Budget Scrutiny: Integration Authorities

The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government’s budget. The following questions are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

1. Which integration authority are you responding on behalf of?
   Moray

2. Please provide details of your 2016-17 budget: at 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health board</td>
<td>72</td>
</tr>
<tr>
<td>Local authority</td>
<td>41</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>123</strong></td>
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</table>

3. Please provide a broad breakdown of how your integration authority budget has been allocated across services, compared with the equivalent budgets for 2015-16. – Moray IJB only assumed budget responsibility from 1 April 2016

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Social care</td>
<td>44</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>104</td>
<td>123</td>
</tr>
</tbody>
</table>

4. The 2016-17 budget allocated £250m for social care. Please provide details of the amount allocated to your integration authority and how this money has been utilised.

   Total - £4.02m
   
   - £2.01m – allocated to meet existing pressures in Learning Disabilities, Inflationary Contract Uplifts, costs associated with revised Mental Health legislation and Blue Badge applications. Implementation of the Living Wage.
   
   - £2.01m – reserved for growth and innovation. £113k committed to date relating to Self-Directed support and management support to a pilot project in alternate delivery of care methods.

Budget setting process

5. Please describe any particular challenges you faced in agreeing your budget for 2016-17

   Late Settlement and the inherited deficit from NHS Grampian (£0.5m).
6. In respect of any challenges detailed above, can you describe the measures you have put in place to address these challenges in subsequent years?

Analysis now provided by NHS Grampian of the recurring and non-recurring funding to be regularly updated and assist in the planning cycle. Business Cases has to be produced for any additionality spend.

7. When was your budget for 2016-17 finalised?

Indicative budget was approved by the IJB on 31 March 2016

NHS Grampian brought forward its budget setting process to allow the IJB budgets to be in place and agreed prior to the go live date of 1st April 2016.

8. When would you anticipate finalising your budget for 2017-18?

February 2017

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan:

We are developing processes to assist us in reshaping the resources we have into local health and care systems that will encourage team working and enable us to meet the needs and demands of those who require professional input from the public services. This requires us, through a commissioning approach to consider the total budgets used in specific areas or a collective of interventions and challenge the future way in which this total resource is allocated in order to support change.

We have already invested significantly in third sector provision and we plan to continue to build on this, particularly at the prevention, self-help end of the care pathway.

Use of technology to enhance care and release finite resources to concentrate on more complex interventions and enhance community teams ability to respond.

10. What efficiency savings do you plan to deliver in 2016-17?

Staff Vacancies (£900k)
11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales).

None planned at this time.
Performance framework

12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes

(b) If possible, also show how your budget links to these outcomes

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are able to look after and improve their own health and wellbeing and live in good health for longer.</td>
<td>Percentage of adults able to look after their health very well or quite well. Percentage of people reporting improved health and well-being.</td>
<td></td>
</tr>
<tr>
<td>People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</td>
<td>Percentage of adults supported at home who agreed that they are supported to live as independently as possible. Rate per 1000 population with 10+ hours of care who live at home or in a community setting. Rate per 1000 population of those who are in Permanent Care. Proportion of last 6 months of life spent at home or in a community setting.</td>
<td></td>
</tr>
<tr>
<td>People who use health and social care services have positive experiences of those services, and have their dignity respected.</td>
<td>Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided. Percentage of people reporting living life the way they want to.</td>
<td></td>
</tr>
<tr>
<td>National Outcome</td>
<td>Indicators</td>
<td>2016-17 budget</td>
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<td>--------------------------------------------------------------------------------</td>
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</table>
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.  
Total % of adults receiving any care or support who rated it as excellent or good.  
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.  
Emergency admission rate (per 100,000 population).  
Emergency bed day rate (per 100,000 population). |                                                             |
| Health and social care services contribute to reducing health inequalities.       | Percent of people saying they did not feel that the necessary help was available for when they left hospital.                                                                                             |                                                             |
| People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing. | Total combined percentage of carers who feel supported to continue in their caring role.  
Percentage of carers satisfied with their involvement in the design of the care package.  
Percentage of carers who feel that caring affects their physical, mental and emotional health and well-being?  
Percentage of carers who feel that caring affects their life balance - (suite includes key relationships; education; employment; social etc) |                                                             |
<table>
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<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who use health and social care services are safe from harm.</td>
<td>Percentage people receiving care &amp; support who report feeling safe. Percentage of adults supported at home who agreed they felt safe. Rate per 1000 population of Multiple Emergency Admissions for over 65s.</td>
<td></td>
</tr>
<tr>
<td>People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</td>
<td>Percentage of staff who say they would recommend their workplace as a good place to work (Still in development).</td>
<td></td>
</tr>
<tr>
<td>Resources are used effectively and efficiently in the provision of health and social care services.</td>
<td>Percentage of people who are discharged from hospital within 72 hours of being ready. Number of days people spend in hospital when they are ready to be discharged (per 1,000 population).</td>
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In relation to the budget, we are currently developing a process that considers our overall spend and existing commitments. This will assist decision making on future redesign and allocation of resources through the IJB Strategic Planning and Commissioning Group. We have made a first attempt at this and the content is currently being reviewed, there is still significant work from a finance perspective to fully understand this as we continue to make progress. We have utilised the Reshaping Care for Older Peoples Pathway and applied it to all adults within the context of our strategic plan and the current allocation of resources across the pathway, this links well back to both the high level strategic intent of the Moray plan and the 9 national health and wellbeing outcomes. The work is in the initial stages but on completion will assist us in answering the question above in the future.
Delayed Discharges

In relation to delayed discharge the Committee is interested in three areas. The extent to which the IJB is able to direct spending, how much money is available to tackle delayed discharge and how well it is being spent to eradicate the problem.

1. As an Integrated Authority what responsibility do you have for tackling the issue of delayed discharges?

   This is a shared responsibility between the partnership and acute services within NHS Grampian.

2. What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?

   There are shared initiatives using joint resourcing in place between the acute hospitals and the partnership. All Delayed Discharge funding and the Integrated Care Fund are fully delegated to the partnership to allocate.

3. How much was spent in 2015-16 on tackling delayed discharges? If necessary this answer can be based on your shadow budget for 2015-16.

   This is a challenging question in terms of definition as there are so many interdependencies cross system that are all focussed toward appropriate and timely discharge from hospital, these resources are also related to many other activities, so to pull out specific spend from the existing budget is challenging. The additional and recurring funding is being used to support both existing practice and change as we try to apply improvement approaches and redesign as the same time. Our annual budget for this is 477k.

   £129k was spent in 15/16 from allocation (source 15/16 ICF/DD budget v17). There was a cautious approach to allocating this fund whilst further consideration of new models of care could take place.

4. What is the total funding (in 2016-17) you are directing to address the issue of delayed discharges? Please provide a breakdown of how much money has been received from each of the following for this purpose:

   As noted in question 3, the proportion of the core IJB resources allocated for next year that will contribute to addressing and ensuring effective discharge is difficult to quantify, but this is core business.

   a. NHS board -
   b. Local authority
   c. Other (please specify) of the specific DD monies allocated to the partnership - £477k recurring.

   £825k =SG 15/16 allocation £348k c/fwd + £477k alloc for 16/17

   This is almost all committed to existing and new models of care now at implementation stage.
Exception reporting goes to the IJB on a regular basis demonstrating challenges, opportunities and performance. Weekly performance reports are shared cross system and cross system huddles take place on a daily basis to support this.

5. How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16? How will the additional funding be spent in the current and next financial years?

£129k was spent on:
- £17k infrastructure redesign
- £6k engaging primary care
- £22k workforce development
- £81k assessment & care
- £3k housing
- £129k total spend 15/16

£825k is committed almost entirely (£587 in v3 & £211k to add) with £28k uncommitted and is to be applied on:
- £201k leadership and flow redesign + £100k jubilee cottages test of change
- £3k engaging primary care events
- £80k workforce development
- £37k reshaping care older people +£75k Independent Living service
- £245k assessment & care + £36k Community Nursing
- £20k housing
- £797k total plan spend possible in 16/17

6. What impacts has the additional money had on reducing delayed discharges in your area?

Moray has consistently performed well on delayed discharge management. Effective joint working has enabled us to perform well against national targets. Our aspiration however is to prevent delays completely. We have used the funding to enhance this and to support leadership, redesign and improvement in community hospital processes; this remains a work in progress but has achieved greater joint working and consistency. We are trialling 7 day AHPs services and currently looking at the impact of this intervention. We had a significant change plan being developed this year and implemented in the coming months that is aimed at improving our home care provision and independent living service. We have a couple of exciting new tests of change planned in the context of being able to provide a local, more homely response to intermediate care where staying at home is not possible but hospital admission is not really appropriate, early stages however, framework and project plans are progressing.

We monitor performance locally in real time and the local performance team provide data and meet with the management and leadership team regularly.
to provide a clear picture of trends and challenges. This informs all discussions and improvement plans. The impact of this is that we are usually alert to any dip in performance and have actions in place to reverse before the overall system flags this. We are equally able to see the improvement actions result in improved performance.

7. **What do you identify as the main causes of delayed discharges in your area?**
   
The main causes tend to be Guardianship and a shortage in the supply of home care.

8. **What do you identify as the main barriers to tackling delayed discharges in your area?**
   
Workforce issues dominate this landscape in terms of home care. Moray has extremely low unemployment, so efforts to recruit and attract are constantly under review.

   Legal aspects relating to Power of Attorney and Guardianship.

9. **How will these barriers to delayed discharges be tackled by you?**
   
We are exploring ideas in relation to making home care an attractive prospect with training and development that can develop a career pathway for people entering this area.

   Exploring if there are any other ways in which we can address the Guardianship issues, no clear solution as yet.

   Continue to promote joint working between the hospital and community sectors. Work under the Unscheduled Care Programme is being applied to address this area and operationally there are a range of joint actions in place to maintain and improve on our current performance with regards to delays.

   It should be acknowledged that DD is a complex area. In the context of person centred care there can be many factors that for the individual make discharge home challenging and sometimes regardless of the processes in place these need to be worked through with people to ensure success and that is not a technical process, building confidence in the individual and the family is critical to successful discharge.

   We have a positive performance in maintaining people at home and a stable performance in permanent care placements. We also have a high satisfaction rate from people reporting feeling supported and feeling safe at home.

10. **Does your area use interim care facilities for patients deemed ready for discharge?**
    
No not routinely.

   We do occasionally spot purchase care home beds if appropriate. We are exploring new models of intermediate care within residential settings but these ideas are at the early stage of development. eg emerging partnership with Hanover Housing to deliver intensive interventions where perhaps an admission to hospital would have happened but is not really necessary, however the immediate support at home is not available. We are looking at
an ethos of keeping people independent by using homes with extra care as opposed to hospital settings, allowing families also to remain involved.

11. If you answered yes to question 10, of those discharged from acute services to an interim care facility what is their average length of stay in an interim care facility?

12. Some categories of delayed discharges are not captured by the integration indicator for delayed discharges as they are classed as ‘complex’ reflecting the fact that there are legal processes which are either causing the delay (e.g. application for guardianship orders) or where there are no suitable facilities available in the NHS board area. Please provide the total cost for code 9 delayed discharges for 2015-16? What is your estimate of cost in this area in the current and next financial years?

For the 2015/16 financial year, there were 2,419 occupied bed days for Moray residents due to code 9 (complex) delays. This is equivalent to about 7 beds.

ISD estimate the average daily cost of a delayed discharge to be £214 so the total cost of the Moray code 9 delays would be £518k
Social and Community Care Workforce

In relation to the social and community care workforce the Committee is interested in the recruitment of suitable staff including commissioning from private providers and the quality of care provided.

1. **As an Integrated Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people?**

   Responsibility of the IJB to direct the NHS and The Moray Council (TMC) resources through the Chief Officer (CO) to provide specific services and to ensure an appropriate workforce to achieve this. The CO has a responsibility to operationally manage the resources and ensure robust workforce planning, recruitment and retention and organisational development.

2. **Are there adequate levels of these social and community care staff in your area to ensure the Scottish Government’s vision of a shift from hospital based care to community based care for older people is achieved? If not, please indicate in what areas a shortage exists.**

   Challenges exist in all professions across the workforce. Moray is a small authority area sitting between the main centres of Inverness and Aberdeen, so often competing with these centres to attract and retain people. All professions in the area are challenged from Medical workforce through to home care very much a common feature in the north east of Scotland.

3. **Other than social and community care workforce levels, are there other barriers to moving to a more community based care?**

   Capacity of the workforce is the main barrier however the public view and perspective are also a barrier. People still have a view that hospital is the best place for their loved ones when they are not coping at home, this perspective and the confidence and support to maintain people at home is something that we will have to work hard with families to address.

4. **What are the main barriers to recruitment and retention of social and community care staff working with older people in your area?**

   Career progression, training and support.

   Moray is an area of low unemployment and a low wage economy, so many of the competing industries will have similar rates of pay but with less pressure. People will also move around to gain slightly. We do believe that this becomes less relevant when good working conditions are in place and support is there and through our current change plans we are looking to progress the benefits of integration and working as part of a wider team. There is a need to promote confidence and an attractive workplace and career progression for those who wish this.
5. **What mechanisms (in the commissioning process) are in place to ensure that plans for the living wage and career development for social care staff, are being progressed to ensure parity for those employed across local authority, independent and voluntary sectors?**

We are currently working with all our external providers on the implementation of the national minimum wage and the Scottish Living Wage. We are also introducing a supplementary training programme to cover areas identified by our external providers to ensure care is delivered to the same standard across all sectors.

6. **What proportion of the care for older people is provided by externally contracted social and community care staff?**

Home care for older people is split between internal provision 62% and external provision 38% (based on hours of care delivered as at April 2016)

Older Persons Day Service internal provision 45% and external provision 55% (based on number of people attending as at Jan 16)

7. **How are contracts monitored by you to ensure quality of care and compliance with other terms including remuneration?**

We have quarterly contract monitoring returns from all providers – this information is scrutinised by our Practice Governance Board

Quarterly contract meetings with Care Home owners and Care Home Managers

Six monthly contract meetings with all other external providers