 budget on 20 March 2024. As part of this budget the following savings were agreed in principle subject to further information being made available to the IJB in May. These were: -

- £4.638m waitlisting for services in self-directed support. This will be captured in this report.
- £0.280m removed from the Children’s Service Change Fund. This will be captured in this report.
- £3.000m saving from the review of access to social care support. This is the subject of a separate report to this IJB.

The report also highlighted a gap of £4.707m in the savings plan for community health savings. It was agreed that final plans for delivery of these savings would be presented to the May IJB for consideration and this is included within this report.

Engagement has taken place with both Partner Bodies in relation to the proposals within this report.

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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) note the contents of this report;b) note the update provided in relation to the savings proposals agreed in principle at the IJB on 20 March 2024 in relation to £4.638m waitlisting for services in self-directed support and the proposal to remove £0.280m of the Children's Service Change Fund;c) note that an update on the £3.000m saving as a result of the review of access to social care support is subject to a separate report to this IJB;d) consider the health savings proposals of £6.583m as outlined in section 4.1, of which £4.707m will be targeted for delivery in 2024-25; ande) approve health savings of £6.583m, of which £4.707m will be delivered in 2024-25.
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Relevance to Integration Joint Board Strategic Plan:

This report forms part of the revenue budget approved by the IJB for 2024-25 and considers the measures we will take to address the financial challenges and the implications this has for the priorities outlined in the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	<p>The financial framework for the Partnership contributes to the delivery of the 9 national health and wellbeing outcomes that health and social care partners are attempting to achieve through integration.</p>
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Personnel:	<p>There has been significant investment in the workforce which supports delivery of Health and Social Care over the last five years with an increase of 11% in the health workforce and 7.7% increase in the social care workforce.</p> <p>The challenging financial climate has required savings options to be considered which will result in a reduction in</p>
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	staffing. This report highlights savings options which will result in a reduction of 116.7 FTE of which 4.8 WTE are in Council services, bringing the total to 67 WTE (1.05%) including the savings agreed in March. 111.9 WTE (2.4%) are in Health services.
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Carers:	Supporting carers to sustain them in their caring role remains a strategic priority for the HSCP. All of the budget measures proposed here are informed by that commitment. It is prudent to assume that savings proposals will have some impact on carers across the city.
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Provider Organisations:	None.
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Equalities:	<p>Within this report there is reference to proposals against which projected savings targets have been applied. The activity to achieve any proposed savings will be carried out with a focus on equalities and the extent to which any subsequent changes to policies and/or services may impact on any stakeholders, but in particular stakeholders with protected characteristics. Proposals have been subject to a preliminary Equality Impact Assessment to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible. Where proposals require full Equality Impact Assessments these will be done as proposals are developed and finalised. The outcome of the equality considerations of the proposals within this report can be accessed on our website.</p> <p><u>Equalities Impact Assessments Glasgow City Health and Social Care Partnership (hscp.scot)</u></p>
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Fairer Scotland Compliance:	Overall, the expenditure on services within this budget supports the delivery of a Fairer Scotland, however some of the equality impact assessments have identified that there is potential for a disproportionate impact on those living in poverty. Mitigations are being planned wherever possible.
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Financial:	Financial implications are detailed throughout this report.
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Legal:	The Chief Finance Officer's duties in Scotland require a balanced budget to be set. This is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992. Directions are being issued in line with the legislation.
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Economic Impact:	Not applicable at this time.
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Sustainability:	<p>The financial position of the IJB is dependent on the funding allocations received from the Council and the Health Board. The financial pressures facing the IJB is unprecedented and is reflective of both cost and demand pressures. The funding allocations received do not fully meet these pressures.</p> <p>The IJB agreed as part of the budget report in March to use the impact of additional savings as a result of budget smoothing to increase General Reserves in 2024-25. It is currently forecast that the IJB will end 2023-24 with a General Reserve of £5.7m. Including the impact of the budget smoothing this will increase to £15.3m. This would represent 0.9% compared to the targeted 2% for General Reserves.</p> <p>Holding General Reserves significantly below the 2% target level represents a significant risk to the IJB with concerns already being expressed by external audit. Reserves is a key component of the IJB's funding strategy. General Reserves are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. For 2024-25 this will include the risks which still exist in relation to financial volatility especially in relation to homelessness, prescribing, pay settlements and funding arrangements for 2024-25. It will also help to support the implementation of the significant savings programme and the wider budget strategy which is required to be delivered. It is also important for the long-term financial stability and the sustainability of the IJB that sufficient General Reserves are held in reserve to manage unanticipated pressures from year to year.</p>
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Sustainable Procurement and Article 19:	Not applicable at this time.
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Risk Implications:	<p>Delays in agreeing the final savings for the IJB will impact on the IJBs ability to achieve financial balance in 2024-25 and will require recovery plans to be put in place which will impact on all services.</p> <p>The volatility of the drugs supply market, demand for services, cost of living crisis, acceleration of home office decisions and inflation continues to represent a significant financial risk to the IJB. This level of risk will require the IJB to keep its financial strategy under review to ensure services are delivered within the funding available. This financial risk will be monitored during 2024-25 and reported</p>
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	<p>through the financial performance reports to the IJB and IJB Finance, Audit and Scrutiny Committee.</p> <p>The IJB has a statutory duty to deliver a balanced budget within the funding allocations provided by Partner Bodies. To achieve this, decisions are required which will result in a number of services being reduced. It is recognised that this comes with a risk in relation to Partner Bodies being able to meet their statutory obligations. There are no other options available to the IJB given the funding available and the pressures being faced.</p>
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Implications for Glasgow City Council:	The budget is required to be spent in line with the Strategic Plan and the approved directions.
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Implications for NHS Greater Glasgow & Clyde:	The budget is required to be spent in line with the Strategic Plan and the approved directions.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>

1. Purpose

- 1.1 This report will provide an update on the revenue budget for Glasgow City Integration Joint Board for 2024-25 following approval of the budget by the IJB on 20 March 2024.

2. Background

- 2.1. The IJB agreed the 2024-25 budget on 20 March 2024. As part of this budget the following savings were agreed in principle subject to further information being made available to the IJB in May. These were: -
- £4.638m waitlisting for services in self-directed support. This will be captured in this report.
 - £0.280m removed from the Children's Service Change Fund. This will be captured in this report.
 - £3.000m saving from the review of access to social care support. This is the subject of a separate report to this IJB.
- 2.2. The report also highlighted a gap of £4.707m in the savings plan for community health savings. It was agreed that final plans for delivery of these savings would be presented to the May IJB for consideration, and this is included within this report.

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3. Update on Savings Agreed in Principle

- 3.1 It has not been feasible to fund demographics uplifts this year. This has been estimated at £4.638m. This will require services to manage demand within the budgets that are available and, in some cases, may require waiting lists to be operated for access to care.
- 3.2 It is difficult to predict what impact demographics will have on need in 2024-25. In addition, not all requests for care will materialise on 1st April and instead will be staggered throughout the year depending on when the need arises. It is proposed that this budget is closely monitored during 2024-25 as part of the financial reporting process and any pressures reported to the IJB, along with the wider context of the IJB financial position. This will allow decisions in relation to waitlisting to be considered in conjunction with the wider context.
- 3.3 The Children's Change Fund has been in place since 2012 and has historically part funded a range of services. A review of the outcomes being delivered has been undertaken and as a result of the emerging public sector financial challenges, it has been agreed that this funding will end from end of Sept 2024.
- 3.4 Discussions have now taken place with the NHS Specialist Children's Services (SCS) regarding this residue funding stream and the need for budgetary reconciliation. The Children's Service Change Fund no longer exists. The shift in governance arrangements with respect to Specialist Children's Services has complicated the resolution. The previous decisions around these arrangements were made back in 2012 and occurred in a different context when SCS was hosted by Glasgow and at points was part of the integrated arrangements in the city.
- 3.5 The social work service has since absorbed and resolved the previous Children's Change funding within the city. The financial context has significantly changed, as has the shift towards prevention, earlier intervention, and the impact of the transformational agenda. In that context, the removal of the funding is in many respects superseded by the delivery of getting it right for every child, the promise and indeed the Whole Family Wellbeing Fund. Moreover, significant investment by Scottish Government (post the pandemic such as the Tier 1 and 2 Mental Health monies and the investment into CAMHs) has changed both the financial and delivery arrangements with respect to this historical investment. With that in mind and with respect to the financial challenges now facing the city it is timely that this matter is addressed and resolved.
- 3.6 The reduction of spend at £280,000 (£560,000 full year impact) will involve the following. Context and mitigation are outlined.
- Health 4 All Team- provides health assessments to Looked After Children and Unaccompanied Asylum-Seeking Children. Reduction of £93K full year relates to 1.8WTE in a Team of 11.4WTE. The reduction of children

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looked after and accommodated in Glasgow has reduced from 1,413 down to 615. A 56% reduction in activity. This service also provides support to East Dunbartonshire and East Renfrewshire. These HSCP have been notified of this change.

- Investment into New learning Communities Early Intervention proposed reduction in funding of £197,492 full year. This funding is absorbed into Specialist Children Services posts. The HSCP investment into Family Support coupled with the significant funding into the Pupil Equity Fund (PEF) replaces this marginal funding. The £1.8M into the Care experience Team, along with the WFWF should mitigate. Additionally, within Glasgow a significant anti-poverty and risk mitigation would reduce the impact.
- Clinical Psychology Early intervention proposed reduction in funding of £100,564. Likewise superseded by Scottish Government investment.
- Health Staff at School proposed reduction in full year funding of £119,340. Again, this is marginal funding and the impending investment around the Whole Family Wellbeing Fund will not only have a strong focus on neurodiversity and complex needs but will seek to significantly strengthen the focus on early help for families.
- Consultant Paediatrician (£48,410). This funding is provided to Women and Children's Directorate and funds Paediatrician time into the Child protection service at RHC. Dialogue with the Service Manager has confirmed that this will simply be absorbed into their own financial challenges.

3.7 This realignment is both necessary and can be mitigated in terms of the transformational reinvestment into prevention. Work remains ongoing with SCS to ensure that they are sighted on the Whole Family Wellbeing Fund and the EQIA is closely monitored so that any further mitigation is addressed.

4. Savings in Community Health Services Budgets

4.1 The March IJB report highlighted a gap of £4.707m in the savings plan for community health savings. It was agreed that final plans for delivery of these savings would be presented to the May IJB for consideration. The proposals outlined below have been developed in conjunction with the senior management team, services and clinical leads.

4.2 As outlined in March, our priority has been to protect core services which deliver care to those who are acutely unwell, support prevention measures and deliver evidenced impact in improving the health and wellbeing of those who access service. The outcome is that we have proposals which will result in reducing services which are not core services to enable us to support those services which have the greatest impact in relation to improving the health and wellbeing of those who access these services. There have also been areas where we have supplemented Scottish Government funding with additional investment. This is no longer sustainable and investment levels are being reduced back to core funding levels.

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4.3 The table below details savings totaling £6.583m, of which £4.707m will be deliverable in 2024-25 and £1.876m will be deliverable in 2025-26. This will support a phased delivery and deliver a balanced budget in 2024-25.

Savings Proposals - Service Prioritisation and Reduction	WTE	24/25 £m	25/26 £m	Total £m
A Review of Community Health Staff Workforce within Children and Families In Terms of Service Delivery and Expectations	20.1	0.857	0.418	1.275
5% Reduction in Administration Support	14.8	0.378	0.185	0.563
Shared Care: Withdrawal of Internal Support and Replace with Third Sector Resources	4.8	0.168	0.082	0.250
Adult Mental Health Liaison Service: Change to Operating Model Including Moving to 9-5 Operating Hours and Reducing Discretionary Spending Areas	1.0	0.067	0.033	0.100
Nurse Addictions Liaison: Reduction in Staffing and Non-Pay Budgets	0.5	0.050	0.000	0.050
Discharge and Resettlement Team: Reduction in Service	6.0	0.179	0.088	0.267
Psychosis Clinical Information System Data Team: Closure of Service	4.2	0.104	0.051	0.155
A Review of Sexual Health Services Including A Review of Service Delivery	3.0	0.101	0.049	0.150
Nursing/Allied Health Professional Posts: Reduction in Service	3.0	0.150	0.000	0.150
Planning: Reduction in Service	0.6	0.049	0.000	0.049
Psychology: Reduction in Service	0.6	0.075	0.000	0.075
Professional Nursing Structure: Reduction	3.0	0.205	0.000	0.205
Reduction in Care Home Nursing Team	6.0	0.244	0.119	0.363
Reduction in Treatment Room Nursing	1.3	0.070	0.000	0.070
Cessation of Hospital @ Home Service	27.2	1.197	0.584	1.781
Removal of 2 Posts from Home First Response Service	2.0	0.066	0.000	0.066
Asylum Bridging Team - Remove Vacant Admin Posts	1.0	0.030	0.000	0.030
Complex Needs Team - Remove Vacant Posts	2.0	0.100	0.000	0.100
Review of Support Services	2.0	0.066	0.000	0.066
Review and Re-design of Staffing and Service Delivery Structure of Primary Care and Health Improvement Teams	13.6	0.550	0.268	0.818
Total Savings Proposals - Service Prioritisation and Reduction	116.7	4.707	1.876	6.583

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- 4.2 Appendix 1 provides high level details of these savings proposals for reference. EQIA assessments are included at the link below:
[Equalities Impact Assessments | Glasgow City Health and Social Care Partnership \(hscp.scot\)](https://www.hscp.scot/eia)
- 4.3 The savings above will result in a reduction of 116.7 WTE of which 4.8 WTE are in Council services, bringing the total to 67 WTE (1.05%) including the savings agreed in March. 111.9 WTE (2.4%) are in Health services. 83.7 WTE will be targeted for reduction in 24/25, with the balance of 33 WTE in 25/26.
- 4.4 The impact on the wider health system has been considered and through delivery of core services a variety of measures will remain which will support unscheduled care and the wider health system. These include services such as the Home First Response service which delivers a multi team approach to identifying, assessing and returning patients home up to 72 hours post-admission. This service routinely prevents over 50% of patients from entering emergency health services with many being treated through community services. This work also aligns with the development of the Frailty Pathway to support prevention/early intervention activity to maintain individuals at home for longer, reducing risk of admission to hospital. The Call before Convey for Care Homes has also reduce care home attendance at emergency services through access to senior clinical decision makers who can provide remote clinical assessments and allow care homes residents to be supported and remain in the care home. There are many other core services which support the work and alleviate the pressures of the wider health system and they will remain in place.
- 4.5 A range of options will be used to minimise the impact on employees including the non-filling of vacancies, the use of natural attrition and redeployment of staff where appropriate. The NHS does not have a voluntary redundancy/early retirement scheme and therefore is not an option unless something is developed nationally. It is recognised that time will be required to work through options with employees and where required additional turnover savings will be taken to manage within the overall budget set.

5 Recommendations

- 5.1 The Integration Joint Board is asked to:
- a) note the contents of this report;
 - b) note the update provided in relation to the savings proposals agreed in principle at the IJB on 20 March 2024 in relation to £4.638m waitlisting for services in self-directed support and the proposal to remove £0.280m of the Children's Service Change Fund;
 - c) note that an update on the £3.000m saving as a result of the review of access to social care support is subject to a separate report to this IJB;
 - d) consider the health savings proposals of £6.583m as outlined in section 4.1, of which £4.707m will be targeted for delivery in 2024-25; and
 - e) approve health savings of £6.583m, of which £4.707m will be delivered in 2024-25.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	150524-9
2	Report Title	Integration Joint Board 2024-25 Budget Update
3	Date direction issued by Integration Joint Board	15 May 2024
4	Date from which direction takes effect	15 May 2024
5	Direction to:	NHS Greater Glasgow and Clyde and Glasgow City Council jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Budget 2024-25
8	Full text of direction	NHS Greater Glasgow and Clyde and Glasgow City Council is directed to implement the savings of £6.583m as outlined in this report.
9	Budget allocated by Integration Joint Board to carry out direction	The budget for 2024-25 is as delegated to NHS Greater Glasgow and Clyde and Glasgow City Council in the March IJB Report.
10	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring arrangements.
11	Date direction will be reviewed	1 April 2025

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Savings Proposals	Description	£millions
A Review of Community Health Staff Workforce within Children and Families In Terms of Service Delivery and Expectations	<p>This proposal will remove some of the the additional investment which was made in Health Staff by the IJB to support the increasing cost of this service. This proposal will reduce budgets as it is no longer sustainable. This will be achieved through a number of actions: -</p> <ul style="list-style-type: none"> • Health Staff are periodically reviewed in terms of the caseload weighting tool (Birth rate, SIMD, local context and migration) • Further integration on Support roles and skill-mix across the system • A further review ensuring delivery of the universal pathway for Health Visiting. This will take account of the fall in birth rate, the caseload weighting tool and migration in and out of the city. The maximum reduction in Health Visitors is expected not to exceed 8 WTE and will be informed by this assessment. • A review and reset of the paraprofessional workforce aligned to the transformational work within the 0-5 WFWF programme. • Redesign and alignment of the Parenting Team regarding paraprofessional staff • Effective refresh of GIRFEC...the Universal Pathway...Team around the Child... the Early Years Family Support Team (EYJST)...and integration across the whole childcare system • Whole Family Wellbeing Fund & Whole Family Early Intervention Fund will be critical in securing change and in more effective family support arrangements from the Team around the child; supporting the implementation of the Universal Pathway 	£1.275m

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Savings Proposals	Description	£millions
5% Reduction in Administration Support	Removal of 14.82 WTE of Health Admin Posts across Children and Families, Older People and Adult Services. This will be secured through a review of service need and a revision of the business support which is required and available to support this need.	£0.563m
Shared Care: Withdrawal of Internal Support and Replace with Third Sector Resources	Remove social care staff from Shared Care practices, realign to a third sector STARS model.	£0.250m
Adult Mental Health Liaison Service (AMHLS): Change to Operating Model Including Moving to 9-5 Operating Hours and Reducing Discretionary Spending Areas	<p>AMHLS is a board wide service operating 9-8 Monday to Friday and 9-5 weekend and public holidays, responding to mental health presentations in acute hospital settings. AMHLS provides one point of access for referrals for each major Acute Hospital, with defined response and accessibility criteria for supporting departments such as Acute Medical Unit, Acute Receiving Unit and Medical Assessment Unit. The main role has been to assess and diagnose patients, initiate treatment, and offer advice and support to ward staff.</p> <p>The service was established with a weekday backshift for nursing staff, to cover ED referrals. However, the MHAU now manages most ED referrals and therefore the need for nursing staff to work additional shifts has diminished. It is proposed therefore that the back shift is removed (currently 12 – 8 M-F) and the service operates daily 9-5. This would have minimal impact on responses or workload and would create small efficiency of 1 WTE Band 7 nurse.</p> <p>In addition, there had been work previously undertaken on the banding of nursing staff within Liaison as there were a number of specialist posts at Band 7. A number of these posts were realigned to Band 6 unscheduled care nursing posts, and there is currently 4 Band 7 team leader posts remaining. However, it is proposed that there is only a requirement for 2 Team Leader posts to manage AMHLS.</p>	£0.100m

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Savings Proposals	Description	£millions
	<p>Therefore, both proposals combined would equate to: Removal of 1 Band 7 NTL post £79,000 (at enhanced rates) Realignment of 1 Band 7 NTL post to 1 Band 5 UC nurse £21,100</p> <p>Total savings circa £100,000</p>	
<p>Nurse Addictions Liaison: Reduction in Staffing and Non-Pay Budgets</p>	<p>The ADRS Liaison Service is staffed by nursing staff only, with the expectation that they provide advice to ward staff and onward referral for patients to ADRS community teams.</p> <p>This proposal will see a reduction of 0.5wte Band 6 to be managed through current vacancy £26k and efficiencies applied to non-pay budgets £24k. Work will be reprioritised where required and can be managed across existing staff as the saving is a current part time vacancy</p>	<p>£0.050m</p>
<p>Discharge and Resettlement Team: Reduction in Service</p>	<p>Teamwork across Mental Health inpatient sites planning and coordinating discharge from hospital working with third sector, supported accommodation and housing colleagues to provide discharge packages of care with particular focus on homeless and complex cases.</p> <p>Currently part of the discharge co-ordination review.</p> <p>Staffing profile – remove 6 existing staff and retain budget for one Band 8B post for bed management post and 3 posts to support care homes.</p>	<p>£0.267m</p>

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Savings Proposals	Description	£millions
Psychosis Clinical Information System Data Team : Closure of Service	This is a small team of nursing and admin staff who work across the mental health system and primary care (GP practices) to ensure that critical patient data is accurate and correctly correlated in both information systems. This applies to diagnosis and medication – especially where there is a need for monitoring of high dose medications or other medications where there are associated metabolic risks. The service ensures that patients are flagged and none ‘fall between two stools’. There is a benefit of the creation of accurate datasets for research and planning purposes.	£0.155m
Sexual Health Counselling Service: Review of Service Including Stopping Elements of Service Delivery	There are a number of sexual health services delivered on a Board wide basis. Currently some of these services are under review and will be considered for any areas of saving that can contribute to the agreed target	£0.150m
Nursing/Allied Health Professional Posts in Learning Disability: Reduction in Service	Proposals underway to realign and bring together health and social work LD staff. Saving can be made from releasing 5 wte vacancies within the structure – Band 3 HCSW posts. These vacancies were funded from additional monies secured but no longer required due to the realignment of the staff currently underway.	£0.150m

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Savings Proposals	Description	£millions
Planning: Reduction in Service	<p>This saving is secured following a Programme Manager for Psychological Therapies and Mental Health partially retiring to two days per week. This post holder is responsible for preparing reports and analysis for HOS, clinicians and various Committees on PT targets trends etc.</p> <p>The analysis and production of reports will continue to be carried out by current postholder. Circulation of information to clinicians for feedback and update can be done across MH planning team members with minimal impact</p>	£0.049m
Psychology: Reduction in Service	<p>Current vacancy. Previous post holder was 0.8wte and 0.2wte moved to new post with them.</p> <p>This is a psychology lead post and has been a vacancy for some time. Other leads cover and manage the workload across the full service.</p>	£0.075m
Professional Nursing Structure: Reduction	<p>It is proposed to reduce the professional nursing structure by reducing the following posts.</p> <p>Professional Nurse Lead (Band 8B) Practice Dev Nurse (Band 7) Practice development support nurse (Band 6)</p> <p>Two of these posts are staff who have recently retired and one member of staff has secured a new post.</p>	£0.205m

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Savings Proposals	Description	£millions
Reduction in Care Home Nursing Team	<p>The Care Home Nursing Team work as part of an integrated team with social work and commissioning. Through established care assurance processes and carrying out a deeper dive where appropriate utilising the Care Home Support and Review audit tool, they are instrumental in escalating care/practice/ASP concerns.</p> <p>This saving will be secured through the removal of 6 WTE from the Care Home Nursing Team, requiring redesign of the structure and scope of the service.</p>	£0.363m
Reduction in Treatment Room Nursing	<p>Community Treatment and Care Services (CTAC) deliver a range of interventions such as phlebotomy and wound care that releases capacity within other Primary Care services, most notably GP practices and District Nursing. This proposal will see a reduction in service through the removal of 1.3 WTE of Band 6 treatment room nursing resource through vacancy removal.</p>	£0.070m

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Savings Proposals	Description	£millions
<p>Cessation of Hospital @ Home Service</p>	<p>Hospital at Home provides a virtual ward, enabling high acuity patients to be maintained within the community as an alternative to admission to an acute model. Following the pilot carried out by GCHSCP in 2022-2023, GGC Health Board endorsed continuation of this service at a limited level in GCHSCP with the perceived potential of this being extended across GGC.</p> <p>Whilst all the evidence points to the success of this model in terms of patient outcomes and positive feedback from patients, relatives and GPs, to sustain the safe and effective extension of the current and any future service, significantly more investment is required which is currently not available from HSCPs, Scottish Government or the Health Board.</p> <p>Even to sustain the limited level that this service operates at today, more clinical and professional oversight is required in the form of Lead Advanced Nurse Practitioners, Specialist GP sessions and additional Registered Medical Officer cover (RMO). There is no additional funding to provide this.</p> <p>Any alteration to the agreed workforce model and service configuration in order to sustain the current service will lead to compromising levels and thresholds of acuity and admission into the service. In the absence of any additional investment to sustain the current service level, or to extend and develop the service further, the HSCP cannot support continuation of the service.</p> <p>At its current scope and reach and with existing and future budget constraints (for example the budget allocated to this service would pay for circa 30 qualified DNs per annum), this service is not sustainable at</p>	<p>£1.781m</p>

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Savings Proposals	Description	£millions
	<p>this time in its current form.</p> <p>The cessation of this service will result in an additional 15 patients requiring inpatient hospital care routinely.</p> <p>Due to the evidenced positive outcomes for patients, and the amount of acute bed days this has saved, this initiative does have strong potential to be revisited in the future.</p>	
Removal of 2 Posts from Home First Response Service	<p>Operating within the Queen Elizabeth University Hospital and Royal Alexandra Hospital, Home First Response delivers an augmented multi-disciplinary team approach composed of community staff (Frailty Practitioners, Allied Health Professionals, Pharmacy and Frailty Support Workers) embedded and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission.</p> <p>This proposal will see a reduction in service through the removal of a Frailty Practitioner post (Band 7) and a Support Worker (Band 3) from the Home First Response Service. Delivered through vacancies. Removal of 2 of the 19 Frailty Practitioner posts would result in 2/3 saving for the post coming to GCHSCP with the remaining third split between the other HSCPs investing in the programme.</p>	£0.066m

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Savings Proposals	Description	£millions
Asylum Bridging Team - Remove Vacant Admin Posts	Reduction in admin posts by removing one full time Band 3 vacancy. This post carried out general administration tasks, booking patient appointments, supporting data collection, rosters etc and has been vacant since 2015. This saving has been secured by redistribution of workload within the team.	£0.030m
Complex Needs Team - Remove Vacant Posts	<p>The staffing structure for this service has been reviewed. This resulted in a reduction in 1.6wte medical sessions which are no longer required. The service have used these vacancies to create a new Band 7 ANP and Band 8A Psychology posts to better meet service needs.</p> <p>In addition, this review highlighted that there are 2 posts which are no longer required to support service delivery. Details are below: -</p> <p>1 x WTE Band 7 Team Lead: Longstanding vacancy £63,400 1 x WTE Band 5 RMN: 1 vacancy £43,200</p>	£0.100m
Review of Support Services	A review of vacancies within support services has been undertaken, and some vacancies have been identified which have been vacant over a range of dates with the longest being Sept 21 and the shortest being March 23. These posts are no longer required because of changes to working practices within these services.	£0.066m
Review and Re-design of Staffing and Service Delivery Structure of Primary Care and Health Improvement Teams	To undertake a review and re-design of the staffing structure and staffing complement for all posts within primary care and health improvement to generate on-going revenue savings. As well as reducing the management infrastructure the review will aim to generate savings from general service reductions and efficiencies.	£0.818m

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Total Savings Identified		£6.583m
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