



**Title/Subject:** NHS Cases for Change  
**Meeting:** Integration Joint Board  
**Date:** 16 June 2017  
**Submitted By:** General Manager – Community Services Directorate  
**Action:** For Decision

## **1. INTRODUCTION**

- 1.1 The purpose of this paper is to present a number of proposals for change in NHS Services to support the strategic and financial plans of the Integration Joint Board. Some proposals are in the process of development or require to be further scoped and approval is being sought to progress with this work which will be overseen by the Leadership Group.

## **2. RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1 note the progress made in developing the Cases for Change proposals and remit the General Manager to bring back a report that links to the budget recovery plan at its August meeting
- 2.2 approve the Income Generation proposal for Hope House – Low Secure Unit as set out in section 4.2
- 2.3 approve the Service Efficiencies proposal for Prescribing – Primary Care and Mental Health Services, as set out in section 4.4.1.

## **3. BACKGROUND**

- 3.1 To support its overall financial plan and the financial plans of the Integration Joint Boards, NHS Forth Valley has developed a programme of savings and efficiencies. Work has been undertaken to apportion savings against the in-scope services of the IJB, particularly where savings relate to Forth Valley wide service provision.
- 3.2 The savings associated in this report form part of the overall quantum of NHS savings reflected in Table 5 within the IJB Financial Report at agenda item 8.
- 3.3 A number of proposals are being highlighted to IJB members in this paper as they relate to a change or redesign in the way services are delivered or due to the scale of the expected saving. A number of proposals relate to specialist health services which are provided on a Forth Valley wide basis.

- 3.4 These proposals have been discussed by the Leadership Group. Some are at an early stage of development and require to be further progressed. All savings proposals in the report represent full year cost recovery as set out in Appendix 1. Therefore alternative options will be required to offset resulting budget pressures.
- 3.5 The IJB are asked to note the progress made in developing the Cases for Change proposals and remit the General Manager - Community Services Directorate to bring back a report that links to the budget recovery plan to the IJB meeting in August.

## **4. SERVICE CHANGE PROPOSALS**

### **4.1 Redesign of Services**

#### **4.1.1 Day Services for Older Adults with Mental Health Problems**

Clinicians working within the psychiatry services for older adults have identified an opportunity to move away from a traditional day hospital and community mental health team model to establish an integrated Resource Centre model. This would bring this service more into line with the service models in place for adults.

In addition, early discussions have taken place with local authority/IJB colleagues on the opportunity to integrate pathways and services particularly for people with dementia across health, social care and third sector provision.

This case for change proposes an integrated approach to redesigning services and pathways. The benefits would be more effective deployment of specialist health resource across the partnerships and the more flexible use of current nursing assistant resource.

An estimated savings target of **£0.030m** has been attributed to this case for change at this point as it will be dependent on the model of care which is finally agreed. However, it is anticipated that more effective deployment of both the workforce and other resource (e.g. accommodation) will result from this redesign.

#### **4.1.2 Adult Mental Health Specialist Assessment and Community Services**

Clinicians working within the psychiatry services for adults have identified the need to review and redesign the provision of mental health services aimed at delivering more effective out of hours, crisis and early intervention services including:-

- Capacity to deliver early intervention service for first episode psychosis. This is a national Mental Health Strategy priority and a local Clinical Services review priority.
- A review and redesign of mental health out of hours, crisis/assessment services including IHTT and Liaison Services to deliver more robust services 24/7.
- A review of the effectiveness and need for the ongoing provision of a specialist community rehabilitation service (CRT) with the opportunity to look at more

integrated models of service delivery supporting the above redesign and looking particularly at alternative ways of re-integrating and engaging patients with education, employment and structured social activities in partnership and to avoid duplication of services.

The expected outcome of this work would be the delivery of an integrated and targeted crisis/early intervention/assertive outreach service and more robust out of hours service. It is anticipated that financial efficiencies of approximately **£0.200m** (**£0.110m** for the Falkirk Partnership) could be realised from a combination of a more effective, integrated assessment service and moving away from a traditional community rehabilitation service. The anticipated saving represents approximately 50% of the current cost of the CRT. The risk is that some patients will no longer receive the same level of support in the rehabilitation & recovery phase of their illness however there would be no detriment of care to current caseload patients as their treatment would be concluded.

#### 4.1.3 **Re-configuration of Falkirk Community Hospital Beds**

This proposal aims to provide the same number of beds overall across Falkirk and Bo'ness hospitals but to re-configure the beds across fewer wards. The benefit is that this will enable the staffing workforce to be more efficiently deployed, reducing overall costs. This proposal is being worked on and more detail will be provided at the next IJB meeting.

### 4.2 **Income Generation**

#### **Hope House - Low Secure Unit**

This proposal seeks to make available one bed within the 6 bedded female low secure unit "Hope House", for patients from other Health Board areas. This would generate additional income of approximately **£0.200m** per annum (**£0.112m** for Falkirk Partnership), assuming close to full occupancy.

In 2016 the Health Board and the two Integration Joint Boards supported the development of a new 6 bed unit on the Bellsdyke site. The unit will open in summer 2017 and will enable patients who have until now been accommodated in private hospitals out of area or have spent extended periods in the mental health unit at FVRH to be cared for locally. Looking to the future, it is anticipated that ongoing demand for Forth Valley residents is likely to be around 3 – 4 patients in the unit at any one time, although with small numbers, this is difficult to predict accurately. However, the risk of the unit being full is considered low and therefore it is proposed that one bed be retained for use by other Health Board patients. The majority of Health Boards do not have this kind of provision available locally and there is a reasonable level of confidence that Health Boards will wish to place patients in Hope House.

### 4.3 Review of Commissioned Services

#### 4.3.1 Health Improvement Fund (HIF) Projects: Contribution to Strategic Plans

This case for change proposes to review Health Improvement Fund Projects to confirm their ongoing contribution to either Health Board or IJB Strategic Plans. The outcome of this review is anticipated to result in a minimum of **£0.039m (£0.021m** for Falkirk Partnership), which is based on 5% of the current fund. There are a range of services which have received funding from HIF over a number of years, the fund was used to support a range of initiatives aimed at addressing the determinants of health inequalities. Not all HIF projects fall within the scope of Integration Joint Boards but for those that do, it is anticipated that they would be included in the review of third sector commissioned services being undertaken by both IJB's.

For services not in scope, NHS Forth Valley will undertake a review of the contribution of HIF projects against the Health Board Healthcare Strategy.

### 4.4 Service Efficiencies

#### 4.4.1 Prescribing – Primary Care and Mental Health Services

The majority of the savings proposals included under primary care prescribing **£1.801m (£0.937m** for the Falkirk Partnership) relate to anticipated reductions in the reimbursement price of drugs dispensed via Community Pharmacy. This reflects national negotiations under the Community Pharmacy contract, expected off-patent benefits and ongoing drug tariff amendments.

The balance **£0.418m (£0.221m** for the Falkirk Partnership) relates to various technical switches (including review of modified and immediate release Oxycodone and a switch from modified release to immediate release Quetiapine); further application of Scriptswitch and ongoing medication reviews (led by the Primary Care Pharmacy team in conjunction with GP Practices) focusing on discontinuation of Antimuscarinics (where clinically appropriate) and potential over ordering of inhaled corticosteroids.

Switching from a more expensive to a less expensive but equally effective drug has been successfully undertaken for a number of years. They will only be undertaken following assessment by clinical staff to ensure any change is clinically appropriate and will be done in discussion with individual patients.

#### 4.4.2 Continence & Tissue Viability Services

This proposal would review the provision of continence products and services including benchmarking local provision against provision across Scotland and make recommendations based on good practice identified in other Health Board areas. The criteria for issue and range of products provided would be reviewed, along with the specialist workforce that supports this service to ensure a consistent level of provision compared with other areas. The potential saving is in the region of **£0.120m** for the Falkirk Partnership.

Core to this project will be the opportunity to focus on promoting self-management through income maximisation and to explore alternative interventions such as access to physiotherapy to manage continence issues.

## **5. CONCLUSIONS**

- 5.1 These proposals represent a contribution to the Integration Joint Board financial plan and highlight areas where changes to the provision of services is proposed. Changes represent a redesign of service aimed at minimising impact on patient care and where appropriate some redesign projects will be taken forward on a joint basis, maximising where possible the benefits of integrated working.

### **Resource Implications**

In order to support the achievement of financial balance in the Falkirk IJB, NHS Forth Valley has developed a number of savings schemes, many of which are cross Forth Valley wide. Those savings areas in scope for the Falkirk IJB have been identified and the financial amounts apportioned appropriately.

A number of the proposals set out above will require significant change and may take some time to deliver. These proposals form part of the total quantum of the savings programme presented in the finance paper.

### **Impact on IJB Outcomes and Priorities**

These proposals support the priority of the partnership to achieve financial balance. Proposals for redesign of services support priorities aimed at better integrating services at the front line and effectively support people with complex health and social care needs, particularly at times of crisis.

### **Legal & Risk Implications**

There are none arising from this paper.

### **Consultation**

Where appropriate, changes which impact on workforce will be taken forward in partnership with staff side organisations. Appropriate patient groups will be involved particularly in the redesign of dementia and mental health services and individual discussion with patients will take place in relation to any planned change in a service or treatment plan.

### **Equalities Assessment**

Equalities assessments will require to be completed as part of the detailed scoping of the redesign proposals described in this paper.

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**Date:** 09/06/17

**List of Background Papers:**

Appendix 1 – NHS Draft Savings Proposal

**Falkirk IJB – Draft NHS Savings Proposals**

<b>Savings Approach</b>	<b>Area of Focus</b>	<b>£m (Full Year)</b>	<b>Confidence Level</b>
1. Redesign of services to align more closely to strategic objectives of the Partnership and NHS Forth Valley and to achieve financial efficiencies through for example, revised workforce plans, integrated service provision and workforce skill mix.	1.1. Integrated Day Services provision for Older People with mental health problems.	0.030 -To be assessed dependant on agreed integrated model.	1.5
	1.2. Adult Mental Health, redesign of specialist assessment and community services.	0.110	1.5
	1.3. Reconfiguration of Falkirk Community Hospital Beds	TBC	
2. Income Generation.	2.1. Offer one bed in Hope House in new female low secure unit to other Health Board areas.	0.112	3
3. Review of Commissioned Services to assess their continued contribution to strategic objectives and identify efficiencies where appropriate.	3.1. Review of Health Improvement Fund Projects as part of wider review of Third Sector Commissioned Services.	0.021 (estimated based on 5% of total value of Fund).	2
4. Service Efficiencies including bringing Forth Valley into line with practice in other Boards. This would include prescribing efficiencies and switching from more expensive to a less expensive but equally effective drug.	4.1. Prescribing efficiencies within Primary Care linked to various drug tariff adjustments.	0.937	2.5
	Prescribing efficiencies within Primary Care linked to technical switches/medication review/medicines waste/Scriptswitch	0.221	1.5
	4.2. Continence and Tissue Viability Services – reviewing criteria for provision of products to ensure ongoing efficiency and ensure in line with best practice across Scotland.	0.120	1

Confidence level 3 indicates a high level of confidence, 2 medium and 1 low.