

**SOCIAL CARE
3 YEAR FINANCIAL RECOVERY PLAN
EXECUTIVE SUMMARY: SAVINGS**

APPENDIX 2

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
1	<p>Relocation from Highland House</p> <p>PKC Drug and Alcohol Team and NHST Substance Misuse Services and Mental Health Officers have been co-located within Highland House, Perth for the past few years. The lease agreement came to an end in August 2019. Alternative accommodation for staff and services is identified. This is the full year effect of a saving delivered in 2019/20, approved by the IJB as part of the 3 Year Financial Plan.</p> <p><u>Impact Analysis and Risk Assessment</u> Socio Economic: None Workforce: Workers' bases will change but the impact will be minimal Service user/ patient: Clinics are likely to be run from Health Centre a few hundred yards away from current location. Equalities/Diversity: None Outcome and Performance: None</p>	21	0	0
2	<p>Integration of Health and Social Care Teams</p> <p>Through redesign and efficiency from shared resources, a reduction of staffing headcount and removal of vacancies will deliver savings across a number of Health and Social Care Teams. These teams include Discharge Hub, Substance Misuse Services, Self Directed Support and Employment Support.</p> <p><u>Impact Analysis and Risk Assessment</u> Age – Integration of management functions will not impact on direct service delivery Disability – None. Any change in function or structure will need to ensure that statutory responsibilities are discharged across the Partnership Socio-economic – None Climate Change – this proposal will have a no impact on climate change. Mitigating actions – This proposal will result be supported through consultation with HR and professional groups. The role of Clinical, Care and Professional Governance structure will provide scrutiny to ensure quality and standards are maintained. Workforce – There will be an impact within the workforce that will be managed through workforce management measures Service User/patient – Integrating the teams will lead to improved outcomes for clients. Outcome and Performance – Integrating management functions will lead to more efficient and effective service delivery.</p>	120	30	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
3	<p>Prepaid Card Scheme</p> <p>A new payments system for Direct Payment Clients is to be introduced. These pre-paid cards allow standing orders, direct debits and bank transfers to be set up. The use of the cards supports effective audit of spend and significantly increases the effective claw back of unused money on a timely basis. The cards are now used by over 100 local authorities across the United Kingdom, as well as other organisations such as housing associations, charities and Social Enterprises. Savings are anticipated from a stepped increase in the level of claw back and through a reduction in the staffing currently required to support purchase/sales ledger transaction processes.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: this will affect people from all socio-economic backgrounds. It is likely to have a positive impact as the cards will be available to people from lower socio-economic backgrounds, including those who are unable to open traditional bank accounts. This is possible as the cards/accounts are fully owned and managed by the local authority, and therefore not based on individual client credit history checks.</p> <p>Workforce: 0.44 FTE, no vacancies – to be addressed through workforce management measures.</p> <p>Service user/patient: there are currently around 280 adults in receipt of a Direct Payment from the Council for their care and support services. This proposed change will reduce the amount of administration required by them in managing their Direct Payment. It will also reduce the costs to them as they will be required to submit a substantially-reduced amount of monitoring evidence, due to enhanced automatic monitoring systems in place with the prepaid card providers.</p> <p>Equalities/Diversity: this proposed change will improve equality of the Direct Payment scheme as the cards will be available to everyone in receipt of a Direct Payment, rather than only those who are able/willing to open a bank/building society account.</p> <p>Outcome and Performance: the introduction of prepaid cards will allow much more robust and timely audit and monitoring processes, ensuring that any build-up of unused funds are identified early. This will allow the HSCP to reinvest the recovered resources ensuring that an ever-increasing demand for essential care and support services across Perth and Kinross can be met.</p>	0	40	40
4	<p>Single Handed Care</p> <p>In Perth and Kinross approximately 100 people receive visits from two carers to assist with hoisting and transfers. There is a steady increase in the number of people requiring this level of support with increased frailty being maintained at home. This project will review and reduce demand for two carers through active rehabilitation and self management; an approach used successfully in other parts of the UK. This saving will mitigate Pressure No 8 above.</p> <p>This saving was approved as part of the IJB's 3 Year Financial Plan for Core Health and Social Care</p>	100	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
	<p><u>Impact Analysis and Risk Assessment</u></p> <p>Age – this will disproportionately affect older people as they are more likely to need this support than the general population.</p> <p>Disability – this will disproportionately affect people with a physical disability.</p> <p>Socio-economic – this will affect people from all socio-economic backgrounds. Fewer carers will be required, however this will be counterbalanced by increasing demand due to demographics.</p> <p>Climate Change – this will have a minimal impact on climate change. There may be some reduction in emissions due to reduced staff travel as only one carer will be required to visit instead of two.</p> <p>Mitigating actions – People will continue to receive the support they require but it will be delivered by one carer and appropriate equipment rather than by two carers. Maintenance charges for equipment are currently means tested.</p> <p>Controllable/uncontrollable expenditure - Perth and Kinross HSCP has a duty of care for people who are 'ordinary residents.' However this care can be delivered more cost effectively through single handed care.</p> <p>Workforce – Workers will need to be trained in single handed care and closer working will be required with HART and private care providers.</p> <p>Service User/patient – improved experience for people receiving support from one person rather than two and reduced waiting times for care packages starting</p> <p>Outcome and Performance – more people will be supported to remain at home with existing care at home resource.</p>			
5	<p>Review of Supported Living Block Contracts</p> <p>Building on the 2019/20 review and redesign programme, this further stage will consider redesign options for sleepover provision using technology where appropriate. Accommodation provision will be reviewed to identify redesign options. An optimum purchasing approach will also be developed to support efficiency, value for money, reduction in duplication of services and collation of providers where appropriate.</p> <p>This further saving will mitigate Pressure No 10 and 11 above.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Age – 16 plus age group</p> <p>Disability – the majority of these individuals are those with a learning disability and/or autism and or a mental health condition.</p> <p>Socio-economic – there will be a reduction in funding to several providers and may have staffing implications, although this will be closely monitored to ensure it does not impact on quality of provision.</p> <p>Climate Change – this proposal will have no impact of climate change.</p> <p>Mitigating actions – the review of block contracts was and is necessary to ensure historically set up contracts are not allowed to roll over year on year without appropriate scrutiny, this review will ensure best value whilst maintaining a high</p>	160	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
	<p>standard of care and support for individuals with long term conditions. We will continue to closely monitor contracts and data stored to ensure providers do not experience unexpected cuts to their budget.</p> <p>Controllable/uncontrollable expenditure – the nature of block contracts means that there will always be some movement within them, either because packages of care need adjusted, or a resident may move and out and be replaced by another who may have a greater or smaller package of care. The MH projects are more prone to this movement; however, the Commissioning team are cognisant of this issue and monitor closely the hours allocated and therefore the controllability of this expenditure.</p> <p>Workforce – This may have workforce implications, the providers will manage this through their own workforce planning.</p> <p>Service User/patient – this should not impact on the quality care and support provided, savings identified have primarily come from overnight support that wasn't required or increased scrutiny of actual hours delivered.</p> <p>Outcome and Performance – the quality of supports should not decline and the overall quality of life for individuals should improve. Performance and impact will be monitored during implementation.</p>			
6	<p>Review of Care Home Placements</p> <p>Investment in enhanced community support (ECS), rehabilitation, recovery and self-help will maintain people in their own homes for longer and delay the point at which people are admitted to care homes. Based on evidence from the Angus Care Model this will reduce the average length of stay and the overall requirement for care home placements. This is projected to reduce demand by 45 Care Home Placements by March 2021. Phasing of saving reflects the requirement to ensure all elements of the Reshaping Older Peoples Programme are implemented. This saving is linked to the essential service development included at Pressure No 12. It also mitigates Pressure No 7 Care Home Demand Pressures-demographic growth.</p> <p>This saving was approved as part of the IJB's 3 Year Financial Plan for Core Health and Social Care Services but has been rephrased to reflect delay in implementation of ECS.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: Care homes in rural localities carry more vacancies than those in Perth City, where there is more competition for places. Any reduction in care home places may impact on the viability of care homes.</p> <p>Workforce: No impact on PKC staff. Potential impact on the independent sector. A reduction of 45 beds could have an impact upon market stability.</p> <p>Service users/ patients: People may experience a restriction in choice of care home however vacancies will continue to be monitored closely.</p> <p>Equalities/Diversity: Potential impact on unpaid carers. Adult Carers Support Plans would compensate for reduced access to respite.</p>	462	500	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
	Outcome and Performance: Supporting people at home for longer and reducing dependency on residential care is in line with our strategic priorities for older people. A reduction in dependency on residential care will improve outcomes and organisational performance.			
7	<p>Transformation of Services for People with Complex Care Needs</p> <p>These are Year 2 and Year 3 savings of a 3 Year Transformation Plan to design financially sustainable models of high quality support and care.</p> <p>The key areas of transformation are:-</p> <ul style="list-style-type: none"> • Accommodation through the Independent Living Group • Increased use of TEC • Review access to and impact of Behavioural Support Interventions • Review Transitions Process • Review policy/guidance/eligibility criteria in relation to how people's support requirements are met <p>In 2019/20 planned savings of £350k have been delivered from the introduction of a robust reviewing process. This further saving will mitigate Pressure No 10 and 11 above.</p> <p>The 3 year savings plan was approved by the IJB as part of the 3 Year Financial Plan for Core Health & Social Care Services.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Age – this will affect clients of all age groups.</p> <p>Disability – This will affect all client groups, however the majority of people with complex care packages are people with a learning disability and/or autism. A significant number of people with a physical disability will also be affected.</p> <p>Socio-economic – this will affect people from all socio-economic backgrounds. However people with a disability are more likely to be from a lower socio-economic background so it is likely a disproportionate number of people from a lower socio-economic background will be affected.</p> <p>Climate Change – this proposal will have a minimal impact of climate change. Core and cluster developments may result in fewer emissions relating to staff travel.</p> <p>Mitigating actions – This Transformation is focussed on developing a financially sustainable model that also provides high quality care through increased use of TEC, core and cluster developments and emphasising early intervention and prevention to maximise independence levels and providing appropriate intervention in relation to behavioural issues. Any charges will be means tested</p> <p>Controllable/uncontrollable expenditure – Perth and Kinross HSCP has a duty of care for people who are 'ordinary residents' and have complex support requirements. However there is some flexibility legally regarding exactly how people</p>	500	250	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
	<p>are supported. Therefore it is possible to have some control over expenditure through developing and implementing a clear and robust eligibility criteria.</p> <p>Workforce – appropriate training will need to be provided for the relevant workers in relation to autism, learning disability and behavioural support intervention. Some existing roles may need to be reviewed.</p> <p>Service User/patient – a majority of requests currently seek to allow people to live in their own tenancy with a bespoke package of care requiring 1-1 support 24/7. Other options such as small group living and core and cluster will now be considered and increased use of TEC. Supports will intervene earlier to maximise independence and behavioural issues addressed appropriately. We will review the way services are commissioned to assure sufficient and sustainable capacity for the requirements of people in P and K.</p> <p>Outcome and Performance – this proposal will alter the way in which some people's outcomes are achieved. The quality of supports should not decline and the overall quality of life for individuals should improve. Performance and impact will be monitored during implementation.</p>			
8	<p>Review of Care at Home</p> <p>Investment in rehabilitation and reablement through enhanced community support will moderate the rising demand for care at home. This saving is linked to the essential service developments included at Pressure No 12 and No 13, that seek to invest additional capacity into community-based teams to shift the balance of care. This saving will also help to mitigate Pressure No 8 Care at Home demand Pressure.</p> <p>This saving was approved as part of the IJB's 3 Year Financial Plan for Core Health and Social Care Services.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic:</p> <p>It is possible that some care providers may not accept the additional scrutiny and withdraw from Perth and Kinross. This may cause some market instability impacting local employment opportunities in the care sector.</p> <p>Workforce: This will potentially cause some temporary additional workload and disruption from changes to organisations and structure.</p> <p>Service users/ patients: There may potentially be a temporary impact on clients as they adjust to new levels of care to meet their -assessed needs. The contracts and commissioning team will work with care at home providers to monitor the supply of care at home to mitigate disruption to clients. After assessment, clients with low to moderate needs may no longer receive Care at Home but will be signposted to community support.</p> <p>Equalities/Diversity: The impact on older, vulnerable adults and on unpaid carers will assessed carefully. Adult Carers Support Plans will support the Partnership to design options for respite, taking service users and carers needs into account.</p> <p>Outcome and Performance: Changes in Care at Home funding may influence capacity to support more people at home for longer.</p>	100	200	200

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
9	<p>Contributions Policy</p> <p>The Council implemented the current Adult Social Work & Social Care Contributions Policy in February 2014 in preparation for the introduction of the Self-Directed Supported (Scotland) Act in April 2014. This policy covers all care and support services received by a person at home such as homecare, day services, transport, short-breaks, telecare and sheltered housing support. Following approval as part of the 2016/17 budget setting process, the Council considered amending the policy from October 2018, however, at the request of clients and organisations, implementation was deferred to consider a wider range of options and undertake more detailed work.</p> <p>A full review of the policy is underway and a number of potential changes have been identified to bring the Council's policy more in line with national guidance. The Council is more generous in these areas than that recommended by the national guidance and currently contributes an average of 93.6% of the cost of care for adults receiving chargeable care and support services. However, at a time where national government budget settlements are reducing and demand for care and support services is continuing to increase, it is proposed that the Council move to be more in line with the rest of Scotland where contributions policies are in place and follow the national guidance as recommended. Introducing a policy where, people who can afford it, pay a bit more for their services, will help ensure everyone continues to receive the required support and reduce the risk of services being reduced.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Age – this will affect clients of all age groups. The majority of people in receipt of chargeable care and support services are older people, however, the recommended changes will mainly affect people of working age.</p> <p>Disability – This will affect all client groups, however the majority of people who will see an increase in what they are asked to pay have a learning disability.</p> <p>Socio-economic – this will affect people from all socio-economic backgrounds.</p> <p>Climate Change – this proposal will have no impact on climate change.</p> <p>Mitigating actions – to ensure that everyone affected by the proposed changes are aware of the changes, and how they affect them, a number of mitigation actions have been considered such as, engagement events with local carer/support groups, involvement of the Centre for Inclusive Living (CILPK) throughout the project, joint visits with Assessment & Charging staff and the client's support worker and/or Social Worker, and 'easy-read' version of all literature, where possible, will be made available.</p> <p>Controllable/uncontrollable expenditure – this saving has been calculated using the current client base, and due to the nature of care services, there will likely be some changes in client numbers, care package and client finances, prior to implementation of the revised policy, meaning the actual saving realised may be different.</p> <p>Workforce – this proposal will have no impact on workforce.</p> <p>Service User/patient – the majority of people currently in receipt of non-residential care and support will see no change in what they are asked to contribute towards their care package. A small number will be asked to pay less and some who can afford to do so, will be asked to pay a bit more.</p>	273	435	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
	Outcome and Performance – this proposal will ensure that resources are available to allow the HSCP to continue meeting an ever-increasing demand for essential care and support services across Perth and Kinross.			
	TOTAL SAVINGS	1,736	1,455	240

HEALTH
3 YEAR FINANCIAL RECOVERY PLAN
EXECUTIVE SUMMARY: SAVINGS

APPENDIX 2

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
1	<p>Ring fenced Surplus for Health Services within 2019/20 Financial Plan</p> <p>The 2019/20 Financial Plan for Core health Services set aside an overall surplus between pressures and savings for potential utilisation as an Invest to Save Fund. This has been used to support the overall in year financial position in 2019/20 and it is proposed that this be released to offset significant unanticipated pay pressures across Health Services in 2020/21. Discussions with both NHS Tayside and Perth & Kinross Council have provided a strong indication that bids for pump priming/invest to save funds will be positively considered.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: N/A Workforce: N/A Customer: N/A Equalities/Diversity:N/A. Outcome & Performance: N/A</p>	457	0	0
2	<p>Relocation from Highland House</p> <p>PKC Drug and Alcohol Team and NHST Substance Misuse Services and Mental Health Officers have been co-located within Highland House, Perth for the past few years. The lease agreement came to an end in August 2019. Alternative accommodation for staff and services was identified. This is the full year effect of a saving delivered in 2019/20, approved by the IJB as part of the 3 Year Financial Plan.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: None Workforce: Workers' bases will change but the impact will be minimal Service user/ patient: Clinics are likely to be run from Health Centre a few hundred yards away from current location. Equalities/Diversity: None Outcome and Performance: None</p>	27	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
3	<p>Integration of Health and Social Care Teams</p> <p>Through redesign and efficiency from shared resources, a reduction of staffing headcount and removal of vacancies will deliver savings across a number of Health and Social Care Teams. These teams include Locality Teams, Discharge Hub and the Substance Misuse Service.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Age – Integration of functions will not impact on direct service delivery</p> <p>Disability – None. Any change in function or structure will need to ensure that statutory responsibilities are discharged across the Partnership</p> <p>Socio-economic – None</p> <p>Climate Change – this proposal will have a no impact on climate change.</p> <p>Mitigating actions – This proposal will result be supported through consultation with HR and professional groups. The role of Clinical, Care and Professional Governance structure will provide scrutiny to ensure quality and standards are maintained.</p> <p>Workforce – There will be an impact within the workforce that will be managed through workforce management measures</p> <p>Service User/patient – Integrating the teams will lead to improved outcomes for clients.</p> <p>Outcome and Performance – Integrating management functions will lead to more efficient and effective service delivery.</p>	147	148	0
4	<p>Redesign of Rehabilitation Beds</p> <p>During 2018/19, PKHSCP's Older People and Unscheduled Care (OPUSC) Board, working with the PRI Clinical Forum, agreed that investment in the full roll out of the enhanced community support service (ECS) across Perth & Kinross and the establishment of a respiratory community care service was fundamental to the key ambition to shift the balance of care and reduce the requirement for hospital and care home beds. Despite some early delays, these new services are now being implemented. In parallel, the expected impact of this investment on the future need for beds and the need to ensure equity of access across all of Perth & Kinross, was being considered as part of a Review of Rehabilitation Beds which was initiated in 2018/19. The IJB gave its full support to this Invest to Save Strategy, recognising that this was fundamental to long term financial sustainability.</p> <p>The overall objectives of the Review of Rehabilitation Beds is to:</p> <ul style="list-style-type: none"> • Ensure best use of our resources • Ensure equity of access to all Perth & Kinross adult residents • Provide people with the right care at the right time and by the right person • Ensure that care is of the highest care, safe and sustainable • Ensure that inpatient rehabilitation environments are modern, fit for purpose and meet national standards. • Improve people's experience and satisfaction of health and social care services. 	240	500	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
	<p>This savings proposal is linked to the essential service developments included at Pressure No. 13 which provides the full year effect of investment in Enhanced Community Support, the Respiratory Service and Intermediate Care provision in Perth City.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: P&K faces rising demand for services from an aging population with increasingly complex needs at a time of fiscal constraint across public services. The Partnership must optimise the number of Community Hospital beds and align them with population need.</p> <p>Workforce: There are national shortages of some specialist staff and local shortages of support staff because of strong competition for workforce across different sectors of the economy. Difficulties in recruiting to health and care vacancies in rural communities mirrors the experience of other sectors of the economy. Redesign will support recruitment and retention challenges. Any change in location of services will have an impact on demand for community based services that will be offset by investment in enhanced community support. Changes in service will be planned in partnership with staff and staff organisations</p> <p>Customer: Extensive engagement and consultation has demonstrated the public prefer care and support to be provided at home or as close to home as possible. The need for hospital care depends upon the complexity of need. Very acute services are likely to become increasingly specialised and people may need to travel. Community hospitals will provide care where care in the home is not possible. As described above, rehabilitation and intermediate care beds should be available as close to home as possible to retain connection with local community services. The Partnership has a duty to follow national standards for public consultation and engagement in any proposal for change. (CEL4).</p> <p>Equalities/Diversity: The partnership will adhere to appropriate policies and procedures to ensure consideration of all matters of human rights when undertaking organisational change.</p> <p>Outcome & Performance:</p> <ul style="list-style-type: none"> • More people will be cared for closer to home. • People are supported to return home from hospital as soon as their acute care is concluded. (Reduced delayed discharges. Reduction in occupied bed days.) • The experience of care will improve for service users and carers. • A greater proportion of the population will experience improved end of life care at home. 			
5	<p>Shifting the Balance Acute to Community OPUSC (Large Hospital Set Aside)</p> <p>The “Large Hospital set-aside” describes the budget for services delegated to the IJB that are provided in large hospitals and managed by the acute service for the population served by P&K IJB. The purpose of the set aside budget is to provide the Health Board with a mechanism by which acute hospital services will be planned, redesigned and commissioned by the IJB to shift the balance of care from hospital-based care to community based care. (The large hospital set aside budget covers</p>	0	0	500

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
	<p>services such as unscheduled Medical, Respiratory and Emergency Departments). The opportunity created by the Large Hospital Set Aside budget links the P&K Strategic commissioning plan to NHS Tayside's Clinical Strategy "Transforming Tayside". The timing of the savings in the three year budget cycle reflects the partnership's ability to commission robust community alternatives to hospital care and the time required to effect the cultural change required to deliver sustainable safe and effective care. The challenge is common to all Health and Social Care Partnerships in Scotland. The following evidence based proposals for investment (Nuffield Trust 2017) are included in the emerging 2019-2022 Strategic Commissioning Plan.</p> <ul style="list-style-type: none"> • Investment in community respiratory teams • Enhancement of community response (ECS) • Community Advanced Nurse Practitioners working across P&K Care Homes (ECS) • Remote monitoring of people with certain long-term conditions (TEC) <p>Further development and consolidation of the Home Assessment and Recovery Team (HART) once fully deployed, will reduce delays in hospital discharge for those that are medically fit for discharge.</p> <p>Combined, these initiatives are projected to reduce the demand for acute services, which would mean that fewer acute medical beds will be required in PRI by 2022/23. This change will move an initial £500k from acute to community through the large hospital set aside budget. There is a strong possibility that the scale of change could be more ambitious. Changed patterns of working for professional staff and new models of care could allow further investment in community services that reduce the demand for hospital based care even further.</p> <p>This savings proposal is linked to the essential service developments included at Pressure No. 13 which provides the full year effect of investment in Enhanced Community Support, the Respiratory Service and Telecare.</p> <p><u>Impact Analysis and Risk Assessment</u> Socio Economic: N/A Workforce: Managed through redesign and organisational change processes. Service user/ patient: N/A Equalities/Diversity: N/A Outcome and Performance: The safe and effective reduction in bed numbers in 2021/22 requires evidence of effective system change over the next 2 years. Success will be measured through reduction in unplanned admissions, reduction in length of stay and a sustained and significant reduction in delays to discharge from hospital.</p>			

	<u>Saving / Impact Analysis</u>	Net Saving		
		2020/21 £000	2021/22 £000	2022/23 £000
6	<p>Shifting the Balance Acute to Community (Mental Health and Learning Disabilities)</p> <p>As set out within Pressure 1 above PKHSCP hosts Inpatient Mental Health Services on behalf of all 3 Tayside IJB's. The due diligence exercise undertaken prior to inception of the IJB in 2016/17 identified a very significant shortfall in the budget transferring to meet costs. Whilst there has been redesign of services, medical locum costs have continued to rise and the significant gap between expenditure and budget remains now wholly driven by the medical staffing recruitment issues. The total gap in the 2019/20 Financial Plan for IPMH was £1.713m, the PKIJBs share of this is £0.574m.</p> <p>The new IP Mental Health Leadership Team working with the Mental Health Alliance are considering significant redesign of patient pathways which is expected to significantly reduce the current reliance on medical locum costs. This work will look at new workforce models and the shape and scale of community based services. It is assumed that by 2022/23 this work will have progressed and that the current level of overspend in relation to medical locums will have been addressed in full.</p>	0	0	500
7	<p>General Pharmaceutical Services Budget Realignment</p> <p>Year on year Health Boards in Scotland have benefitted from nationally negotiated rebates and a share of community pharmacy profit sharing claw backs. However, lack of certainty meant no income budget was recognised. Across Scotland, increased certainty allows that income to be recognised on a recurring basis.</p>	880	0	0
8	<p>Quality Safety and Efficiency in Prescribing</p> <p>PKHSCP have developed a Quality Safety and Efficiency Prescribing Programme (QSEP), engaging with GP Practices across P&K. This work is supported by the PK GP Engagement Fund , approved by the IJB to support sustained GP involvement in managing prescribing costs. This work has relied on the development of a robust data model that reliably supports identification of prescribing variation on a practice by practice basis. From 2019/20 onwards a bespoke practice by practice QSEP work plan has been developed. In addition, a number of wider projects will be taken forward across the Perth & Kinross practices.</p>	412	100	100
9	<p>Prescribing Management Group Savings Plan</p> <p>The Prescribing Management Group are leading on a number of Tayside wide initiatives, including price and efficiency. Further work is ongoing to identify years 2 and 3.</p>	94		
	TOTAL SAVINGS	2,257	748	1,100