

**DRAFT PROPOSALS TO ACHIEVE EFFICIENCY SAVINGS  
2008-2011**

**7 MARCH 2008**

**Key Milestones/Decisions – To Support NHSCT CSR Submission**

Support and approval for a Business Case to develop 10 specialist Palliative Beds and 2 x 24 beds ward blocks in Antrim Hospital. A new business will have to be submitted, as the existing document identifies only 1 ward block (along with 10 Palliative Care beds).

The expected Capital requirement is £15-17m which will be a prerequisite to the rationalisation programme.

- Approval to proceed with three Health and Care Centres – Ballymena, Larne and Whiteabbey. This is urgently required to manage local expectations and assist in modernisation of acute and community services.
- Approval of the Business Case for External Consultancy support to the Community Productivity programme.
- Other Capital funding will be needed for Car Parking, introduction of PACS, and various other developments.
- Departmental and Ministerial agreement will be needed for the timing issues associated with the Whiteabbey rationalisation in particular, i.e., in advance of Health & Care Centre, substantial rationalisation will be needed, even prior to works commencing. This will ensure the rationalisation occurs within the CSR period.

## Outstanding Issues – Efficiency Savings

### Consultation

This CSR submission has been linked to existing Regional and Trust strategies, wherever possible. Trust Board, SMT and senior Directorate team members have been involved in the identification and development of proposals to this stage. To date, Trust Board has not formally approved the submission but has been briefed on the main issues in the proposals. Wider consultation will be urgently required for many proposals, in respect of:

- Resident Populations
- Staffside
- Affected staff groups
- Key clinicians/professionals
- Elected representatives

This will be managed by the Trust, in conjunction with Commissioner/DHSS&PSNI, when proposals have been considered and agreed by Minister/Department colleagues.

### Bridging

As stated in our Year 1 return, non-recurring assistance will be required for a number of reasons, as follows:

- |                                 |  |
|---------------------------------|--|
| • Project Management            | Central team costs estimated at £0.5m  |
| • In Year vs. Recurrent Savings | Many timescales are challenging, and in-year savings could be less than Full Year Effect   |
| • Parallel Running              | Provision of alternative services will need to be fast-tracked (in advance of investment priorities) to ensure outcomes are achieved prior to rationalisation elsewhere. |

### Capital Investment

A key enabler at all stages of this will be capital investment. Those projects which will require capital investment in Northern Trust have been identified as follows:

- Health and Care Centres
- 58 beds in Antrim Hospital
- Car Parking
- PACS (Radiology System)
- Other Rationalisation/Modernisation & Reform, e.g., renal development.

The current investment programme will not support a new efficient Health & Social Care system in Northern Trust.

### **Investment Flexibility**

There will need to be maximum flexibility in decisions surrounding new investment – particularly in Community Services. New investment is an ideal opportunity to modernise and reform services, and can significantly improve outcomes whilst achieving savings.

Trusts will need flexibility regarding investment decisions to deliver on the wide ranging service agenda.

### **Options**

We have been requested to present options for Departmental/Ministerial consideration. Our processes have involved the consideration of many different options. Those proposals which were deemed to not achieve reasonable savings were removed at previous stages; therefore it is not now possible to present further options for consideration.

### **Estimates/Flexibility**

The proposals, and savings identified, should be viewed as very much preliminary estimates at this stage. The final out turn is likely to be significantly different from current proposals.

Northern Trust will continually review its approaches, particularly to learn lessons from elsewhere and will strive for improvement through innovative approaches to all areas.

**Background:**

The 2008-2011 CSR Cash Releasing requirement will represent the greatest financial challenge in the history of the NIHPSS. Northern Health & Social Care Trust senior staff have embraced this challenge and have identified, through a process of reviewing all aspects of our organisation and services, proposals to achieve the required savings. Underpinning the overall approach will be a culture of financial stability and respect for financial control, whilst keeping the patient/client at the centre of all we do.

The Trust's mission statement is:

“To provide for all, the quality of service we expect for our families and our selves.”

**Background to Financial Performance – NHSCT:**

NHSCT was formed on 1 April 2007, and replaces the former Causeway, Homefirst Community and United Hospitals Trust. The initial financial review of the resources/cost base highlighted an underlying deficit of over £11m. The majority of this deficit lay in the former United Hospitals Trust and can be directly related to the continued maintenance of acute hospital services in an inefficient profile of facilities. Acute Hospitals Services continue to be provided in Braid Valley, Moyle, Mid Ulster, Causeway and Whiteabbey hospitals, in addition to the main acute facility in Antrim.

The Financial Strategy for 2007/08 identified the above deficit and proposed a series of measures to address the shortfall to achieve breakeven. This strategy, to date, has been successful, in that the Trust is predicting a breakeven position for year-end. This has been achieved through the use of recurring and non-recurring solutions.

The Trust has a continued recurrent shortfall between its cost base and recurrent income sources. In 2008/09 this will be further impacted upon by the expected significant reduction in investment income and significant increased costs in packages of care in the community. Notwithstanding the ongoing recurrent deficit, the Trust has achieved excellence in its financial management and control to date.

**Efficiency and Productivity**

Professor Appleby's report emphasised that the NIHPSS (based primarily on acute sector indicators) had lower productivity than England. It further said that lower productivity measures in hospitals were explained by:

- Maintaining hospitals in rural areas
- Better quality of provision
- Higher cost of delivering services in deprived areas.

The financial review above shows that the Trust provides acute hospital services within an inefficient hospital profile. This impacts upon our ability to achieve unit costs close to average in some areas.

It is unlikely that the Trust will be able to sustain acute hospital services in all facilities in the medium term for a variety of reasons. In addition to the financial challenge that the hospital portfolio presents, there are numerous estates and governance issues, which could precipitate changes to service delivery. The current draft report on rural medicine highlights the risks and difficulties in providing 24 hour acute services in small facilities. The overall acute strategy, which involves consolidating services on 2 acute hospital sites, has the support of clinicians, who have been trying to maintain quality services over a wide range of facilities.

In the community sector, efficiency measures are not yet as developed or owned by professionals. A central element of this submission is to take forward a rolling programme of in-depth analysis of efficiency in key community services to identify where significant improvements in value for money could be achieved. This programme, which will be externally driven to ensure maximum objectivity and innovation, will review all main service areas for potential savings, and roll out based on identified opportunities. The approach will reflect the needs of the Northern Trust's population, particularly the rural aspect and the high numbers of elderly, but will be evidence-based to demonstrate highly efficient services in all areas.

The Trust is committed to improving efficiency in the acute sector – to reduce ALOS, reduce admissions from A&E and improve productivity. This will manifest in a significant reduction in beds, thereby enabling the rationalisation of Whiteabbey Hospital, Braid Valley Hospital and Moyle Hospital, with increased capacity/reprofiling and productivity in Mid Ulster, Causeway and Antrim.

In general community services, productivity will be closely monitored through external scrutiny.

In Mental Health services, efficiency will be improved by the expansion of community support to modernise the totality of the patient pathway. This is predicated on the potential priority investments for Mental Health Services under Bamford in Community Based Home Treatment Services. Also there will be a focus on low volume, high cost ECR's to the UK. This will involve the creation of a central unit to provide specialist services locally, and will have significant savings (almost £0.5 million).

The proposals also include a general focus on absence control to reduce sickness absence. Benchmarks would suggest that the Trust has a higher than average absence rate. Whilst not all absence has a direct financial (replacement) cost, to reduce absence will result in significant savings. We have assumed that of a payroll bill of approximately £300million and a replacement rate of 50%, improvements in absence control, could save up to £2 million per annum. Further savings will be achieved through overtime and agency control.

The attached papers show that a significant element of our services is commissioned from the Private and Voluntary sector. Over £80million was spent

in this area last year, 9% of which would be £7.2million. If we protect this sector, then front-line Trust services will be asked to achieve even more than the 9%. An additional problem is the fact that such costs are accounted for gross, i.e., we include client contributions (£20million). To achieve £7.2million savings from the net cost of £60million represents a 12% reduction. This will have to be achieved through a strategic review of services for older people especially.

### **Planning Assumptions**

- The Trust's CSR cash release requirement is £12,271,100/ £26,966,420/ £44,175,960 inclusive of RPA, procurement and pharmacy saving targets for the years 2008/09-2010/11.
- The RPA related efficiency savings of £7.4million for the Trust will be achieved. It is also assumed that the element of these savings relating to shared services will count towards the total CSR savings from the Trust, and will be achieved within the CSR period.
- Regional efficiency programmes relating to RSS (Goods & Services Procurement) and Pharmacy costs assumed regionally at £24million, will be achieved and released as a result of regional actions.
- The remaining cash releasing requirement of £31.4million will be achieved over the CSR period through increased operational efficiency, service redesign, rationalisation and modernisation as outlined in the attached proposals.
- It is assumed that the Trust will get access to its capitation share of all funding (development, baseline and inescapable). It is further assumed that the capitation gap for the Northern population will be closed over the CSR period. Demographic projections suggest that over the CSR period the Northern Trust will have an additional 26,000 older residents.
- Additional capital funding will be required to accelerate many of the proposals in the programme. Even where there is to be a rationalisation of services, this will require capital/revenue funding. Furthermore, project management skills will be required to drive forward on the challenging agenda.
- The acute sector proposal in particular will require capital to achieve the fundamental shift in service delivery. Additionality will be needed in Antrim, and this will require capital.
- In addition to capital developments in Antrim, the redesign of services in the Whiteabbey, Braid Valley & Moyle area would be clearly linked to the progression of Health and Care Centres via the PCCI.
- A key assumption to this submission is that all new service developments will be fully funded, to include the full cost of capital, Capital Charges, PDC and interest payable, and the full revenue consequences. This would be a direct consequence of significantly reducing the baseline for the service.

- The Trust assumes also that all existing income received by the Trust in the current year, will be made recurrent. Given than no targets are being removed, this should be a reasonable assumption. It would include all funding from Commissioners linked to performance.
- The attached proposals are the result of consultation with Directorate senior teams. They remain largely untested and in some areas have not been fully consulted on with clinical/professional staff.

**Savings Plan 2008/09 to 2010/11**

This submission focuses on the Northern Health and Social Care Trust Phase 2 CSR Plans covering the period 2009/10 and 2010/11. The table below provides an overall summary including year 1 which was part of a separate submission.

**CSR Savings Proforma 2008/09 to 2010/11**

Ref:	Title of Proposal	Year	Year	Year
		1	2	3
		(2008/09)	(2009/10)	(2010/11)
		£'000	£'000	£'000
NT01/01	RPA Savings	5,800	6,719	7,400
NT01/02	Regional	2,000	3,500	5,500
NT01/04	General Efficiency	3,003	4,253	5,503
NT02/01	Children	-	1,000	2,000
NT02/02	Mental Health/Disability	-	1,000	2,000
NT03/01	Older People	300	600	2,100
NT02/03	Community Productivity/Efficiency	-	1,000	3,000
NT02/04	Private/Voluntary Sector	-	1,800	1,800
NT02/05	Acute Strategy	400	2,000	11,000
NT03/02	Capital Charges	-	-	2,736
	Income Generation	250	750	750
	PACS	387	387	387
	Other schemes/Non-recurring			
	Support/Actions	131	3,957	-
	<b>Total</b>	<b>12,271</b>	<b>26,966</b>	<b>44,176</b>

## 1. RPA Savings

### Background

- (i) The Department announced its first proposals for the level of savings to be achieved on the back of organisational change in early April 2007.
- (ii) The Permanent Secretary of the DHSS&PS then issued (under cover of his letter dated 18 April 2007) a paper to the HSC whose purpose was to set out the rationale behind the calculation of the savings quantum and first cut proposals for the apportionment of the savings across HSC organisations. The Permanent Secretary's covering letter stated that whilst the overall level of savings of some £53m was effectively fixed, views regarding the distribution of savings across organisations were being sought. Early indications were such that total savings requirements for Trusts were unlikely to materially change; therefore NHSCT has used the April 2007 schedule as the basis for budget realignment, particularly for Senior Management posts.
- (iii) Further to the consultation exercise, carried out in April, on the methodology employed by the Department to calculate the savings target and the proposed distribution of the target across HSC bodies, Dr McCormick subsequently wrote to all Chief Executives on 21 December 2007 to confirm that the principles set out in the consultation paper were a satisfactory basis for setting high level targets for HSC bodies and to confirm savings targets for individual Trusts.
- (iv) In his letter, Dr McCormick pointed out that the detail of how the savings are to be achieved, across the categories of Management/Admin, Professional Support Management and Professional Admin, is for each organisation to determine, but emphasised that there is no discretion regarding the totality of the savings to be delivered.
- (v) Dr McCormick emphasised, in his 21 December letter, that achievement of the overall RPA savings target of £53m is integral to the HSC's achievement of the overall CSR efficiency target of £338m. Given this, the Department signalled its intent to subject the delivery of the individual Trust targets to direct scrutiny. The narrative below outlines the methodology used by NHSCT, and should provide overall assurance on the achievement of our required savings, as excellent progress has already been made.
- (vi) Dr McCormick's letter sets a savings target net of Shared Services of £6.8m for NHSCT (2007/08 prices), profiled as follows:

Table 1: Overall RPA Savings – Northern Trust

	£m
Overall Target	7.4
Shared Services Element	0.6
	6.8

For CSR planning, the Northern Trust has assumed achievement of savings as follows (again at 2007/08 prices).

Table 2

	2008/09 £m	2009/10 £m	2010/11 £m
Overall Target	5.8	6.8	6.8
Shared Services Element	-	-	0.6
	<u>5.8</u>	<u>6.8</u>	<u>7.4</u>

The above timetable will be challenging, particularly Year 1, but progress has been made, with approximately 60% of Year 1 target achieved to date, or plans well advanced.

### Savings – Further analysis

The methodology used by the NHSCT was to rigorously apply the April 2007 savings to each Directorate, based on the relevant elements identified, as follows:

Table 3

	£m	
Management & Admin	3.5	Includes Senior Managers, Support Services and Shared Services.
Professional Management	0.6	This relates to front-line management only
Front-line Administration	2.4	This relates to front-line only
Non-Pay Costs	0.7	A surcharge of 10.36% was applied to all staff savings.
	<u>£7.2m</u>	

The above total was subsequently increased to £7.4m in December 2007, but since structures had already been populated, a decision was made to apply the additional savings to non-pay costs only. Each Directorate was required to demonstrate how savings could be achieved, prior to progressing structures. Appendix 1 shows the WTE reductions, by Directorate. It highlights that we believe 278 posts will be removed through RPA.

### Non-Pay Costs

The original approach to Non-Pay Costs was based on the assumption that staff consume non-pay resources in addition to their pay costs. A surcharge of 10.36% was added to all pay savings to cover the non-pay element, and this was applied to all Directorates. This % surcharge was based on the Department's non-pay savings schedule (i.e. the share of total savings which were non-pay). It will have to be increased slightly to cover the increase in the overall total as mentioned above.

### **Methodology & Governance Arrangements – Management & Administrative Savings**

The approach used was that the Divisional Accountants gave each Director an analysis of senior manager (legacy Trust) budgets, and highlighted the 25% saving requirement. All new structures (levels 2-4) could not go to consultation without Director of Finance and Chief Executive approval, based on achievement of savings. The only outstanding issues are as follows:

- Childcare – Strategy in place to address
- Finance (below level 4) – linked to relocation/consultation which is about to begin
- Shared Services – which are on a different timescale.

A total of £4.0million has now been removed from budgets, based on RPA savings requirement. This will be increased to £5.8m from 1 April 2008 to reflect front-line administration as outlined below.

### **Methodology & Governance Arrangements – Professional Management Savings**

After follow-up discussions with DHSS&PS staff it became clear that this category of savings relate to the management of front-line services only. Again, each Directorate was allocated their equitable share of this element of the target. This was then applied to level 5 structures, in the same way as senior management savings were applied to levels 2-4, with the exception that a definitive savings requirement was applied rather than the global 25%.

### **Methodology & Governance Arrangements – Front-line Administration**

This is the only area of RPA savings without a definitive plan or achieved.

The approach which has been applied has been to share the overall savings between front-line (operational) Directorates based on admin budgets. This has resulted in more than 10%, since the savings requirement is based on historic actual costs.

Each Directorate now has details of their admin staffing by grade, and by contract, i.e., permanent vs. temporary.

We have not yet analysed the location of these posts, and have made assumptions accordingly.

A central team has been created to support Directorates in this difficult task, and this will also assist with cross-directorate issues, such as historic shared admin in multi-disciplinary settings etc.

## **Methodology & Governance Arrangements – Shared Services**

The approach to shared services has not materially differed from the above approaches, as this total was originally included/absorbed within Management and Admin category in the April 2007 schedules.

The main difference is in timescales, it has been assumed that these savings will be achieved in Year 3 of the CSR; however it is likely that some savings will occur as modernisation takes place in advance of that time.

### **Key Risks**

There are a number of risks to the achievement of our £7.4m savings requirement identified to date:

- Front-line Administration remains outstanding. This element of the savings is not linked directly to the RPA merger, and will be extremely challenging to achieve, given the focus on and need for information on Targets etc. The development of structures, which is currently ongoing and consultation will be completed for most Directorates by 31 March 2008. This consultation will reflect the recurrent achievement of RPA savings.
- Some elements of the savings remain outstanding, and will depend upon the successful consultation process, e.g., level 5 structures in Operational Directorates and Support Services directorates.
- There will also be a need to centralise some functions, and this is also the subject of consultation. A business case has been prepared for the centralisation of Finance functions. This business case is currently being consulted upon. The success of this consultation/implementation will determine much of the savings for the Finance Directorate. The relocation of the Finance function is likely to attract attention and impact on staff due to the current geographical spread of finance function.
- One Operational Directorate has a particular challenge, and will require a more fundamental review of service delivery to achieve the final element of their savings.
- Shared Services will be linked to system changes and regional leadership will need to be carefully co-ordinated to maintain services whilst making required savings.

**RPA Posts Saved – Northern Trust**

<b>Directorates</b>	<b>Reduction Levels 2-4 WTE</b>	<b>Reduction below Level 4 WTE</b>	<b>Total Reduction WTE</b>
Emergency	21	10	31
Women & Children's	0	4	4
Mental Health & Disability	3	1	4
Elective & Acute	7	14	21
Performance Management	12	16	28
Finance	3	33	36
Human Resources	4	3	7
Chief Executive	2	15	17
Medicine & Governance	7	2	9
Front-line Admin – Estimate		121	121
<b>TOTAL</b>	<b>59</b>	<b>219</b>	<b>278</b>

In the absence of any information on localities, we can assume an apportionment of:

Causeway Locality (25%)	70
Homefirst/United (75%)	208
	<u>278</u>

The profile of posts saved both in terms of timing and the projected locality split is provided in the table below. As mentioned previously, approximately £4m of the £5.8m target for 2008/09 has either already been achieved, or plans have been well advanced. It is hoped that the bulk of the posts can be saved through a combination of voluntary early retirement, voluntary redundancy, redeployment and vacancy control.

<b>Year</b>	<b>Number of Posts Saved</b>	<b>Causeway Locality</b>	<b>Homefirst/United Locality</b>
<b>2008/09</b>	200	50	150
<b>2009/10</b>	42	11	31
<b>2010/11</b>	36	9	27
<b>Total</b>	<b>278</b>	<b>70</b>	<b>208</b>

**NT 01/02: Regional Efficiency Groups****Narrative:**

The Regional Groups of Goods & Services Procurement (RSS) and Pharmaceutical Clinical Effectiveness are expected to achieve total savings of £56million. Of this total, £24million is indicated as relating to H&SC Trusts. Northern HSC Trust has assumed that we will be allocated our capitation share of this amount, which we estimate at £5.5million (£2.0million, £3.5million, £5.5million).

**Key Risks/Issues**

- (i) There are several risks linked to the achievement of Goods & Services Procurement efficiency. Recent history has demonstrated that all previous targets have not been achieved. For those amounts previous claimed as achieved, in many cases it can be cost avoidance rather than cash releasing. A further complication is that many savings are spread over hundreds of cost centres, with no specific budgets, creating problems in a meaningful reduction in budgets.
- (ii) Pharmaceutical Clinical Effectiveness is also part of an ongoing process of achieving savings in the procurement of drugs. Indications are that while previous targets have been achieved, further savings will become more difficult.

**NT 01/04: General Efficiency**

The Trust has identified a range of actions which will cross directorates to reduce costs. The main expenditure headings affected by these actions include agency, overtime and locums. The historical expenditure patterns under these heading are as shown in the table below.

<b>Expenditure Heading</b>	<b>2006/07 Expenditure (£000)</b>	<b>2007/08 Projected Expenditure (£000)</b>
Agency	3,550	3,042
Overtime	3,676	4,338
Locums	4,906	4,568
<b>Total</b>	<b>12,132</b>	<b>11,948</b>

This analysis has been used to help establish CSR targets as follows.

<b>Expenditure Heading</b>	<b>2008/09 Expenditure Reductions (£000)</b>	<b>2009/2010 Expenditure Reductions (£'000)</b>	<b>2010/2011 Expenditure Reductions (£'000)</b>
Absence	1,000	1,500	2,000
Agency	611	1,111	1,611
Overtime & Additional Hours	1027	1,277	1,527
Locums	365	365	365
<b>Total</b>	<b>3,003</b>	<b>4,253</b>	<b>5,503</b>

Further discussion under each of these headings is given below.

**Absence Control**

Increasing levels of sickness absence have a corresponding high cost not just in terms of occupational and statutory sick pay but in replacement staff and, in situations where staff cannot be replaced, service reduction and an increase in complaints. We also recognise the increased workload and pressure for the staff that remain at work and the escalation in administration in the areas of recruitment, personnel administration and payroll.

The Trust's interim management of absence policy and action plan set out a framework in support of managers and deals with short term and long term absence. The policy emphasises the importance of good communication, accurate record-keeping and rehabilitative approaches to the management of absence. In working together with staff representatives, and Occupational

Health, we will seek to further examine the underlying reasons for sickness absence and to find solutions that will promote staff health and well-being. The Trust is committed to working with staff to address the causes of preventable ill health and to provide a supportive, safe and healthy work environment.

Monthly reports on absence rates are provided to Trust Board and Senior Management Team and Directors. These reports allow Trust Board to monitor rates of absence for individual months, and on a cumulative basis to assess progress towards meeting the targets set annually by the Department of Health and Social Services. Comprehensive reports are provided to Directors for their managers' attention in order to assist in the monitoring and management of absence.

The HR Directorate provides training and support and awareness of the policy is communicated to staff and managers.

Sickness levels within the Trust have risen from 6.32% in April 07 to a high of 6.76% in October 07 falling to 6.08% in December 2007 but increasing to 6.63% in January 2008. The Trust is committed to achieving a 10% reduction on the sickness levels in the financial year 06/07 (target 5.71%). In addition the Trust is committed to achieving a target of 5.2% in a 3 year period.

### **Agency Staff Control**

The three legacy Trusts have relied on the use of agency staff to sustain services in recent years. The total cost of such staff was £3.5million in 2006/07 and projected to be £3million in 2007/08. This cost would be higher than the equivalent staff costs for those on our payroll. In some cases, however, the agency staff represent an unfunded cost to address increased workload. Also, given that nursing represents a large part of this; our nursing levels are too low in Antrim Hospital to expect larger savings.

### **Reduction in Overtime/Additional Hours**

The total cost of overtime in 2006/07 for the three legacy Trusts was £3.7million and projected to be £4.3million in 2007/08. It is assumed that most the savings can be achieved through replacing a portion of hours employed at overtime rates with normal pay rates and the balance through improved controls and processes.

### **Locum Control**

Both Causeway and United Hospitals Trusts have experienced high costs of locums in recent years. Management action has turned this issue round from a situation which represented a deficit of over £6million to a current position whereby medical budgets are overspent by £907,000 after 7 months, projecting to £1.5million by year-end. Locum expenditure in the current year is projected to be £4.6 million.

**NT 02/01: Women's & Children's****Narrative:**

When generating their CSR proposals, the Trust's Women and Children's Directorate approach was to adopt the following ideas which;

- Deliver service improvements in the best interests of the children;
- Apply systems underpinned by adequate support and safeguards to ensure the health and well being of children;
- Have adequate service systems and skills base to support change of process; and
- Focus on service continuum rather than individual elements.

The directorate have identified a range of efficiency measures, which will derive savings of £2.0million as follows:

	<b>2009/10 Saving £</b>	<b>2010/11 Saving £</b>
1. Mainstream Residential Services	200,000	615,000
2. Respite Care for Children with Complex Disabilities	0	182,000
3. Voluntary Sector	94,000	188,000
4. Health Promotion	33,000	100,000
5. Community Dental	33,000	100,000
6. AHP's, Family Centres, CAMHS, Health Visiting	120,000	240,000
7. Other Cash Releasing Measures	520,000	575,000
<b>Total</b>	<b>1,000,000</b>	<b>2,000,000</b>

The details of the proposals are outlined in the following templates.

<b>Title of proposal</b>	<b>Review Mainstream Residential Care for Children</b>	
<b>Responsible individual</b>	<b>Glenn Houston, Director of Women and Children Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	1.00 Manager 1.00 Deputy manager 12.03 Residential Social Worker 0.50 Locum Practitioner 1.37 Domestic Assistant 15.90 wte in total
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	6.00 salaried foster carers 3.00 support staff
<b>Strategic advisability of replacement service</b>	<p>There are currently seven mainstream Children's Homes in the Northern Health and Social Care Trust area:</p> <ul style="list-style-type: none"> <li>• Ballee, Ballymena</li> <li>• Dhu Varren, Portrush</li> <li>• Ardrath House, Magherafelt</li> <li>• Barn Court, Carrickfergus</li> <li>• Princes Gardens, Larne</li> <li>• Carnview, Newtownabbey</li> <li>• Linden services, Larne</li> </ul> <p>The Trust has recently been given approval to replace Carnview with a new six bed unit at Springfarm in Antrim. Other relevant points are that;</p> <ul style="list-style-type: none"> <li>• Linden Services is provided by an independent sector organisation called Extern and the remainder of the Homes are provided in house.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Linden Services is nominally a six bed unit with a three bed wing for girls and another for boys, although the mix means that there are usually fewer than six children being admitted to the unit at one time.</li> <li>• The Trust has recently submitted a business case for the replacement of Ballee with the new home adjacent to the existing property in Ballymena.</li> </ul> <p>Each of the Homes aspires to take a maximum of six children at one time although in practice this is exceeded at times and the seven children’s homes normally provide a total of 44 places between them.</p> <p>The service at Linden is recognised as being a very high cost facility and has been highlighted in the past as an area of apparent inefficiency through analysis of Department reference.</p> <p>The physical condition and environment of the building used at Princes Gardens is poor and will require significant capital investment/modernisation to meet all the relevant standards in the near future.</p> <p>Under the Programme for Government additional resources have been identified to use towards the requirement to reduce the number of children in residential care by 10%. One element of the service relating to Children in Care is Residential Care.</p> <p><b>CSR Proposal</b></p> <p>The proposal is to:</p> <ul style="list-style-type: none"> <li>• Replace Princes Gardens Children’s Home in Larne through the employment of salaried foster carers backed up by a Trust support team and additional respite cover; and</li> <li>• Renegotiate the Linden contract.</li> </ul> <p>The key risks are:</p> <p>Public/political opinion opposition;</p> <p>Inability to secure and synchronise suitable service re-provision;</p> <p>Inadequate bridging funding; and</p> <p>Lack of professional support/conviction.</p>
<b>Please describe impact of</b>	The residential care services provided for six children in

<b>proposal on patients/clients</b>	Princes Gardens, Larne would be replaced by foster care backed up with a support team from the Trust and additional respite services.	
<p><b>Costing Assumptions</b></p> <p>The current Linden contract with extern costs approximately £1 million per annum. It is planned to reduce this to £600,000 over the CSR period releasing savings of £400,000; £200,000 in year 2 and a further £200,000 in year 3.</p> <p>The current annual budget for Princes gardens is £550,000. This would be replaced through employing salaried foster carers at a cost of £150,000 (6 x £25,000), a support team of three staff costing £125,000 plus 60 weeks respite costing £60,000 (£1,000 per week) generating an annual savings of £215,000.</p> <p>The total net savings from the two schemes is estimated to be £615,000.</p>		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	£200,000
	<b>2010/11</b>	£950,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	£335,000

<b>Title of proposal</b>	<b>Review residential Respite Care for Children with Complex Disabilities</b>	
<b>Responsible individual</b>	<b>Glenn Houston, Director of Women and Children's Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	12.00 wte
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	12 salaried foster carers
<b>Strategic advisability of replacement service</b>	<p>The Northern Health and Social Services Trust currently has two residential facilities offering short-term care for Children with complex disabilities. At present approximately 90 children, many with physical disabilities and sensory impairment utilise these services.</p> <ul style="list-style-type: none"> <li>• Whitehaven is an eight-bedded unit in Whitehead.</li> <li>• Cherry Lodge is a three bedded Respite Unit located in Randalstown. This facility was previously managed by Barnardos (NI), but the NHSCT assumed responsibility for the management of the facility in 2007</li> </ul> <p>In addition the following complementary services support children with disabilities and their families -</p> <ul style="list-style-type: none"> <li>• Approximately 160 respite carers who provide a range of family based support for children with physical disability and sensory impairment</li> <li>• Provision of direct payments to 7 families with children with a disability.</li> <li>• The NHSCT Children's Nursing Service provides a home/school carers service for children with complex health needs and physical disabilities.</li> <li>• On a yearly basis the Trust supports summer schemes for children with complex health needs, physical disability and sensory impairment.</li> <li>• The Trust is working in partnership with the National Deaf Children's Society, to provide family support and weekends away for children with a hearing impairment.</li> <li>• The Trust commissions a family support service for approximately 13 children with complex health needs from Barnardos. However currently this service is under review due to governance concerns.</li> <li>• The Trust has a contract with Crossroads to provide domiciliary care for a range of children, including those with complex health needs, physical disabilities and</li> </ul>	

	<p>sensory impairment.</p> <ul style="list-style-type: none"> <li>• The Trust works in partnership with the Cedar foundation to look at leisure opportunities for children with disabilities.</li> </ul> <p>There are number of issues with the Cherry Lodge facility including the following.</p> <ul style="list-style-type: none"> <li>• Cherry Lodge is a very small unit (3 beds) with significant associated financial overheads.</li> <li>• It is not a purpose built building and has serious space/design limitations which impacts on its ability to care for children with disabilities/complex care requirements.</li> <li>• It will require capital investment in the future to meet governance requirements.</li> <li>• The geographical location restricts accessibility to children/families across the Northern Trust sector.</li> </ul> <p><b>CSR Proposal</b></p> <p>The proposal is to replace the service provided in Cherry Lodge Residential Facility with 12 special salaried carers to extend the family based respite scheme. The proposal will affect 24 children with a mixture of physical and learning disabilities.</p> <p><b>Staff Effects</b></p> <p>The current staffing establishment in Cherry Lodge is 12 whole time equivalents, with three staff on shift for each child. 12 carers would allow for 2 respite periods for up to 24 children. It is hoped that the staff currently employed at Cherry Lodge can be redeployed in the Trust.</p> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• The proposal is dependent on successfully recruiting 12 special salaried carers. This will be difficult to achieve as the emotional, nursing care and dependency needs of the children concerned is significant and may not attract a suitable recruitment pool of personnel.</li> <li>• There will always be a small number of children who, because of their complexities, cannot be accommodated within family settings.</li> <li>• Political implications.</li> </ul>
<p><b>Please describe any key milestones to be met to achieve this change</b></p>	<ul style="list-style-type: none"> <li>• Obtain approval to proceed</li> <li>• Recruit foster carers</li> <li>• Engage with families and staff</li> <li>• Identify and fulfil training needs</li> <li>• Multi-disciplinary support for the service</li> </ul>

<b>Please describe impact of proposal on patients/clients</b>	Residential respite services currently provided for 24 children in Cherry Lodge in Randalstown would be replaced through the employment of salaried foster carers.	
<p>Costing assumptions</p> <p>The annual budget for Cherry Lodge is currently £412,000 and the proposal would replace this with 12 special salaried foster carers costing approximately £230,000 (10 x £18,000 plus 2 x £25,000) yielding a saving of £182,000 per annum. The proposal would require some non recurring funding to allow private houses to be adapted to the needs of the children. There may also be a requirement to have adapted vehicles for the children with complex needs/challenging behaviour.</p>		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	£412,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	£230,000

<b>Title of proposal</b>	<b>Review Independent Sector Service Level Agreements</b>	
<b>Responsible individual</b>	<b>Glenn Houston, Director of Women and Children's Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Strategic advisability of replacement service</b>	<p>The Trust's Women and Children's Directorate currently have a budget of approximately £2 million to purchase services from the independent sector.</p> <p>CSR Proposal</p> <p>The proposal is to reduce the cost paid to independent sector providers by 9% over the CSR period through improved efficiency.</p> <p>Risks</p> <ul style="list-style-type: none"> <li>• The proposal is dependent on the independent sector being able to achieve the 9% efficiency requirement.</li> <li>• Political implications.</li> </ul>	
<b>Please describe any key milestones to be met to achieve this change</b>	<ul style="list-style-type: none"> <li>• Obtain approval to proceed</li> <li>• Enter negotiations with Independent sector providers</li> </ul>	
<b>Please describe impact of proposal on patients/clients</b>	It is hoped that the current level of service can be maintained.	
<i>Costing assumptions</i>		
<i>9% of £2, 087,335 = £188,000</i>		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	£94,000
	<b>2010/11</b>	£188,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0

<b>Title of proposal</b>	<b>Modernise/Reform Health Improvement and Community Development</b>	
<b>Responsible individual</b>	<b>Glenn Houston, Director of Women and Children's Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	1.00 wte
	<b>2010/11</b>	3.00 wte
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Strategic advisability of replacement service</b>	<p>The proposal is to reconfigure the Trust and Board Health Improvement and Community development services. This would be achieved through the integration of the generic Health Promotion service, Dental Health promotion and Community Development.</p> <p>The staff reductions would be managed through natural wastage, voluntary retirement/redundancy or redeployment.</p> <p>Risks</p> <ul style="list-style-type: none"> <li>• Agreement of commissioner.</li> <li>• Agreement of staff.</li> </ul>	
<b>Please describe any key milestones to be met to achieve this change</b>	<ul style="list-style-type: none"> <li>• Obtain approval to proceed</li> <li>• Consult with staff</li> <li>• Implement change</li> </ul>	
<b>Please describe impact of proposal on patients/clients</b>	None	
Costing assumptions		
Reduction of 3 wte costing £100,000 per annum.		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	33,000
	<b>2010/11</b>	100,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0

<b>Title of proposal</b>	<b>Modernise/Reform Community Dental Services</b>	
<b>Responsible individual</b>	<b>Glenn Houston, Director of Women and Children's Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	1.00 wte
	<b>2010/11</b>	3.00 wte
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Strategic advisability of replacement service</b>	<p>The proposal is to reconfigure the Trust Community Dental Services.</p> <p>The staff reductions would be managed through natural wastage, voluntary retirement/redundancy or redeployment.</p> <p>Risks</p> <ul style="list-style-type: none"> <li>• Agreement of commissioner</li> <li>• Agreement of staff.</li> </ul>	
<b>Please describe any key milestones to be met to achieve this change</b>	<ul style="list-style-type: none"> <li>• Obtain approval to proceed</li> <li>• Consult with staff</li> <li>• Implement change</li> </ul>	
<b>Please describe any equality implications and how they have been addressed</b>	No work to date.	
<b>Please describe impact of proposal on patients/clients</b>	None	
<b>Costing assumptions</b>		
Reduction of 3 wte costing £100,000 per annum.		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	£33,000
	<b>2010/11</b>	£100,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0

<b>Title of proposal</b>	<b>Modernise/Reform Family Centres, Child and Adolescent Mental Health Services, AHP's and Health Visiting</b>	
<b>Responsible individual</b>	<b>Glenn Houston, Director of Women and Children's Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	4.00 wte
	<b>2010/11</b>	8.00 wte
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Strategic advisability of replacement service</b>	<p>The proposal is to reconfigure a number of services in the Trust's Women and Children's Directorate.</p> <p>The staff reductions would be managed through natural wastage, voluntary retirement/redundancy and redeployments.</p> <p>Risks</p> <ul style="list-style-type: none"> <li>• Agreement of commissioner</li> <li>• Agreement of staff.</li> </ul>	
<b>Please describe any key milestones to be met to achieve this change</b>	<ul style="list-style-type: none"> <li>• Obtain approval to proceed.</li> <li>• Consult with staff.</li> <li>• Implement change.</li> </ul>	
<b>Please describe impact of proposal on patients/clients</b>	None	
<b>Costing assumptions</b>  Reduction of 12wte costing £240,000 per annum.		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	£120,000
	<b>2010/11</b>	£240,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0

**NT 02/02: Mental Health and Disability Programme****Narrative:**

In generating the CSR proposals, the Trust's Mental Health and Disability Directorate's approach was to draw upon the themes of reform and modernisation emanating from the Bamford Review to develop proposals that:

- Offer local rather than remote service provision;
- Provide community alternatives to hospital based care;
- Focus on working in partnerships involving the independent sector;
- Have adequate professional skills base to support change process; and
- Focus on service system rather than individual elements.

Using this approach, the Mental Health & Disability programme have identified a number of proposals linked to an overall reform and modernisation programme, with different elements contributing to an overall saving of £2million as follows:

	<b>2009/10 Saving £</b>	<b>2010/11 Saving £</b>
1. Repatriation of ECR's to new local Service	0	431,000
2. Develop Home Treatment/Reprofile Acute admission wards	0	600,000
3. Transfer rehab ward to community	0	145,000
4. Transfer dementia inpatients to community	0	116,000
5. Respite Care - Learning Disability	0	205,000
6. Develop day opportunities programme – Learning Disability	0	171,000
7. Other cash releasing measures <sup>1</sup>	1,000,000	332,000
<b>Total</b>	<b>1,000,000</b>	<b>2,000,000</b>

<sup>1</sup> Consideration will be given to accelerating some Year 3 savings to Year 2 and to identify additional proposals which can be delivered in Year 2.

In addition to the above, a further proposal has been explored, to rationalise short-stay dementia assessment. This could generate gross savings of approximately £0.5m.

These proposals are outlined in the following proformas:

<b>Title of proposal</b>	<b>Repatriation of ECR's to a New Local Service</b>	
<b>Responsible individual</b>	<b>Oscar Donnelly, Director of Mental Health and Disability</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	25.04 wte
<b>Strategic advisability of replacement service</b>	<p>The Bamford Review highlighted the need for the development of locally based services to meet local need and drew attention to the lack of services for people with a personality disorder. The development of such a service could prevent social exclusion and allow for greater contact between patients and their families.</p> <p>The NHSCT currently spends £1,975,000 per annum on ECR's in the UK for specialist placements. £888,000 of this relates to female patients who require care in a personality disorder unit.</p> <p><b>CSR Proposal</b></p> <p>This proposal aims to establish a localised service at Holywell Hospital, Antrim in partnership with another Trust to provide a unit with 10 beds for female patients with personality disorders. It is estimated that 5 of these patients will come from the Northern Trust area with the balance coming from another Trust area.</p> <p><b>Key Risks</b></p> <ul style="list-style-type: none"> <li>• Failure to establish partnership with another Trust.</li> <li>• Inability to recruit staff/skill mix of staff required.</li> <li>• Delay in freeing up a ward to use in Holywell.</li> <li>• Availability of ECR funds.</li> <li>• PfA targets for discharge from Mental Health units inappropriately driving an increased reliance on ECR's</li> </ul>	
<b>Please describe any key milestones to be met to</b>	<p>Year 1</p> <ul style="list-style-type: none"> <li>• Prepare service specification/business</li> </ul>	

<b>achieve this change</b>	case/gain approval and share with potential partner trusts. Year 2 <ul style="list-style-type: none"> <li>• Develop model of care and staffing requirements.</li> </ul> Year 3 <ul style="list-style-type: none"> <li>• Refurbish existing ward in Holywell Hospital.</li> <li>• Recruit staff.</li> <li>• Identify patients to be transferred.</li> </ul>	
<b>Please describe impact of proposal on patients/clients</b>	10 in-patient places for female patients with personality disorder would be provided locally instead of those patients travelling for treatment elsewhere in the UK.	
<b>Costing Assumptions</b>  The Northern Trust currently pays an annual cost of £888,000.  The total running cost of the new unit is estimated to be £915,000, with 50% funded by a partner trust reducing the total cost to £457,000 releasing annual net savings of £431,000.  The proposal also requires non recurring investment of £200,000 to refurbish a vacated ward in Holywell.		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	£431,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	£200,000 non recurring
	<b>2010/11</b>	0

<b>Title of proposal</b>	<b>Develop Home Treatment Services/Reprofile Acute Admission In Patient Services</b>	
<b>Responsible individual</b>	<b>Oscar Donnelly, Direct of Mental Health and Disability</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	20.28 wte
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	16.50 wte
	<b>2010/11</b>	16.50 wte
<b>Strategic advisability of replacement service</b>	<p>The Bamford Review highlights the need for home treatment and other community based services and a consequent reduced reliance on hospital based services. The Mental Health directorate has previously through its modernisation and reform agenda drawn up proposals for Home Treatment Services, which have been shared with the NHSSB.</p> <p>Crisis Response/Home Treatment services have been shown to reduce hospital admission by between 20% and 50% though will tend predominantly to be shorter stay and less complex admissions.</p> <p>A crisis response team was set up in the former Homefirst Trust in 2003. This provided an assessment of those presenting and potentially requiring hospital admission over a 24 hour, 7 day week period. The team fell short of a full home treatment team as it only had the facility to provide short term interventions and lacked dedicated medical time. Nevertheless, the team's presence enabled there to be a reduction in admissions of 30%, which allowed a reconfiguration of inpatient services, with a reduction in acute admission beds from 130 to 100 (Homefirst legacy area only). It predominantly had an effect on short term crisis type admissions. It is planned to extend the team's remit to the Causeway area by the end of April 2008.</p> <p>The current number of acute admission beds in the Trust area (including elderly functionally ill) is 134 (population 410,000 approx).</p>	

	<p><b>CSR Proposal</b></p> <p>The proposal is to introduce a Trust wide Home Treatment Service which would replace services provided in the Whiteabbey Ward 8 inpatient unit (19 beds), the Annex ward at Holywell Hospital (9 beds) along with a reduction of 8 inpatient beds at the Ross Thompson unit, Causeway Hospital.</p> <p><b>Risks including impact on services / staff</b></p> <ul style="list-style-type: none"> <li>- Patient safety due to the staffing constraints in establishing Home Treatment in advance of ward closures (i.e. insufficient staff to both run inpatient services and develop home treatment service in parallel).</li> <li>- Significant loss of inpatient assessment beds and transfer of risk to the community</li> <li>- Increased pressure on remaining inpatient beds</li> <li>- Clinical opposition to closure of inpatient beds</li> <li>- Medical Staff reluctance to renegotiate Consultant Job Plans and take on new roles and ways of working</li> <li>- Political opposition to closure of inpatient beds</li> <li>- Failure to gain staff support.</li> </ul> <p><b>Consultation requirement</b></p> <ul style="list-style-type: none"> <li>- Medical, social work, nursing, OT and support services</li> <li>- Commissioner</li> <li>- Primary Care</li> <li>- Estate Services</li> <li>- Patients, carers</li> <li>- Mental Health Commission</li> <li>- Local Community</li> </ul>
<p><b>Please describe any key milestones to be met to achieve this change</b></p>	<ul style="list-style-type: none"> <li>• Continue to develop project proposal</li> <li>• Establish project board and team</li> <li>• Establish communication plan</li> <li>• Bid for new resources for home Treatment team</li> <li>• Introduce Trust wide home treatment service</li> <li>• Phased reduction in bed numbers</li> </ul>
<p><b>Please describe any equality implications and how they have been addressed</b></p>	<p>Services will be provided closer to people's homes.</p>

<b>Please describe impact of proposal on patients/clients</b>	<ul style="list-style-type: none"> <li>• Greater availability of community services and reduced need to be admitted to inpatient services</li> <li>• Improved quality of inpatient care at Ross Thomson Unit, Causeway Hospital</li> <li>• People from the Whiteabbey area who continue to require an inpatient service will have to travel to Antrim</li> </ul>	
<b>Cost Implications</b>		
The current running costs of Ward 8 Whiteabbey are £800,000 per annum.		
The current running costs of the Annex ward, Holywell are £450,000 per annum.		
The potential savings from these two wards is £1,250,000 per annum.		
The reduction in beds at Ross Thompson will not generate significant savings. Because of risk and governance issues it is assumed that the existing staffing complement will be required to cater for the reduced bed numbers. Assume a further saving of £80,000 per annum.		
Investment of £730,000 per annum is required to fund 16.50 wte staff to enhance the Home Treatment team.		
<b>Net Savings are £600,000 per annum.</b>		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	£1,330,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	£730,000

<b>Title of proposal</b>	<b>Transfer Inpatient Rehabilitation Service to Community and Develop Trust Wide Rehabilitation Service</b>	
<b>Responsible individual</b>	<b>Oscar Donnelly, Director of Mental Health and Disability Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	25.00 wte
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	23.40 wte
<b>Strategic advisability of replacement service</b>	<p><b><u>Strategic Context</u></b></p> <p>The DHSSPS (NI) Regional Strategy (2005-2025) a healthier future emphasises that services will be accessible with continuity of care and support for as long as is needed. The promotion of independence, self-esteem and social interaction and the promotion of the safety of service users, carers, providers and members of the public will be central. The Northern Trust Directorate Plan (2008) stresses the continuing development of supported living schemes as a strategic priority through the reprovision of a dedicated facility for clients with severe and enduring mental health problems.</p> <p>The Trust aims to:</p> <ul style="list-style-type: none"> <li>▪ Provide an attractive supported living environment for tenants who no longer need the intensive provision of hospital care but require rehabilitation and phased community based recovery.</li> <li>▪ Provide accommodation with a modern layout and amenities that will meet the current and future needs of the client group and the staff that support them.</li> <li>▪ Provide an active rehabilitation and recovery programme that is delivered and monitored by specialist-trained staff.</li> <li>▪ Ensure health and safety concerns for the client group and staff are addressed.</li> </ul> <p>Priorities for action 2005 – 2008: “In relation to people with mental health problems the reliance on inpatient hospital services should diminish with the development of alternative services including community accommodation”</p>	

“The key to good community services is integration, co-operation across agencies and disciplines, promoting health and well being as well as responding to the need for care and support. Partnership with other agencies and disciplines, promoting health and well being as well as responding to need for care and support. Partnership with other sectors will also play an increasing important role for example; with the Northern Ireland Housing Executive and housing providers through the Supporting People and Investing for Health Initiative”.

The Bamford Review promotes the development of a range of Community services for people with Mental Health problems. Good practice indices reinforce the need for rehabilitation to take place as near as possible to an individual’s normal environment. The development of community base rehabilitation will promote social inclusion.

### **CSR Proposal**

The Trust currently has 14 rehabilitation inpatient beds on the Holywell Hospital site. As part of its modernisation and reform programme it is proposed to transfer this to a community setting to enhance the rehabilitation process for mental health patients. The Supported Living Unit at Norfolk Court, Antrim (14 Places) is not fit for purpose. It is anticipated that on a phased basis over the timeframe of this proposal the existing clients at Norfolk Court will be relocated to existing Supported Living Schemes throughout the Trust. Following the transfer of clients it is anticipated the Trust will dispose of this facility by:

- Sale on open market.
- Transfer to Housing Executive or Housing Association for refurbishment to single flats for social housing or special needs.

A business case has commenced to replace Norfolk Court with a new build rehabilitation unit. This will allow for the closure of the inpatient facility at Holywell Hospital, to accommodate the rehabilitation of 12 – 14 individuals in a new community based facility the design of which will reflect quality standards.

The emphasis of service provision will be on the rehabilitation of individuals with severe and enduring mental illness and will be dependent on the transfer of staff from the in patient unit to the community facility who are skilled and experienced in this area of work.

	<p><b><u>Key Risks</u></b></p> <ul style="list-style-type: none"> <li>- Securing Supporting People approval</li> <li>- Securing Capital Funding</li> <li>- Immediate pressure of PfA discharge targets making medium term modernisation of service infrastructure very difficult to achieve</li> <li>- Leading staff unwilling to move from hospital to community setting.</li> <li>- Clinical opposition to closure of inpatient beds</li> <li>- Inability to relocate current residents of Norfolk court to other suitable locations.</li> <li>- Potential for increased pressure on inpatient beds due to lower tolerance in other units.</li> <li>- Adequate support to supported living schemes from appropriately resourced community rehab services.</li> <li>- Delivery of service within 3 year time frame dependant upon:- <ul style="list-style-type: none"> <li>o Securing housing partner</li> <li>o Acceptance of business case</li> <li>o Commitment and identification of supporting people funding</li> </ul> </li> <li>- Reorganisation of Boards due to RPA and potential to delay the process.</li> <li>- Competing for funding at a regional level.</li> </ul> <p><b><u>Consultation requirement:</u></b></p> <ul style="list-style-type: none"> <li>- Medical, social work, nursing, OT and support staff.</li> <li>- Staff side.</li> <li>- Supported Living staff.</li> <li>- Current residents in Norfolk Court.</li> <li>- Patients in Rehabilitation Wards.</li> </ul>
<p><b>Please describe any key milestones to be met to achieve this change</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Complete business case.</li> <li>- Identify housing partner.</li> <li>- Business case accepted by NASPP.</li> <li>- Secure capital funding.</li> <li>- Task analysis in rehab unit.</li> <li>- Secure outline planning permission.</li> <li>- Secure site.</li> <li>- Consultation with stakeholders including local community.</li> <li>- Commence design.</li> </ul>

	<p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Secure full planning permission.</li> <li>- Agree design.</li> <li>- Commence build.</li> <li>- Begin to prepare staff for transfer to include links with HR.</li> <li>- Development of operational policy and procedures.</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>- Continue work with staff.</li> <li>- Commence preparation of transfer with patients and carers.</li> <li>- Commence work on internal finishes and details.</li> <li>- Finalise work and agree transfer date.</li> </ul>	
<p><b>Please describe impact of proposal on patients/clients</b></p>	<p>Services provided through 14 inpatient rehabilitation beds in Holywell Hospital, Antrim will move to a community based setting.</p>	
<p><b>Costing assumptions</b></p> <p>It is assumed that the current recurring allocation of £550,000 for the rehabilitation ward in Holywell can be transferred to fund the new 14 place community based unit, allowing the current investment in Norfolk Court of £145,000 to be used as a CSR saving.</p>		
<p><b>Indicative savings by year</b></p>	<p><b>2008/09</b></p>	<p>0</p>
	<p><b>2009/10</b></p>	<p>0</p>
	<p><b>2010/11</b></p>	<p>£695,000</p>
<p><b>Any funding required for replacement service by year</b></p>	<p><b>2008/09</b></p>	<p>0</p>
	<p><b>2009/10</b></p>	<p>0</p>
	<p><b>2010/11</b></p>	<p>£550,000</p>

<b>Title of proposal</b>	<b>Transfer Dementia Inpatients to Independent sector Placements</b>	
<b>Responsible individual</b>	<b>Oscar Donnelly, Director of Mental Health and Disability</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	29.54
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Strategic advisability of replacement service</b>	<p><b><u>Strategic Context:</u></b>  <b>(underlying policy, strategy, legislative requirement and link to current strategies)</b></p> <p>The population of older people in the Trust area is projected to increase by 30% over the next 10 years with a particularly marked increase in the over 85's. It is essential to stimulate the Independent Sector market, in order to develop capacity to support people in appropriate settings.</p> <p>The Bamford Review for Older People with Mental Health needs, "Living Fuller Lives", indicates the Review's position that there should be no long term provision within a hospital setting.</p> <p>"Adding Life to Years", the Trust and NHSSB Strategy for Older People with Mental Health problems, provides a commitment to work with the Independent sector to develop services. It specifically indicates that ideally the Inver 4 service should be provided in 2 or 3 locality based community locations in the Trust.</p> <p>P.F.A. targets for 08/09 include resettlement from hospital to community settings of patients with mental health problems. This proposal will contribute to meeting this target.</p> <p><b><u>CSR Proposal</u></b></p> <p>Inver 4 ward in Holywell Hospital is a medium to long stay ward for patients with Dementia who have challenging needs which cannot currently be met in the community. Although patients do not have intensive nursing care needs, because of their condition they require intensive support from staff skilled in their</p>	

	<p>management.</p> <p>It is purposed to commission this service directly from the Independent Sector in a community based setting, as none of the patients require inpatient treatment.</p> <p><b><u>Key Risks</u></b></p> <ul style="list-style-type: none"> <li>- Failure to attract interest from Independent Sector.</li> <li>- Inability of homes to manage Challenging Behaviour.</li> <li>- Potential for increased pressures on Tardree wards in Holywell.</li> <li>- Tariff rate insufficient to deliver level of care / support required for these patients.</li> <li>- Probable significant opposition from families and carers of current inpatients</li> <li>- High likelihood of judicial challenge</li> <li>- Inability to utilise M Health legislation in a community setting and associated problems managing some patients.</li> <li>- Redeployment of staff in to non hospital settings.</li> </ul> <p><b><u>Consultation requirement:</u></b></p> <ul style="list-style-type: none"> <li>- Medical, nursing, social work, OT and support staff.</li> <li>- Staff side.</li> <li>- Patients, carers.</li> <li>- Mental Health Commission.</li> <li>- Home owners.</li> <li>- AS and Age Concern.</li> <li>- Consultation will need to meet Sector 75 requirements.</li> </ul>
<p><b>Please describe any key milestones to be met to achieve this change</b></p>	<p>Although it is anticipated that this work could begin immediately it will be dependant on capacity in the Independent Sector which will have to be developed. Therefore if new builds will be required (and early discussions with the sector indicate that new capacity will need to be developed) it is not likely savings will be achieved until year 3.</p>
<p><b>Please describe impact of proposal on patients/clients</b></p>	<p>24 in patients currently in the Inver 4 ward in Holywell hospital, Antrim will transfer to a community based facility run by the independent sector.</p>

	<p>It is anticipated that the 29.54 wte staff currently employed in the ward can be redeployed to new service developments within the programme although this may involve some re-training or moving to other locations in the Trust.</p>	
<p><b>Costing Assumptions</b></p> <p>The current allocation for Inver 4 is £804,000</p> <p>The cost of 24 community placements is estimated to be approximately £688,000</p> <p><b>Net annual saving = £116,000</b></p> <p>There are a number of other costing issues to be addressed.</p> <p>Purchase of specialist equipment i.e. beds / chairs for homes - £30,000.</p> <p>Purchase of 24 beds in Independent Sector: lead in time of 9 months.</p> <p>Bridging may be required over an extended timescale in order to achieve shift of service in response to relative/legal challenges. It is anticipated that block contracts will be established in order to maximise control over costs and to target the input of medical support to dedicated settings.</p>		
<p><b>Indicative savings by year</b></p>	<p><b>2008/09</b></p>	<p>0</p>
	<p><b>2009/10</b></p>	<p>0</p>
	<p><b>2010/11</b></p>	<p>£804,000</p>
<p><b>Any funding required for replacement service by year</b></p>	<p><b>2008/09</b></p>	<p>0</p>
	<p><b>2009/10</b></p>	<p>£344,000</p>
	<p><b>2010/11</b></p>	<p>£688,000</p>

<b>Title of proposal</b>	<b>Reform and Modernisation of Current Respite Provision for Clients with Learning Disability</b>	
<b>Responsible individual</b>	<b>Oscar Donnelly, Director of Mental Health and Disability</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Any new posts created</b>	<b>2008/09</b>	4.00
	<b>2009/10</b>	4.00
	<b>2010/11</b>	4.00
<b>Strategic advisability of replacement service</b>	<p><b><u>Strategic context</u></b></p> <p>The Bamford Review of Services for People with a learning disability Equal Lives indicates that respite services need to be developed in a manner that moves away from an over reliance on inflexible residential provision to the provision of a menu of short break services that include home based support, community based activity, family placements and residential options.</p> <p>Respite care is an important element in reducing admissions to Muckamore Abbey and supports the ethos of the Equal Lives Review through social inclusion, equality of opportunity and opportunities for community living.</p> <ul style="list-style-type: none"> <li>• Reducing admissions to Muckamore Abbey.</li> </ul> <p><b><u>CSR proposal</u></b></p> <p>Reduce the level of bed-based respite and provide alternatives in the community such as the host carer service (Share The Care Scheme).</p> <p>At present, the Trust provides statutory respite beds e.g. Hollybank (Bed Price £47,996 pa) and purchases beds from the independent sector, for example, Castlehill, Three islands, Martin Trust, with prices ranging from £600 - £900. The current weekly cost of Share The Care Scheme is £330.</p> <p>The Trust recognises that there will be a need to continue purchasing beds from Castlehill and Martin Trust due to the caring and nursing needs of Learning Disability clients. However, there are potential savings to be achieved from the ad hoc respite beds the Trust</p>	

	<p>purchases.</p> <p><b><u>Key Risks</u></b></p> <ul style="list-style-type: none"> <li>• Staff Resistance</li> <li>• Recruitment of staff &amp; carers to the Scheme</li> <li>• User and Carer reluctance to move from models they are familiar with.</li> <li>• If we cannot develop alternative accommodation at Ellis Court in partnership with Supporting People, Mencap and Oaklee, we will not be able to progress this proposal</li> <li>• Accommodation issues for new team (Share the Care)</li> <li>• Backlash from the independent sector</li> <li>• Potential that current level of payment for Share the Care may increase</li> <li>• Complexity of client needs, that is, higher dependence levels may cause higher tariff level</li> <li>• There is the potential for current level of demand to impact on service model and savings realised</li> <li>• Previous experience in Causeway locality would highlight the need for aids, adaptations and equipment to support the needs for people with physical disability.</li> </ul> <p><b><u>Consultation requirement:</u></b> Consultation with key stakeholders internal and external</p>
<p><b>Please describe any key milestones to be met to achieve this change</b></p>	<p>In Year 1, the foundation of the service will be established. The staff will be recruited to the Share The Care Scheme; they will immediately focus on the recruitment of carers. It is anticipated in the first year they will recruit 3 family carers, with 3 cases per carer (a total of 36 placements). Reducing 1 – 2 beds in Year 1. There will be associated costs for training, home adaptations etc.</p> <p>It is anticipated that in Year 2 and 3 the Service will continue to develop to allow a reduction in 10 beds being purchased from the independent sector.</p> <p>The saving of £205,000 will not be fully realised until Year 3.</p>
<p><b>Costing assumptions</b></p> <p>Learning Disability spends approximately £443,000 on 10 ad hoc respite beds per annum. Through the extension of the Share the Care Scheme, there is potential to reduce the purchase of the 10 beds to nil over three years by absorbing 5 beds at</p>	

Hollybank, Magherafelt and Ellis Court, Carrickfergus and re-providing the equivalent of 5 beds through the Share the care scheme at a cost of £86,000.

This proposal also requires investment in staffing costs (see below) of £152,000 (3 Social Workers, 1 Admin staff and Travel costs).

The current spend of £443,000 less investment to re-provide 5 beds at £86,000 less the cost of staffing at £152,000 equates to a net saving of **£205,000**.

It is worth highlighting that investments in Hollybank and Ellis Court will support the model to reduce independent bed-based respite care.

The current Share The Care Scheme would need to be rolled out Trust wide. This will require recurrent funding to the amount of £152,000.

3 WTE Social Workers	£120,000
1 WTE Admin Staff	£17,000
Travel	£15,000
<b>Total</b>	<b>£152,000</b>

<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	£221,000
	<b>2010/11</b>	£443,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	£152,000
	<b>2009/10</b>	£221,000
	<b>2010/11</b>	£238,000

<b>Title of proposal</b>	<b>Day Opportunities – Learning Disability</b>	
<b>Responsible individual</b>	<b>Oscar Donnelly, Director of Mental Health and Disability</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	8.50
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Strategic advisability of replacement service</b>	<p><b><u>Strategic context</u></b></p> <p>The Bamford Review of Services for People with a learning disability, “Equal Lives” indicates there has been considerable growth in supported employment in Northern Ireland over the last decade. The Northern Ireland Union of Support Employment has over 15 non-statutory agencies in its membership and many other day centres are involved in this work. A number of other approaches to securing paid work have also developed, including vocational training and social enterprises. Evaluations of such schemes have evidenced the benefits to individual participants although few of the trainees had made the transition to paid work.</p> <p>As set out in the Trust’s Day Care Strategy ‘<i>Widening Choice and Opportunities</i>’ we will provide job sampling opportunities where appropriate, coordinate and monitor individual packages of community-based day opportunities with statutory and community service providers.</p> <p><b><u>Brief description of proposal</u></b></p> <p>In keeping with our Day Care Strategy, we would recommend a reduction in our current level of statutory day care service and seek to provide alternative day opportunities service. This would be achieved at a lower cost including accessing funding from DEL and/or other sources and the development of Drop-In Centres</p> <p>It is our intention to reconfigure service provision at Broadways Adult Centre, Newtownabbey to one of a social enterprise.</p>	

	This is a 90 placed unit, 45 of who are already availing of a Day Opportunities programme.	
<b>Please describe any key milestones to be met to achieve this change</b>	Year 1 & 2 - Assessment, opportunity finding, support and transfer clients to Day opportunities programme.  Year 3 - Transfer services from Broadway, Newtownabbey.	
<b>Costing Assumptions</b>		
Current annual running costs of Broadway Adult Centre = £300,000		
Cost of Day opportunities programme for 45 clients at £55 per week = £129,000		
<b>Net saving = £171,000 per annum.</b>		
<b>Indicative savings by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	£300,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	£65,000 non recurring
	<b>2010/11</b>	£129,000

## Older People

In generating CSR proposals, the approach used by the Older People programme was to focus on ideas which provide:

- A mixed economy with greater diversity and targeting of provision.
- Reduced reliance on Permanent care and enhanced assessment prior to decisions on long term care.
- Greater use of assistive technology.

The following CSR proposals have been identified in this programme.

<b>Proposal</b>	<b>2009/10</b>	<b>2011/12</b>
	<b>£</b>	<b>£</b>
1. Statutory Residential Homes	Nil	1,200,000
2. Domiciliary Care	600,000	900,000
<b>Total</b>	<b>600,000</b>	<b>2,100,000</b>

The details of these proposals are outlined in the following proformas

<b>Title of proposal</b>	<b>Statutory Residential Homes</b>	
<b>Responsible individual</b>	<b>Bronagh Scott, Director of Emergency, Primary Care and Older People's Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	148.86
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	44.00
<b>Strategic advisability of replacement service</b>	<p><b>Strategic Context</b></p> <p><u>DHSSPS (NI) Policy Statement on Residential Care</u></p> <p>A placement in residential care should be made only where the professional assessment of continuing health and social care needs concludes that alternative arrangements to maintain independent living in a domiciliary care setting pose unacceptable risks for the service user, their family or carers or the service provider.</p> <p>The Department's priority continues to be the delivery of quality services in response to assessed care needs at a cost which represents value for money for users and taxpayers alike. The HPSS should therefore apply the following criteria in commissioning or procuring residential care from providers:</p> <ul style="list-style-type: none"> <li>- compliance with regulatory framework;</li> <li>- ability to meet agreed quality and environmental standards;</li> <li>- ability to meet the assessed need of the individuals concerned and the future needs of the local population;</li> <li>- the value for money offered by providers (including for the statutory sector an assessment of capital and overhead costs involved) and</li> <li>- The opportunity costs of capital investment.</li> </ul> <p>All providers should be treated on an equal basis in the commissioning / procurement process.</p> <p><u>Relevant Strategic Initiatives</u></p>	

There are other strategic initiatives being taken forward which have relevance in addressing future statutory residential care services. The Trust is embarking on implementation of a strategy for older persons, Living Well, Ageing Better and a strategy for Older People, Adding Life to Years. There is a strategic drive to address tariffs within the independent sector and an examination of how patient choice will be applied across the Trust. There is development of intermediate care and step up and step down services as part of the wider set of initiatives aimed at maintaining people in the community avoiding hospital admissions and facilitating earlier discharge, including review of beds.

It is important that in addressing statutory residential care provision solutions support these emerging strategic drivers.

### **CSR Proposal**

Northern Trust currently has 11 statutory residential homes, 9 in Homefirst locality and 2 in Causeway. The unit (weekly) cost of each of these facilities is greater than the weekly cost (tariff) of a comparable independent sector facility. When this was initially reviewed 6-9 months ago, the difference was significant (over £3million); however with the additional resourcing for the tariff over the last number of years the variance has reduced.

Detailed reviews by senior staff in the Trust have identified a programme of change, which could deliver reasonable savings by concentrating on approximately 50% of the non-EMI residents. EMI was deemed to be more complex as the individual tariff levels for such placements are likely to be somewhat higher than the average tariff, and available places could also be difficult to locate within reasonable distances. The total places for non-EMI homes is 331, with a total additional cost of £1.57m above average tariff costs for residential care.

It has thus been proposed that the following changes could be effected:

- 50 clients/residents' places to go to the Independent sector
- 72 clients/residents' places to be replaced via Supporting Housing Projects

- 38 clients/residents' places to be replaced by floating support

Should the various elements of this proposal be successful, it could result in the replacement of 5 statutory residential units with a range of alternative services, which would equate to 168 places (replaced by 160 new places). This could be planned over a reasonable period to ensure minimum impact on individuals and the minimisation of movement for individual clients.

Programme staff have identified that £1million could be saved by implementing the above strategies, which would address the majority of the variance between statutory provision and independent sector (excluding EMI), i.e. 65%. The remaining variance is likely to reduce further due to the continued investment in tariffs and a focus on reduction of costs and efficiency internally.

#### **Key Risks**

- (i) The proposals will require the approval of Northern Area Supporting People Programme, with associated capital and revenue funding.
- (ii) The proposal assumes that there will be adequate capacity in the independent sector.
- (iii) There will need to be strategic cover, particularly for the movement of places from statutory to independent sector.
- (iv) It is assumed that staff will be able to be redeployed.
- (v) We may require approval to work in partnership with voluntary/independent sector to maximise the use of sites.
- (vi) It is assumed that the capital charges associated with sites/facilities will be part of our overall Capital Charges requirement.
- (vii) Dependent upon

	increase/availability of community infrastructure to support proposal.															
<b>Please describe any key milestones to be met to achieve this change</b>																
Please refer to the table entitled 'Statutory Residential Care Action Plan' below this proposal.																
<b>Please describe impact of proposal on patients/clients</b>	<p>160 statutory residential care places will be transferred to a range of alternative services – 50 to independent sector, 72 to supported housing projects and 38 to floating.</p> <p>The current staffing level in the five facilities affected totals 148.86 wte's and comprises the following groups of staff.</p> <table> <tr> <td>Managers</td> <td>5.00</td> </tr> <tr> <td>Deputy managers</td> <td>4.00</td> </tr> <tr> <td>Care assistants</td> <td>93.28</td> </tr> <tr> <td>Catering staff</td> <td>25.65</td> </tr> <tr> <td>Domestics</td> <td>17.57</td> </tr> <tr> <td>Laundry Assistants</td> <td>3.36</td> </tr> <tr> <td><b>Total</b></td> <td><b>148.86</b></td> </tr> </table> <p>A redeployment plan will be required to ensure that staff are protected as far as possible.</p>		Managers	5.00	Deputy managers	4.00	Care assistants	93.28	Catering staff	25.65	Domestics	17.57	Laundry Assistants	3.36	<b>Total</b>	<b>148.86</b>
Managers	5.00															
Deputy managers	4.00															
Care assistants	93.28															
Catering staff	25.65															
Domestics	17.57															
Laundry Assistants	3.36															
<b>Total</b>	<b>148.86</b>															
<b>Costing assumptions</b>																
Gross Savings																
160 clients x £480 per week x 52.14 weeks = £4,004,352																
Less additional expenditure																
50 clients costing £390 per week in independent sector = £1,016,730																
110 clients receiving 15 hours of domiciliary care per week at £14 per hour = £1,204,434																
Loss of income for 110 clients at £100 per week = £573,540																
<b>Net Savings = £1,209,648 per annum.</b>																
<b>Indicative savings by year</b>	<b>2008/09</b>	0														
	<b>2009/10</b>	0														
	<b>2010/11</b>	£4,004,352														
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0														
	<b>2009/10</b>	0														
	<b>2010/11</b>	£2,794,704														

**Statutory Residential Care Action Plan**

<b>Action</b>	<b>Year 1</b>	<b>Year2</b>	<b>Year 3</b>
Maximise use of independent sector – commence year 1, progress year 2 and complete year 3.	Identify 50 suitable clients, taking account of location and choice.  Effect transfer arrangements for 10 clients.	Effect transfer arrangements for 20 clients.	Effect transfer arrangements for 20 clients.
Transfer ownership of statutory facilities to independent sector – operational from year 3.	Clarify legalities.  Seek expressions of interest.	Consult with service users and carers.  Reach agreement with interested parties.	Effect transfers from years 3 onwards.
Make better use of sheltered housing – operational in year 2 and complete in year 3.	Assess potential based on existing capacity, including NIHE review.  Assess suitability of clients, taking account of client choice and geographical location.  Identify numbers of clients for each sheltered living facility and any subsequent actions such as domiciliary care.	Commence transfer to sheltered accommodation, putting in place any domiciliary services required.	Complete transfer to sheltered accommodation, putting in place any domiciliary services required.
Supported Housing Schemes – operational from year 3, final scheme in year 5.	Assess existing clients to determine suitability (planning assumption of 72).  Develop outline proposals for three supported housing schemes with 24 places each.	Subject to approvals, develop Business case for first marker scheme.  Secure partner, funding approvals, planning permission etc.	Establish and operate first scheme.  Subject to approvals, develop business case for second marker scheme.  Secure partner, funding approvals, planning permission etc.

Remodel sheltered housing – operational from year 3.	Identify suitable clients from assessments and consultations.  Develop outline proposals.	Develop Business Cases.  Secure funding approvals, planning permissions etc.	Effect transfers and admissions top sheltered housing.
Floating support – operational from year 2.	Assess existing clients to determine suitability (planning assumption of 38)  Develop further outline proposals for floating support schemes for 38 capacity.  Subject to approvals, develop Business Case for floating support scheme.  Develop funding with commissioner.	Commence establishment of floating support schemes.	Continue to establish floating support schemes.
Assistive Technology – operational from year 3.	Operate pilot schemes and continue roll out. Ongoing Trust evaluation of Telehealth evaluation report.	Regional Telehealth evaluation report. Continue to develop bids for roll out.	Continue to develop and roll out, subject to funding approval.
Enhance domiciliary care – operational from year 2.	Scope requirements and develop outline proposals.  Develop funding bids.  Secure approvals.  Increase involvement of independent sector.	Commence phased implementation.	Continue and complete phased implementation.
Individualised budgets/direct	Scope potential (currently	Secure approvals.	Commence implementation

payments – operational from year 3.	estimated as 42) and develop business case for bridging funds.		with 21 clients.
Community development schemes – operational from year 2.	Build on East Antrim Community Development Project evaluation to secure funding and appoint Project Manager to develop community interest and establish grant aided scheme.	Launch grant scheme and operate within the community.	
Adult Placements – operational from year 4.	Research and scope potential and interest.	Develop Business case for pilot.  Secure approvals and commence pilot.	Evaluate pilot and submit business case for roll out.

<b>Title of proposal</b>	<b>Domiciliary Care</b>	
<b>Responsible individual</b>	<b>Bronagh Scott, Director of Emergency, Primary Care and Older People's Services</b>	
<b>Additional detail required</b>		
		<b>Number of posts</b>
<b>WTE staff released</b>	<b>2008/09</b>	124 posts - 83 wte
	<b>2009/10</b>	248 posts – 221 wte
	<b>2010/11</b>	372 posts – 248 wte
<b>Any new posts created</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0
<b>Strategic advisability of replacement service</b>	<p>The NHSCT statutory domiciliary care service currently employs approximately 1,322 staff and has an annual allocation of £24 million. This represents about 85% of the Trust's investment in domiciliary care provision with the remaining 15% being provided by the independent sector. The hourly rates for the statutory service are £1.90 higher than those for the independent sector.</p> <p><b>CSR Proposal</b></p> <p>This proposal aims to transfer around 700,000 hours from the statutory to the independent sector over a period of five years with £900,000 being released over the CSR period. It is planned to achieve this transfer mainly through creating 124 vacant posts each year through natural wastage and targeting localities with significant overtime costs. Transferring 700,000 hours also moves the Trust close to a 50:50 split between statutory and independent domiciliary care - more in line with other Trusts in Northern Ireland. The transfer plan is summarised in the table below</p> <p><b>The potential key risks associated with the proposal are:</b></p> <ul style="list-style-type: none"> <li>• Disaffected staff.</li> <li>• Capacity of independent organisations to recruit staff.</li> <li>• Political opposition.</li> <li>• Reducing staff turnover</li> </ul>	

<b>Please describe any key milestones to be met to achieve this change</b>	<p>The key milestones are:</p> <ul style="list-style-type: none"> <li>• Consult with stakeholders including staff and commissioners.</li> <li>• Control vacancies.</li> <li>• Target areas with high overtime.</li> <li>• Negotiate with providers.</li> <li>• Transfer hours to independent sector.</li> <li>• Establish monitoring arrangements.</li> </ul>	
<b>Please describe impact of proposal on patients/clients</b>	The domiciliary care hours previously delivered through approximately 372 posts in the statutory sector will move to the independent sector.	
<b>Indicative savings by year</b>	<b>2008/09</b>	£300,000
	<b>2009/10</b>	£600,000
	<b>2010/11</b>	£900,000
<b>Any funding required for replacement service by year</b>	<b>2008/09</b>	0
	<b>2009/10</b>	0
	<b>2010/11</b>	0

**NT 02/03: Community Productivity/Efficiency****Narrative:**

The development of unit cost benchmarks in many community services has not been as developed or owned by the service as for acute hospital services. Community Services are pivotal to the successful reform and modernisation of H&SC in Northern Ireland. They will assist in reducing admission and demand for acute hospital services whilst also assisting with timely discharge from acute facilities.

NHSCT propose to introduce a rolling programme to focus on the efficiency, effectiveness and economy within community services. We will begin with areas of highest spend, which are likely to yield highest savings and efficiencies. The process will be externally driven, with learning from many organisations across the UK. An initial study will identify the scope for reform and modernisation, with management buy-in of the implementation programme. The project will be underpinned by a full review of all relevant information, from patient/client statistics, costs and activity levels, in addition to any current performance indicators.

To ensure sustainability of the process, we will ensure focus on the style and effectiveness of management and supervisory behaviours. This will also be achieved through reviewing operating systems, methods and practices to ensure genuine modernisation and reform is achieved. A follow-up programme will be agreed which will provide external validation of the changes made and to ensure accountability for actions.

**Staff Effects:**

It is not possible to accurately identify staff numbers affected by this proposal, however it is anticipated that up to 25% saving is achievable. The key issue with this is that it will represent the first significant reduction in professional staffing numbers in recent times. This is likely to impact upon Community Nursing, AHP's and Homecare/Social Care teams.

**Key Issues/Risks:**

The key risks to the proposal are:

- (i) There is a business case for the use of management consultants. Whilst savings may be high, costs are likely to be significant (i.e., over £250,000 in first programme). Departmental and DFP approval will be required.
- (ii) The staffing impact must not be underestimated. We have senior management buy-in; however there will be resistance and challenge from professionals at all levels. Departmental support at professional level may assist.
- (iii) Cash releasing will be a challenge in an environment where redeployment is needed, rather than redundancy.
- (iv) There is a risk of double counting as any service which is currently overspent, will have to retract costs to address recurrent financial issues.
- (v) Staff engagement and buy-in to the contracting out programme. This will affect large numbers of low-paid staff.
- (vi) Capacity within the independent sector to meet transfer of activity.

**Key Milestones:**

1. Business case for use of management consultancy has been completed and sent to DHSS&PS in March 2008.
2. Business Case approved by DHSS&PS and DFP by end of May 2008.
3. Tender for framework contract: to be completed by end June 2008.
4. Consultants appointed 1 July 2008.
5. Initial study completed end September.
6. Full implementation October - December.
7. Savings identified and begin achievement final quarter 2008/09.
8. Initial savings used to cover project costs.
9. Specifications and process begun for contracting of domiciliary care by mid 2008/09.

**NT 02/04: Private and Voluntary Sector****Narrative:**

Included in our turnover figures/overall funding is a total cost of £80million for services purchased from the Private/Voluntary sector. £20million of this income relates to client contributions, which will not be affected without changes in legislation to increase charging.

The impact of this is that the net cost of purchasing care from the Independent Sector has a savings requirement/reduction in income of 12%, i.e., 9% of £80million = £7.2million to be achieved from £60million of actual services.

It seems inappropriate for HSCA/DHSS&PS to apply a savings requirement on areas of income which they do not provide, and are outside Trusts' control. To ignore the Private and Voluntary sector would place an unacceptable burden of savings on in-house service provision, i.e., the £80million expenditure represents over 16% of our total income/funding.

It is therefore proposed that strategies be devised to identify price or volume savings in years 2 and 3 of the CSR, to achieve savings in two years.

**Key Risks/Issues:**

- (i) The service is currently struggling to live within the current tariff levels – NHSCT have identified a shortfall of £600,000 in this area. Recent VFM reports have highlighted that our tariffs represent less than the reasonable cost of providing residential/nursing care, and the Independent sector is requiring real-term increases. There is a real risk of achievement of this proposal.
- (ii) There is already an emerging trend in reduction in residential home beds across the Trust. The above proposals may result in further closures, especially small local facilities.
- (iii) A regional approach to procurement will be required to achieve proposed efficiencies.
- (iv) Any reduction in availability of placements will jeopardise other strategies such as implementation of the KPMG report, the move towards greater use of the independent sector in areas such as intermediate/palliative care.

**NT 02/05: Acute Services Strategy****Narrative:**

Professor Appleby's report accepted that the lower productivity measures were explained by the maintenance of hospitals in rural areas. Northern Trust currently has an inefficient profile of acute facilities. The overall aim of the CSR Acute Services Review is to reduce the total beds within the hospital settings. This will be achieved through the full range of acute modernisation techniques already identified by DHSS&PS and HSCA. The overarching strategic direction of acute services in NHSCT is underpinned by the DBS process. This has identified that the role of some acute hospital facilities will need to fundamentally change over the next number of years, to ensure greater efficiency and higher quality services are delivered, and to meet the changing needs of our population.

A further key driver for change will be the increasing difficulty in sustaining smaller acute units with increasing clinical governance issues and demands.

It is proposed that services currently provided in Braid Valley, Moyle and Whiteabbey Hospitals be reprofiled and all remaining hospitals become more productive to absorb the reduction in beds and to concentrate emergency/out of hours services initially in two hospitals (Causeway and Antrim). The DBS proposals highlight the retention of rehabilitation beds in Whiteabbey within the overall bed saving. The location of these beds can be reviewed/developed further, in line with the DBS programme.

The DBS programme shows a potential reduction of over 200 beds, but this is based on a long term approach with additional beds to reflect demography. This CSR proposal concentrates on the CSR period, and any savings discussed focus only on Whiteabbey. It is assumed that savings from Braid Valley and Moyle hospitals will be required to fund a range of community based developments but it is still important to consider those hospitals as part of the overall acute strategy.

Partial implementation of DBS will bring some of the benefits and savings. An extensive efficiency and rationalisation programme across all sites will be required to drive the efficiency agenda to achieve the challenging savings requirements.

## DBS Programme

	AAH	WAH	MUH	BV	Myle	Cway	Dal	Rob	Trust	Diff
2005	352	160	177	75	45	206	32	25	1072	
2015 Population	462	204	180	73	53	246	38	34	1290	218
Efficiency	468	48	29	38	30	188	17	15	833	-239

The current total occupied in patient bed numbers at Braid Valley, Inver and Whiteabbey are 207, broken down as follows.

<b>Hospital</b>	<b>Bed Numbers</b>
Braid Valley	36
Inver	41
Whiteabbey	130
<b>Total</b>	<b>207</b>

The Northern Health and Social Services Board have produced an acute strategic action template which could provide a basis for the Trust to transfer acute inpatient services from Braid Valley, Inver and Whiteabbey hospitals. While the Trust is still considering the various elements, the template provides a useful planning context for CSR purposes. The Trust will review the proposals, and assess whether achievement is realistic, particularly in the time frame.

<b>Strategic Action</b>	<b>Bed Reductions</b>
Reduce unplanned admissions	30
More efficient hospital processes	32
Eliminate discharge delays	56
Provide Step Down beds in the community	31
Transfer Rehabilitation and Palliative Care patients to the New Ward Block at Antrim Hospital	58
<b>Total Bed Reduction</b>	<b>207</b>
Current Occupied bed in Braid Valley, Inver and Whiteabbey Hospitals	207
Use of beds in Belfast and Causeway	25
Beds required for Demographic pressures	25

### **Reduce Unplanned Admissions (30 beds)**

The strategy will involve reducing unplanned admissions in Antrim Hospital equivalent to 30 beds. This will need to be addressed through enhancing the impact of the Trust's Long Term Conditions initiative. Effective action that has been taken to date in this area include:

- Use of Parr risk scoring to provide Continuing Care Nurses with a 'target population'.
- Re-organisation of Community Nursing to provide case management.
- Telehealth Pilot.
- Physician of the week system to reduce length of stay – supported by Rapid response Nursing and acute care at Home teams.

**More Efficient hospital Processes (32 beds)**

This requires releasing 32 beds mainly at Antrim hospital through increasing throughput and reducing lengths of stay. Some ideas which could help in this area are to:

- Eliminate all elective pre op stays.
- Increase % day surgery.
- Achieve closer to peer group lengths of stay.
- Further roll out Nurse led discharge.
- Develop 23 hour surgical procedures unit.
- Re-look at re-design of additional cardiac beds coming out of medical 'outliers' project to obtain greater throughput.
- More introduction of week end working.

**Eliminate Discharge Delays (56 beds)**

These delays exist in Whiteabbey, Braid Valley and Inver. They could be addressed through investment in a combination of Domiciliary, Nursing and Residential care.

**Provide Step Down beds in The Community (31 beds)**

The location of the Step down beds is still to be determined but they would enable 31 in patients in Whiteabbey, Braid Valley and Inver to be transferred to Intermediate care beds in the community.

**Transfer Rehabilitation and Palliative care patients to new ward block at Antrim hospital (58 beds)**

The Trust has already submitted a business case for a 24 bed Elderly Rehab ward and 10 bed palliative care unit at Antrim. This proposal would include one additional Elderly Rehab ward of 24 beds. The development depends on capital and revenue investment in the new 58 bed unit. The current capital estimate for the 58 bed unit is £15 - £17 million and this investment is crucial to the strategy.

**Use of beds in Belfast and Causeway (25 beds)**

This recognises the fact that because of its geographical location, a number of patients would divert to Belfast hospitals. The Trust would also transfer an element of work to Causeway.

**Beds required for Demographic pressures (2008/11) (25 beds)**

This relates to increased demands emerging from the fact that people are living longer. It is estimated that the Trust needs to find an additional 25 in patient beds to address this factor.

As mentioned previously, the current total bed complement in Whiteabbey hospital is 130, broken down as follows.

**Table showing Whiteabbey beds numbers by specialty**

<b>Specialty</b>	<b>Bed Numbers</b>
Coronary Care	<b>6</b>
General medicine	<b>45</b>
General surgery	<b>17</b>
Geriatric continuing care	<b>18</b>
Geriatric assessment	<b>36</b>
Dermatology	<b>2</b>
Orthogeriatric	<b>6</b>
<b>Total</b>	<b>130</b>

There are a range of clinical and governance pressures currently impacting on the provision of acute services across the Northern Trust, and there has already been considerable work completed to assess and manage these risks. This work to date has mainly focused on individual services and there is an acknowledgement that there is a need to bring this together into a cohesive plan which considers further individual hospital site changes and takes account of interdependencies across services.

The Trust has recently drafted a paper which focuses on the provision of acute services at Whiteabbey Hospital and proposes arrangements for addressing key governance issues impacting at both Antrim Area and Whiteabbey Hospitals. Phased proposals for service changes are measured against the need to ensure that the identified governance drivers are addressed and that care and safety of services to patients is improved.

The paper made an assessment of the following services provided at Whiteabbey Hospital:

- A&E services
- General Surgery - Inpatient Services
- Anaesthetic Services
- General Medical - Inpatient Services
- Cardiology – Inpatient services

The Trust now needs to build on this work and assess all the services provided at Whiteabbey. Robust financial analysis is still to be carried out and the savings reflected here are very rough estimates at this stage.

**Proposed Savings:**

Total Budgets for Whiteabbey 2007/08	£15.7 m
Cost of 25 beds in Belfast/Causeway	£1.5 m
Transfer resources for enhanced services at Antrim/Community Services	£4.2m
<b>Net Saving for CSR</b>	<b>£10.0m</b>

**It is also expected that a further savings of £1m can be generated from Mid Ulster hospital.**

The total staffing complement at Whiteabbey hospital is 464 wte. It is broken down as follows.

<b>Staff Category</b>	<b>WTE</b>
Medical	42.99
Nursing	213.41
Social Work	5.76
Allied Health Professionals	43.74
Support Services	25.50
Administration	60.03
Other	72.66
<b>TOTAL STAFF</b>	<b>464.09</b>

It is recognised that all of these posts will not be saved by transferring services from Whiteabbey hospital and some staff will be redeployed to support the enhanced provision at Antrim hospital and other developments. Based on the savings projections shown above it is estimated that there will be a net reduction in posts of around 330 wte.

The contribution from Causeway hospital will largely come from increased activity without additional funding, however further analysis will be required on this.

As highlighted by the external consultants who carried out the Post Project Evaluation of Causeway Hospital, there will inevitably be an additional cost associated with a new small facility such as Causeway. The surcharge they suggested, however, was a maximum of 15% above regional average. Given that in many areas minimum staffing levels will impact upon the ability to significantly reduce costs, the Trust must concentrate on increasing activity through Causeway to reduce unit costs towards UK average costs.

Contributions to the overall acute services savings, highlighted above, will come from clinical support services, such as Laboratory and Radiology.

### **Capital Requirement:**

The DBS programme identifies significant additional capital requirement in Antrim Hospital. The Trust accepts the difficult resourcing environment within which we are currently operating, however there will be a need for a review of the Capital Programme to support the significant changes to acute services in this proposal.

As a minimum requirement, the Trust will require capital funding for an additional 58 beds in Antrim (48 rehabilitation and 10 Palliative Care). This is currently estimated to be £15 - £17 million.

Consideration also needs to be given to capital funding for the Health and Care Centre at Whiteabbey which will be a crucial component in delivering this strategy.

### **Key Risks/Issues**

- (iii) Political/Departmental cover for the closure/reprofiling of 3 Acute Hospitals (Whiteabbey, Braid Valley and Moyle) with significant adjustment to two (Causeway and Mid Ulster).
- (iv) There will be a need for investment (Capital and Revenue) in Antrim Hospital to support the overall modernisation plan for acute hospital services.
- (v) The full implications of the reprofile of acute services need to be identified, including any impact on the flow of emergency patients into the Eastern area.
- (vi) This will affect a large number of staff and patients. Full consultation and detailed plans will need to be developed.
- (vii) There will be stages to this programme, and some elements will be able to move earlier than others.
- (viii) It is assumed that the capital charges associated with sites/facilities will be part of our overall capital charges requirement.

**NT 03/02: Capital Charges****Narrative:**

The application of a savings requirement on total turnover has resulted in the equivalent of a £2.4million saving requirement based on the 2006/07 total capital funding for the 3 legacy Trusts. We have assumed that as a result of the attached proposals, the reduced capital charges and interest/PDC payments will count towards our target. The key elements of our proposals relevant for capital charges would be:

Whiteabbey Hospital  
Braid Valley Hospital  
Moyle Hospital  
5 Residential Units  
1 Childcare facility  
Mental Health facilities.

The above should represent significant capital charges reductions, and enable us to reduce our PDC, interest payable and our depreciation charges.

Given the wide portfolio of assets, we have assumed a saving of £2.7million for capital based costs.

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**Key Issues:**

- (i) The above assumes that we are able to vacate sites within the CSR period. There is also a risk of an increase in capital charges through general capital/capital developments.
- (ii) It is assumed that any service developments will be fully funded, i.e., capital charges, PDC and interest payable.