

3 YEAR EXECUTIVE SUMMARY: SAVINGS

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
1	<p>Redesign of Rehabilitation Beds</p> <p>The population of Perth & Kinross requires hospital and rehabilitation beds to deliver care that cannot be delivered at home. People requiring hospital care will return to the community as soon as possible, their needs being met by Integrated Care Teams until they are able to live independently or appropriate longer term care is in place.</p> <p>A review of P&K performance when benchmarked against our best-performing neighbouring HSCP, demonstrates higher numbers of people experiencing delay in P&K. This review demonstrated that P&K have a similar number of beds but with changes in population need, not all the beds are in the right place to meet the needs of the current and projected population of frail older people. This proposal aims to redistribute beds. A modelling process will be completed to consider options of redistribution with service users, carers and staff. (Link to Pressure 23 which explores the provision of rehabilitation and / or intermediate care beds / services.</p> <p>This savings proposal is linked to the essential service developments included at Pressure No. 22 and 24, which seek to invest significant additional capacity into community-based, integrated teams (ECS) which will shift the balance of care from hospital to the community.</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>	487	740	0

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	<p>Equalities/Diversity: of 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. 			
2	<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 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 2019-20122 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 2021/22. This change will move £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>	0	0	500

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	<p>This saving is fundamentally linked to the essential service developments included at Pressure Nos. 22 and 24 which seek to invest significant additional capacity into community based teams which are fundamental in shifting the balance of care.</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>			
3	<p>Review of Psychiatry of Old Age</p> <p>Review the Psychiatry of Old Age Service to further shift the balance of care into the most appropriate setting for long term care of older people with complex needs. Explore commissioning services with the independent / 3rd sector to provide appropriate support in a more homely environment. Commissioning would be facilitated through a more focused approach to community services. This proposal is linked to essential service developments described at Pressure nos. 22 and 24 which seeks to invest significant additional capacity into community based teams which are fundamental in shifting the balance of care.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio-economic: P&K are anticipating an increase in numbers and complexity of the over 65 population. Data demonstrates an increased older person's population prevalence of dementia. Over the last 5 years, a stepped decrease in dementia assessment beds has been achieved through significant investment in community services. The complexity of people presenting with dementia is increasing as more people are successfully managed in their own homes. It will be important to ensure the optimal balance between community based support, long term residential care and hospital assessment capacity.. Workforce: Impact on current staffing establishment is not yet known. Further workforce planning will be completed. Customer: With safe and effective community care in place, patients will be discharged to a homely setting. Carers will receive support to care for their relatives with potential complex needs. Where community care is insufficient to meet the needs of individuals and their carers, appropriate residential/nursing care will be commissioned Equalities/Diversity: People with dementia and frailty are offered equal opportunity to return to a homely setting wherever possible.</p>	0	200	0

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	Outcome and Performance: Assurance of prompt access to care at home and care home placements that meet the needs of people with advanced disease and/or high levels of challenging behaviour is a prerequisite to ensure the optimal balance of care..			
4	Workforce Review for Integration The Partnership will implement a Safe Affordable Workforce review across health & social care teams. This will focus on: <ul style="list-style-type: none"> • Moving the balance of unscheduled care from Acute to Community • Further integration of Locality Teams The Partnership has continued to invest to support improvement in the Unscheduled Care Pathway. These include introduction of the Discharge Hub, Front Door Assessment at PRI, the Social Work Hospital Discharge team and HART. As the Partnership moves to full implementation of “Discharge to Assess”, “Enhanced Community Support” and fully integrated Health & Social Care Teams, there will be the opportunity to review current investment in Unscheduled Care across Health & Social Care. Further review will compensate for short supply in some professional staff groups, enabling the Partnership in line with national and local strategic priorities, to further shift the balance of care from statutory services to social enterprise and third sector commissioning. <u>Impact Analysis and Risk Assessment</u> Socio Economic: Opportunity to design new roles for working with younger adults. The integrated care team creates focus on community resilience to ensure people retain greater capacity to live independently with quality of life and engagement in activities. Workforce: Redesign will release 8 WTE posts and will include development of new roles and support worker opportunities Service users/ patients: No impact expected Equalities/Diversity: None Outcome and Performance: Registered professional workforce operating to the top of their licence. Increased commissioning for social prescribing. Improved mental and health wellbeing. Increased use of social enterprise models.	216	98	118
5	Commissioned Services Non-Statutory Grants A review of Service Level Agreements (SLAs) that fund local third sector organisations was undertaken to establish how well they were meeting the objectives of the Health & Social Care Partnership and the Council. Funding for third sector services is predominantly spent on early intervention & prevention. Strategic Planning and Scottish Government priorities focus on early intervention and prevention particularly where a relatively small investment can have significant impact on individuals and	63	0	0

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	<p>communities, however through a review of effectiveness there is an opportunity to reconsider some elements of current investment</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio-economic: SLA funding is being reviewed strategically in partnership with other Councils to optimise the impact of spend and to reduce overhead costs while minimising risk.</p> <p>Workforce: No impact on PKC staff. Potential implications for providers from changes in SLA.</p> <p>Service user/ patients: The potential impact on service users due to any change in funding will be considered. The [potential impact will be mitigated through seeking to find efficiency in overhead costs by collaboration across Tayside.</p> <p>Equalities/Diversity: SLAs fund services to some of the most vulnerable people in the community. Risk assessment will seek to minimise the impact on vulnerable people is minimised and that services to the most deprived communities are maintained.</p> <p>Outcome and Performance: Service changes create a risk that demands on statutory services may increase.</p>			
6	<p>Review of Care Home Placements</p> <p>Investment in Enhanced Community Support, 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. This will reduce the average length of stay and the overall requirement for care home placements. Based on evidence from the Angus Care Model this is projected to reduce demand by 25 placements by April 2020 and a further 25 by April 2021. (918 care placements are currently commissioned from the placements budget). 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 developments included at Pressure Nos. 22 and 24 that to invest significant additional capacity into community based teams to shift the balance of care.</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 in the rural areas. Care homes across Perth and Kinross run with approximately 35-40 bed vacancies across residential and nursing homes.</p> <p>Workforce: No impact on PKC staff. Potential impact on the independent sector. A reduction of 50 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> <p>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.</p>	0	450	450

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7	<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. A review of care at home will be completed and additional scrutiny introduced to ensure a range of efficiency measures result in better management of resources. This saving is linked to the essential service developments included at Pressure nos. 22 and 24 that seeks to invest additional capacity into community-based teams to shift the balance of care.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: 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>	222	203	213
8	<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 over time 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.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: Will increase Care at Home (CAH) capacity within existing resources by reducing the number of double up care packages. Current OT capacity and existing work may delay implementation.</p> <p>Workforce: To meet the objectives of the strategic plan we will need to create capacity within the existing workforce and more integrated working with Home Assessment Recovery Team.</p> <p>Service user/ patient: Improved experience for patients receiving support from one person rather than two. Reduced waiting</p>	100	100	0

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	times. Some potential impact on capacity for preventative work while staff capacity is being built. Outcome and Performance: More people will be supported to remain at home with existing CAH resource.			
9	Redesign of Supported Living Over the course of several years, demand has declined for shared accommodation for people with mental ill health. The current model is no longer fit for purpose resulting in a proposal to decommission the service. Low demand and high levels of vacancy combined with the need to staff the service 24/7 no longer demonstrate value for money. We will explore the option of increasing support elsewhere to accommodate people with higher support needs in self-contained accommodation. <u>Impact Analysis and Risk Assessment</u> Socio Economic: None Workforce: Workforce will be redeployed Service user/patient: Decommissioning and redesign of alternative accommodation will improve the options for people with mental ill health. Equalities/Diversity: The current model does not meet the needs of the individuals. Redesign will include examination of all equalities and diversity issues for service users. Outcome and Performance: Investment in alternative community care support arrangements required to meet new and emerging demand.	208	0	0
10	Relocation from Highland House 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 comes to an end in August 2019. Alternative accommodation for staff and services is identified. <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	22 (PKC) 45 (NHST)	21 (PKC) 27 (NHST)	0
11	General Budget Review Following a review of budget commitments across the service, opportunities to apply budget reductions have been			

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	<p>identified. These include the reduction in supplies and services and additional savings arising from the Communities First review.</p> <p><u>Impact Analysis and Risk Assessment</u> Socio Economic: None Workforce: None Service user/ patient: None Equalities/Diversity: None Outcome and Performance: None</p>	152	0	0
12	<p>Corporate Digital Services/Mobile Working</p> <p>Workforce/productivity savings generated from mobile working and service review & redesign. The areas in scope will require agreement across the Partnership as well as being aligned with the PKC IT infrastructure investment roll-out.</p> <p><u>Impact Analysis and Risk Assessment</u> Socio Economic: None Workforce: Managed by efficient and effective workforce planning. Mobile working will generate more efficient ways of working which to contain an element of rising demand. Service user/ patient: Will involve a change from conventional methods of communication that will mean that mobile staff can access relevant information on the move improving efficiency and customer experience. Equalities/Diversity: None Outcome and Performance: enhanced use of technology will reduce the requirement for manual intervention through standardised Corporate Digital Services, My Account and Mobile Working Reviews.</p>	169	0	0
13	<p>Local Authority Income Budget</p> <p>Over the last three years there has been a sustained level of income generated above anticipated income budget from the two Local Authority Homes. This saving adjusts the income target to reflect the anticipated recurring position and assumes income will be passed to the Partnership.</p> <p><u>Impact Analysis and Risk Assessment</u> Socio Economic: None Workforce: None Service user/ patient: None Equalities/Diversity: None</p>	100	0	0

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	Outcome and Performance: This income is already being generated; this proposal will consolidate the income budget to reflect the actual income.			
14	<p>Fairer, Better Futures for People with a Learning Disability/Autism in Perth and Kinross</p> <p>The 2019/20 saving is a prudent estimate of anticipated full-year effect savings achieved through reduction in spend that was initiated as part of the financial recovery plan to address a projected year-end overspend across Social Care services in 2018/19 .</p> <p>Savings in future years are linked to a transformational review of current models of support for people living with Learning Disability and/or Autism. It is no longer financially sustainable to commission multiple bespoke packages of care for people who live with complex care requirements in individual tenancies. Overall demand for complex care is increasing as people live longer and as children with profound disabilities live longer. The current budget pressure of £1.7m is predicted to rise. The Partnership aims to design financially sustainable models of high quality support and care. Managing change will require a change in public expectation and in provision of housing with support. This saving links to Pressures nos. 16-19 above.</p> <p>The following work-streams underpin the transformation proposals from the Mental Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Analysis of demand data to better facilitate planning • Development of integrated, specialist teams to provide robust LD/Autism assessments to determine requirements • Increased support from Behavioural Support Team and Psychology to address and manage behavioural issues • Commission core and cluster housing solutions and increase use of TEC to provide high quality, best value services • Commission robust reviewing processes • Review Self Directed Support procedures to assure implementation of high-quality, best-value services • Review policies to support implementation of new care models, for example changes to overnight support and new models of housing with support. <p><u>Impact Analysis and Risk Assessment</u> Socio Economic: There will be an impact on sector, particularly third sector. Workforce: Potential impact on the wider partnership workforce impacting on Commissioned Services, Third Sector providers and Personal Assistants. Service user/ patient: A majority of requests 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, core and cluster, will be considered. We will review the</p>	350	500	250

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	<p>way services are commissioned and develop new models of care and support. New services will be commissioned to assure sufficient and sustainable capacity for the needs of people in P&K.</p> <p>Equalities/Diversity: The impact of this proposal on people with a Learning Disability and/or Autism will be fully considered. An increasing number of complex packages will require consideration of the impact on older people and people living with physical disabilities.</p> <p>Outcome and Performance: This proposal will alter the way in which some people's outcomes are achieved. The quality of services should not decline. Performance will be monitored during the period of change.</p>			
15	<p>Shifting the Balance Acute to Community MHWB</p> <p>The transformation plan for mental health and learning disability acute inpatients will modernise commissioning approaches within the IJB Partnership. A Tayside Mental Health Alliance will consider:</p> <ul style="list-style-type: none"> the future requirement for inpatient services for people living with learning disabilities the future requirement for inpatient services for people living with substance use the future model for acute admission to mental health beds <p>The Partnership will work collaboratively with inpatient Mental Health /Learning Disability services and PKC Housing services to develop alternatives to community living for people with learning disabilities and complex needs that embrace the principles of good environmental design. This will require collaboration with PKC Housing and Environment to plan and build alternative options.</p> <p>With the level of planning and preparation required, the Partnership is proposing a deliverable reduction in inpatient beds by 2021/22. These services must meet the requirements of people across Tayside and will be redesigned in partnership with the 3 IJB's, the three Councils, NHS regional and children's services.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: Nil</p> <p>Workforce: Managed through Organisational Change processes.</p> <p>Service user/ patient: Maximised choice and control, prevention and early intervention with a whole life approach.</p> <p>Equalities/Diversity: Improved access to services for those most vulnerable at the right time in the right place.</p> <p>Outcome and Performance: Community services strengthened by improved service planning and commissioning. Better housing solutions such as core and cluster. Alternatives such as Regional collaboration for complex care</p>	0	0	500
16	<p>Recommissioning of Accommodation & Support Services for People with Learning Disabilities, Mental Health needs and Autism</p>			

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	<p>Change will be achieved through redesign of externally commissioned services that provide accommodation and support for people with learning disabilities and autism.</p> <p>Six external providers deliver accommodation and support projects for people with learning disabilities and autism in Perth & Kinross at a cost of £4.482m. The redesign will:</p> <ul style="list-style-type: none"> • Further review overnight support to identify redesign options (e.g. sharing resources for responder services). • Review levels and methods of support and work with providers to develop new models of service delivery. • Review accommodation to ensure design promotes an optimum environment to provide effective, high quality support. • Develop a commissioning plan that defines the most effective approach for this market segment. (worked up alongside development of the EXCEL Supported Living Contract Framework). • A commissioning plan will optimise the Council's purchasing approach and best value in delivering quality services. • Carry out a re-procurement exercise based on the Commissioning Plan and influence of Scotland EXCEL . <p><u>Impact Analysis and Risk Assessment</u></p> <p>Socio Economic: There will be an impact on third sector organisations.</p> <p>Workforce: Impact on paid carers within third sector. Foundation Living Wage commitments from the Scottish Government are driving increased costs across the care sector.</p> <p>Service users/ patient: Risk assessment will determine impact on carers and service users with any change to current care packages. Partnership must support providers through any process of change that may create uncertainty in the sector that would impact on service users and families</p> <p>Equalities/Diversity: Impact on individuals with disabilities will require Equality Impact Assessment.</p> <p>Outcome/Performance: The review will be designed to create capacity within the care sector and alignment with the strategic commissioning plan. Improved accommodation for individuals. This redesign process will require a shift in resources and capacity. The plan is linked to the demand management of Learning Disabilities and Mental Health (Saving no.14) as is dependent upon the planning and commissioning team for development of the commissioning plan.</p>	160	0	65
17	<p>Removal of Intermediate Care Budget</p> <p>Intermediate Care resources, usually a rehabilitation unit, are a feature of other partnerships that have performed well in relation to delayed discharge. This saving proposal reviews a previous proposal to develop an Intermediate Care unit in light of the improved organisational performance generated by the HART team in reducing delayed discharges. This investment is no longer required and is offered up as a saving</p>	261	0	0

