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?
   **West Lothian Integration Joint Board**

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

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health board</td>
<td>109,647</td>
</tr>
<tr>
<td>Local authority</td>
<td>66,666</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>30,939</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>207,252</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.

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>32,734</td>
<td>34,052</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>48,875</td>
<td>51,146</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>51,898</td>
<td>56,500</td>
</tr>
<tr>
<td>Social care</td>
<td>62,220</td>
<td>66,666</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>195,727</td>
<td>207,252</td>
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*Note: Resources were only delegated to the IJB from 1 April 2016*

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 amount = £7.130 million**

   Allocated as Follows

   - £2.275 million to meet the costs of additional social care demands and capacity requirements, in terms of additional clients and care hours, which reflects increasing pressures to meet delayed discharge targets and reduce emergency admission to hospital. This will also be used to meet the additional cost of increasing charging thresholds for non-residential care clients
   - £1.635 million to protect social care capacity and provision by retaining eligibility criteria at existing levels and retaining charging at the current low levels
• £2.240 million to address low pay in the care sector by introducing a living wage of £8.25 per hour for all external care sector workers contracted by the council, to be implemented from 1 October 2016. The actual cost will be subject to the outcome of discussions with care providers

• One-off preventative care investment of £980,000. This will allow the purchase of new telecare units to replace approximately 2,000 units which are at the end, or nearing the end, of their useful life. In addition, housing with care and sheltered housing improvements are required as a priority in a number of units. Housing based solutions are a key element of ensuring the overall sustainability of the health and social care system and provide a necessary level of support that helps to prevent care home and hospital admissions.

Budget setting process

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

• Funding constraints were a challenge for both Partners in balancing their budgets and agreeing the sums delegated to the IJB. Delays in NHS Lothian agreeing their 2016/17 budget due to a significant budget gap caused difficulties for the IJB in knowing the budget resources available and this impacted on the timeline for developing the Strategic Plan and Directions

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?

• The issues experienced for 2016/17 have been acknowledged and work is ongoing with council and NHS partners with the aim of achieving better aligned timescales for agreeing budgets

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

• Approved council contribution agreed by the Board on 31 March 2016 along with indicative NHS contribution. Revised 2016/17 NHS contribution taking account of the Local Delivery Plan submitted to the Scottish Government is to be agreed by Board on 23 August 2016.

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

• To be discussed further with partners taking account of proposals to better align NHS and council budget setting timescales. Anticipated that budget will be finalised in advance of 1 April 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:
- **Learning Disability:** Lothian wide collaboration to move care clients from a hospital to a community setting. Resource transfer will be a key aspect of discussions around agreeing to proposals being developed.

- **Frail Elderly Programme:** The objective of this programme is to provide a cost effective service provision which meets the health and care needs of frail elderly adults, reducing hospital admission and re-admission and minimising delayed discharge. It is anticipated that this will result in a shift in resources from acute and other hospital based care to care provided at home or in a homely setting.

- **Community Care Services:** Continued review of community care service delivery to increase capacity and responsiveness with objective of reducing hospital bed numbers.

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

- Total 2016/17 savings identified and planned for delivery are £4.194 million. In addition, there remains a gap of £2.935 million between the NHS funding allocated and forecast spends where further cost savings will be required.

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

- The IJB has delegated functions for adults and older people, the former CHCP included children’s services and criminal justice and although there are no immediate plans there may be scope for inclusion in the delegated functions in the future. Further discussions will be ongoing with partners.
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. Budgets are managed at a service function level and it is not possible to directly allocate on an accurate basis to Outcomes.

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | • Percentage of adults able to look after their health very well or quite well.  
• Premature mortality rate.  
• Rate of emergency admissions for adults | Not Available |
| 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. | • Percentage of adults supported at home who agree that they are supported to live as independently as possible.  
• Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.  
• Proportion of last 6 months of life spent at home or in community setting.  
• Percentage of adults with intensive needs receiving care at home  
• Number of days people spend in hospital when they are ready to be discharged  
• Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency  
• Percentage of people admitted from home to hospital during the year, who are discharged to a care home  
• Percentage of people who are discharged from hospital within 72 hours of being ready | Not Available |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | • Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.  
• Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated.  
• Percentage of adults receiving any care or support who rate it as excellent or good  
• Percentage of people with positive experience of care at their GP practice.  
• Readmissions to hospital within 28 days of discharge  
• Proportion of last 6 months of life spent at home or in community setting.  
• Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections.  
• Number of days people spend in hospital when they are ready to be discharged  
• Percentage of people who are discharged from hospital within 72 hours of being ready | Not Available                |
| 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 agree that their services and support had an impact in improving or maintaining their quality of life  
• Falls rate per 1,000 populations in over 65s  
• Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections.  
• Number of days people spend in hospital when they are ready to be discharged  
• Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency | Not Available                |
<p>| Health and social care services contribute to reducing health inequalities.       | • Premature mortality rate.                                                                                                                                                                             | Not Available                |</p>
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who provide unpaid care are supported to look after their own health and</td>
<td>• Percentage of carers who feel supported to continue in their caring role.</td>
<td>Not Available</td>
</tr>
<tr>
<td>wellbeing, including reducing any negative impact of their caring role on their</td>
<td></td>
<td></td>
</tr>
<tr>
<td>own health and wellbeing.</td>
<td></td>
<td></td>
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</tbody>
</table>
| People who use health and social care services are safe from harm.               | • Percentage of adults supported at home who agree they felt safe  
• Rate of emergency admissions for adults  
• Rate of emergency bed days for adults.  
• Readmissions to hospital within 28 days of discharge  
• Falls rate per 1,000 populations in over 65s  
• Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections.  
• Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency | Not Available     |
<p>| People who work in health and social care services feel engaged with the work    | • Percentage of staff who say they would recommend their workplace as a good place to work.                                                                                                                                                                                                                                              | Not Available     |
| they do and are supported to continuously improve the information, support, care  |                                                                                                                                                                                                                                                                                                                                              |                   |
| and treatment they provide.                                                      |                                                                                                                                                                                                                                                                                                                                              |                   |</p>
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources are used effectively and efficiently in the provision of health and</td>
<td>• Percentage of adults supported at home who agree that their health and care services seemed to</td>
<td>Not Available</td>
</tr>
<tr>
<td>social care services.</td>
<td>be well coordinated.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Readmissions to hospital within 28 days of discharge</td>
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<td></td>
<td>• Proportion of last 6 months of life spent at home or in community setting.</td>
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<td></td>
<td>• Falls rate per 1,000 populations in over 65s</td>
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<tr>
<td></td>
<td>• Number of days people spend in hospital when they are ready to be discharged</td>
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</tr>
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<td></td>
<td>• Percentage of total health and care spend on hospital stays where the patient was admitted in</td>
<td></td>
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<tr>
<td></td>
<td>an emergency</td>
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<tr>
<td></td>
<td>• Percentage of people who are discharged from hospital within 72 hours of being ready</td>
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<tr>
<td></td>
<td>• Expenditure on end of life care.</td>
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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?**
   
   - Delayed discharges need to be tackled on a whole system approach with effective collaboration and cooperation between the relevant agencies including 3rd sector and independent providers. We have established a Frailty Programme to progress a number of work streams under the governance of the IJB and the West Lothian Health and Social Care Partnership which take a system wide approach to minimising delays.

2. **What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?**
   
   - This is fully within the remit of the IJB.

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.**
   
   - As stated above we have a clear focus on minimising delays and ensuring the whole system is working optimally to improve patient flow and experience. Specific delayed discharge funding was provided by the Scottish Government in 2015/16 to help address the demands in this area. In addition, a whole range of community health and care budgets contribute to tackling delayed discharge through providing capacity and care outwith a hospital setting.

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:**
   
   a. NHS board
   b. Local authority
   c. Other (please specify)
   
   - See response to Question 3.
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?

- A total of £855,000 was received by West Lothian in 2015/16. Funding has been used to address the pressures associated with delayed discharges and reduce emergency admissions to hospital. This includes increasing capacity requirements in terms of additional clients and care hours to meet the additional social care demands and increasing capacity in community nursing with focus on case management and out of hours provision to maintain people at home or in a homely setting.

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

- Performance improved over the year across all time bands with downward trend from high of 29 delays down to 6.

7. What do you identify as the main causes of delayed discharges in your area?

- West Lothian is experiencing a rapid change in the population demographic with a sharp rise in the over 65 age group and increasing prevalence of long term conditions and frailty which is putting pressure on a range of health and social care services.
- There have been performance issues with one of the main providers in the framework contract for Care at Home. These are being addressed and it is anticipated that delays associated with this cause will reduce.

8. What do you identify as the main barriers to tackling delayed discharges in your area?

- Performance of Care at Home providers
- Contradictions in applying Care Home Choice and Moving On policies
- Adults with Incapacity processes

9. How will these barriers to delayed discharges be tackled by you?

- Through the Frailty Programme which aims to
  - Design a whole system model of care for frail elderly adults that meets the overall IJB strategic priorities
  - Reduce hospital admission and re-admission and minimise delayed discharge
  - Contribute to the financial efficiencies of the IJB
  - Identify areas of skills development to support the new model of care
- Embedding the new Care At Home Contract
- Working with partners on Care Home Choice and Moving On policies to achieve consistent application across Lothian
• Review existing Interim Care Home provision

10. Does your area use interim care facilities for patients deemed ready for discharge?
• Yes. We currently have 1 Interim Care Home facility

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?
The average length of stay is 164 days

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?
• It is not possible to give an accurate cost without undertaking detailed analysis of where the patients were delayed and for how long as the cost per day varies between hospitals and care facilities however we have estimated the cost based on the average bed day cost from the ISD Delayed Discharge Report 26th June 2016 of £214 per bed day.
• In West Lothian in 2015-16 there were 1401 bed days associated with Code 9 delays and at £214 per day this equates to £299,814
• We would estimate our cost to be similar to this for the current financial year.
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?**

   - The IJB has delegated responsibility for the health and social care of all adults and older people in West Lothian and this includes workforce planning and development across all sectors.

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.**

   - In order to develop more community based models of care we are investing in training of more Advanced Nurse Practitioners to support more acute care provision in the community.

   - We are working with General Practice to support recruitment and retention of GPs however this remains a vulnerability at a local and national level.

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

   - The IJB is committed to shifting the balance of care from hospital to community and ensuring more care and support is delivered at home or in a homely setting rather than hospital where it is safe to do so. However moving to more community based care will require resources from existing hospital provisions to be moved to community.

   - The ability to pump prime community investment to support bed closures is limited within the existing economic framework

   - Political tensions around bed closures

   - Managing public expectations

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

   - The changing population demographic will have an impact in the future on the availability of the workforce with an overall reduction in the working age population.
• The future workforce may require supported entry routes and seek different working patterns from those traditionally found in health and social care sectors

• Competition from other sectors and industries as well as other local authorities and NHS areas

• Recruitment can be to the detriment of other parts of our health and social care system – i.e. we are all competing for the same workforce.

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?**

• As above we are currently in discussions with care providers and are investing £2.240 million to address low pay in the care sector. This will ensure a living wage of £8.25 per hour is paid for all external care sector workers contracted by the council and will be fully implemented from 1 October 2016.

• We recognise that success is dependent on a combination of working arrangements operating within and across partner agencies and in terms of workforce planning this includes development of clear structures with opportunities for career progression and aligning, matching, developing and coordinating our collective skills and workforce.

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

84%

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

We have well established approach to contract monitoring arrangements; the level of scrutiny is proportionate to risk. A report is presented on a regular basis to the appropriate governance body.