

AGENDA ITEM

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Title/Subject: NHS Cases for Change: Progress Report
Meeting: Integration Joint Board
Date: 4 August 2017
Submitted By: General Manager- Community Services Directorate and
General Manager – Medical Directorate
Action: For Decision/Noting

1. INTRODUCTION

- 1.1 The purpose of this paper is to provide an update on progress with the cases for change discussed and agreed at the June Integration Joint Board and to present some additional proposals for agreement.
- 1.2 As a number of the cases for change required to be agreed by the Clackmannanshire & Stirling Integration Joint Board at the end of June, the opportunity to progress planning and implementation between IJB meetings has been limited.

2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1 Note the progress made in the planning and implementation of the cases for change discussed and agreed at the June IJB.
- 2.2 Note the additional budgetary contribution of £230k as described in the Paper.
- 2.3 Approve the proposal to reconfigure beds at Falkirk Community Hospital.
- 2.4 Approve the additional work ongoing to increase prescribing savings.
- 2.5 Note that a detailed budget recovery plan will be presented at the October meeting which will include the financial projections and risks associated with these cases for change.

3. BACKGROUND

- 3.1 As part of the budget recovery process, NHS Forth Valley has developed a programme of efficiencies, some relate to Falkirk IJB services only, but many relate to Forth Valley wide provision. In these cases, the quantum of savings and efficiencies have been apportioned across the two Integration Joint Boards.



- 3.2 This paper does not cover the full quantum of efficiency savings which have been developed, progress on which will be reported in the Financial Report and in the Budget Recovery Plan. The proposals covered in this Paper relate to service change that require a detailed level of planning and implementation with a significant lead in time for cost reductions to be realised.

4. SERVICE CHANGE PROPOSALS

4.1 Proposals for Agreement

4.2 Reconfiguration of Falkirk Community Hospital Beds

The Medical Directorate has identified an opportunity to reconfigure Community Hospital beds across Falkirk and Bo'ness Community Hospitals. The total number of beds available across Falkirk will remain the same but would be reconfigured as below.

Existing Beds	Unit 1 – 24	Proposed Beds	Unit 1 – 28
	Unit 2 – 24		Unit 2 – 28
	Unit 3 – 24		Unit 3 – 28
	Unit 4 – 16		Bo'ness Ward 1 - 24
	Bo'ness Ward 1 - 20		
	108		108

The majority of patients admitted to beds in Falkirk Community Hospital and Bo'ness Community Hospital are **older people** with cognitive impairment, frailty and palliative care needs, with the exception of 8 beds in Unit 1 which is for all adults with brain injury/neurological conditions.

There is no change proposed to the older adults psychiatry provision in Bo'ness Ward 2.

A revised workforce model has been developed which, when implemented, will deliver estimated cost efficiencies of £170,000 on a full year basis. Implementation will also require non recurring capital funds to convert the current gym area in Unit 1 into a four bedded area for patients. This element of the project will be addressed by the Health Board.

The proposed timescale for full implementation is 1st December 2017 to allow capital work to be completed and to implement the revised workforce plan.

The Medical Directorate, working with the Chief Officer, is developing proposals for the further development of an enhanced rehabilitation model for Community Hospitals in Falkirk including the potential to develop a Rehabilitation Hub in the vacated Unit 4 accommodation. This will be brought forward as a proposal for consideration when further developed.

4.3 Prescribing: Primary Care & Mental Health

Work is underway to identify further efficiency savings within prescribing, including additional technical switches (e.g. melatonin estimated saving £20k and Mesalazine £40K) coupled with a detailed review of the wound management ordering process.

A key element of the saving programme presented at the last meeting relates to tariff reductions linked to the community pharmacy contract. National negotiations on the contract settlement for 2017-18 have now concluded, and as agreed, a number of tariff reductions have been applied to specific product lines with effect from 1st June. The associated saving remains in line with projections and will be monitored nationally.

With respect to off-patent benefits, current information suggests that there may be a delay in the resultant price reductions (these are not expected to be realised until October as opposed to August as originally anticipated). However as a conservative estimate was provided for these savings, this is unlikely to have a material impact on the savings plan at this stage.

Progress is underway on a number of technical switches including Oxycodone (this is currently under consultation with key stakeholders in order to identify any clinical or safety concerns) and Quetiapine (all clinical approval is now in place for this switch, however short supply issues have resulted in a delay in implementation).

Other areas include the review of potential over ordering of inhaled corticosteroids – GP cluster data is currently being collated in order to identify suitable patients for review and to enable an action plan to be developed for each GP Practice. In addition, the discontinuation of Antimuscarinics (where clinically appropriate) has been approved by the Primary Care Prescribing Group and will now be taken forward by Pharmacy Technicians in conjunction with GP Practices.

4.4 Progress Updates

4.5 Income Generation Proposal: Hope House

6 bedded Hope House is planned to open in late August. 5 patients have already been assessed as suitable for admission to the unit, (3 out of area patients and 1 patient currently in the local Mental Health Unit and one in the regional medium secure unit in Edinburgh).

In relation to income generation, initial links have been made with other Health Boards and a proposed tariff for a bed is being developed. However, a further local patient has been identified who may be suitable for admission to Hope House and should this be the case, the unit will be full on opening. While this will delay the income generation proposal, it will avoid a cost pressure from an out of area transfer to a private unit.

4.6 Review of Day Services for Older Adults with Mental Health Problems

Planning for this review is underway and a workshop is being planned to consider the following:

Service Provision:-

- current day care service within health, social care, private sector and voluntary sector
- review of referral pathways and processes
- efficiency and effectiveness of current day care resources

Areas of Day Care Provision:-

- what day care is available within localities
- suitability of current buildings/space used for day care
- costs and overall spend
- feedback from service users

Workforce:-

- what care and treatment is currently offered by different professionals
- how we integrate health, social care, private sector and voluntary sector staff within day care services
- understanding individual roles, responsibilities and capacity

Following on from this workshop, detailed, costed service change proposals will be produced.

4.7 Review of Provision of Continence Services

Planning for this review has commenced. It will require a small investment in additional physiotherapy and specialist continence nurse input for a period of six months to undertake the proposed review. This will be funded through the Health Board's 'Invest to Save' Fund.

The review will consider the following:-

Service Provision:-

- current service provision in relation to what is provided by Continence Service, District Nurses and Physiotherapists
- assessment and review of pathways and processes
- opportunities to maximise self management?
- benchmarking across NHS Boards in Scotland

Products:-

- Current products, makes, costs and overall spend and the link to severity of continence i.e. mild, moderate or severe

Workforce:-

- training currently offered to professionals
- workforce involved in continence, understanding individual roles, responsibilities and capacity

4.8 Adult Mental Specialist Assessment & Community Services

This is a complex redesign project which will require a number of parallel reviews to be progressed concurrently to deliver on the overall redesign.

These include:

- Review of out of hours/emergency mental health provision to improve ongoing sustainability of the psychiatry medical workforce; deliver the 4 hour ED target and support the out of hours GP service. This work is well developed and a pilot of the effectiveness of using mental health nurses in the out of hours period has been underway since January 2017 and currently continues.
- The development of options for the future delivery of acute mental health assessment services, including building capacity across services for crisis/assertive outreach care and early intervention for first episode psychosis, in accordance to the mental health strategy.
- Reviewing the provision of the Community Rehabilitation Service and developing options for future provision, in collaboration within social care and Third Sector providers, to improve the patient pathway and social integration.

A detailed Project Plan is being finalised which will set out the actions and timescales required to support each element of the project, including the process of engagement and inclusion of clinicians, patients, Third Sector and social care partners.

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4.9 Review of Health Improvement Fund

This work has commenced and initial reviews are expected to be completed by end October.

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.

Impact on IJB Outcomes and Priorities

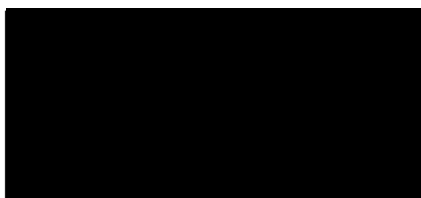
These proposals support the priority of the partnership to achieve financial balance. Proposals for redesign of services support priorities aimed at better integrating services at the front line and effectively support people with complex health and social care needs, particularly at times of crisis.

Legal & Risk Implications

A risk assessment of the deliverability of these cases for change will be included in the detailed budget recovery plan to be reported at the October meeting.

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: 26th July 2017

List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.