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?

South Lanarkshire Health and Social Care Partnership.

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>300.629</td>
</tr>
<tr>
<td>Local authority</td>
<td>101.743</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>55.154</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>457.526</strong></td>
</tr>
</tbody>
</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>54.231</td>
<td>55.154</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>132.430</td>
<td>149.064</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>146.709</td>
<td>151.565</td>
</tr>
<tr>
<td>Social care</td>
<td>109.132</td>
<td>101.743</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>442.502</strong></td>
<td><strong>457.526</strong></td>
</tr>
</tbody>
</table>

Note:
The Scottish Government allocation for social care in 2016/2017 is £15.210m and has been allocated as follows:

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.

The Scottish Government Allocation for Social Care in 2016/2017 is £15.210m and has been allocated as follows:
<table>
<thead>
<tr>
<th>Description</th>
<th>2016/2017 Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support for growth in social care spend</strong></td>
<td></td>
</tr>
<tr>
<td>Care Home Placements</td>
<td>2.300</td>
</tr>
<tr>
<td>Home Care Services</td>
<td>1.450</td>
</tr>
<tr>
<td>Health Care Partnership Priorities</td>
<td>1.885</td>
</tr>
<tr>
<td>Demographic Growth Pressures</td>
<td>1.000</td>
</tr>
<tr>
<td>Extended Integrated Community Support Teams</td>
<td>0.570</td>
</tr>
<tr>
<td>Progress on charging thresholds for all non-residential services to address poverty</td>
<td>0.400</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>7.605</strong></td>
</tr>
<tr>
<td><strong>Support for local authority health and social care service costs</strong></td>
<td>7.605</td>
</tr>
<tr>
<td>(including the Living Wage for all social care workers).</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15.210</strong></td>
</tr>
</tbody>
</table>

**Budget setting process**

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

Earlier notification of the financial settlement for 2016/2017 from the Scottish Government would have been beneficial to the budget setting process for all partners.

In particular, in respect of a number of in-year funding allocations, an assumption had to be made that the previous in year funding allocations would be recurring at the same level. This assumption was necessary as confirmation of the recurring funding allocations available had not been received before the start of the financial year.

It was also not possible to assume that there would be any new in year funding allocations as these had not been announced.

If the current notification arrangements continue for future financial years, it is likely that an indicative budget only can be set for the start of the financial year for the IJB. The indicative budget would then be updated once Scottish Government funding for both partners is confirmed.
In the future, the budget setting process will also be dependent on IJB decisions. For example, in respect of hosted health care services, the budget allocation between the IJBs is currently based on an agreed percentage split. The total funding is then issued by the health board to the host IJB.

If however the host IJB subsequently chooses to take a differential savings/uplift level on the funding, then the amount to be recharged to the other IJB may vary. The health board would not able to calculate the impact of this during the budget setting process unless it had been advised of such decisions by the IJBs.

There is a time lag in getting prescribing data and, historically, the exact allocation of the prescribing budgets to practices is finalised once the full year figures for the previous year are available in June following the March year end. Until this information is available, a provisional estimate is calculated. The prescribing budgets have now been finalised and the updated figures have been incorporated into the above figures.

The identification of efficiency savings was, and continues to be, an ongoing challenge.

The calculation of the notional set-aside budget is based on 2016/2017 prices however only 2014/2015 activity levels are currently available.

**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?**

Financial monitoring arrangements are being established which will inform the strategic commissioning intentions and the future budget requirements.

The timescale for the notification of Scottish Government funding however is outwith the control of the partners.

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

A starting budget for 2016/2017 was approved by the Integrated Joint Board in March 2016. It was recognised that further adjustments would be necessary following the approval of health budgets and the progress of the efficiency savings exercise by each partner. The 2016/2017 budget has now been updated.

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

The financial strategy for 2017/2018 is currently being developed.

As highlighted above however, finalising the 2017/2018 budget will be dependent on confirmation of the Scottish Government financial settlement for both the health board and the local authority for 2017/2018.
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:

The initial focus is on the following:-

1. Allied Health Professionals
   - Staff groups that were traditionally hospital based are increasingly able to provide care in a community setting as the level of community supports have been increased. Such support includes home care, community nursing and third sector staffing as well as developments in tele-health/tele-care. Key to success will be an integrated approach to care and some success has already been achieved in this respect with fewer beds now in the care system.

2. Intermediate Care
   - Intermediate care options are increasingly available in a community setting with reduced reliance on traditional hospital based approaches. Over the course of the current Strategic Commissioning plan, there will be a concerted effort to move both the care modality from one of ‘traditional care’ to re-ablement and promoting independence as well as the location of care to increasing care options in peoples’ own homes of homely settings.

3. Long Term Conditions
   - Through increased opportunities presented by technology, telehealth, and people looking to self care etc, then so there will be a requirement for care to shift accordingly. As well as creating additional capacity to cope with additional demand, this should also improve preventative approaches to care and an associated reduction in unplanned hospital admissions.

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

   Social Care and Housing Services      £4.880m
   Health Services                        £5.677m
   Total                                  £10.557m

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

   No
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>
</table>
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | • % of adults able to look after their health very well or quite well  
• People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (31 days from decision to treat 95%) and (62 days from urgent referral with suspicion of cancer 95%)  
• Sustain and embed alcohol brief interventions (ABIs) in 3 priority settings (primary care, A&E and antenatal) and broaden delivery to wider settings  
• % of new born children exclusively breastfed at 6-8 weeks  
• % of 2 and 5 year olds who have received childhood immunisations  
• % of 6-8 week review completed with 10 weeks  
• % of children meeting all developmental milestones at 27-30 month review  
• Number of people accessing preventative services, for example Weigh to Go and Stop Smoking  
• Number of people accessing South Lanarkshire Leisure Services |                                                                                                                                         |                |
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.

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults supported at home who agree that they are supported to live as independently as possible</td>
<td>Rate of emergency admissions for adults</td>
<td></td>
</tr>
<tr>
<td>Rate of emergency bed days for adults</td>
<td>Re-admissions to hospital within 28 days of discharge</td>
<td></td>
</tr>
<tr>
<td>% of adults with intensive needs receiving care at home</td>
<td>% of people admitted from home to hospital during the year, who are discharged to a care home</td>
<td></td>
</tr>
<tr>
<td>% of those newly diagnosed with Dementia will have a minimum of one year’s post diagnostic support</td>
<td>Number of people with assistive technology/Telecare or Telehealth</td>
<td></td>
</tr>
<tr>
<td>Number of people completing a reablement (SYI) intervention</td>
<td>% of statutory supervising officer visits completed within timescale for local authority welfare guardianship orders</td>
<td></td>
</tr>
<tr>
<td>% of statutory supervising officer visits completed within timescale for private welfare guardianship orders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Outcome</td>
<td>Indicators</td>
<td>2016-17 budget</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | • % of adults supported at home who agree that they had a say in how their help, care or support was provided  
• % of adults supported at home who agree that their health and care services seemed to be well co-ordinated  
• % of adults receiving any care or support who rate it as excellent or good  
• % of people with positive experience of care at their GP practice  
• Proportion of last 6 months of life spent at home or in community setting  
• Falls rate per 1,000 population in over 65s  
• % of people who are discharge from hospital within 72 hours of being ready  
• 18 weeks referral to treatment for specialist child and adolescent mental health services (90%)  
• 18 weeks referral to treatment for Psychological Therapies (90%)  
• Clients wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)  
• 48 hour access or advance booking to an appropriate member of the GP team (90%) |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</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 agree that their services and support had an impact in improving or maintaining their quality of life  
• Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections  
• % of service user/patient/carer personal outcomes being achieved at annual review | |
| Health and social care services contribute to reducing health inequalities. | • Premature mortality rate  
• 80% of pregnant women in each SIMD quintile will have booked for antenatal care by 12\textsuperscript{th} week of gestation  
• Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas | |
| People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. | • % of carers who feel supported to continue in their caring role | |
| People who use health and social care services are safe from harm. | • % of adults supported at home who agree they felt safe  
• Monitor and report on the level of adult support and protection inquiries, investigations and protection plans (under 65 and 65+) | |
<p>| 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. | • % of staff who say they would recommend their workplace as a good place to work | |</p>
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| Resources are used effectively and efficiently in the provision of health and social care services. | - Number of days people spent in hospital when they are ready to be discharged  
- % of total health and care spend on hospital stays where the patient was admitted in an emergency  
- Expenditure on end of life care  
- Reduction in home care hours resulting from SYI intervention |                |
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?**

   The Integration Joint Board is the strategic lead for delayed discharge performance in the South Partnership area.

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

   The IJB approved how additional funding from the Scottish Government would be utilised to support better outcomes for people in relation to minimising the impact of hospital delays.

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.**

   The 2015/2016 South Lanarkshire Delayed Discharge Fund was £1.812m which was allocated to home care services to tackle delayed discharge.

   The 2015/2016 South Lanarkshire Integrated Care Fund was £6.040m and this was allocated to a range of initiatives across the local authority, health, voluntary and independent sector partners which contributed to preventing hospital admission and tackling delayed discharge.

   Notwithstanding these two specific funds, within the total resources available in 2015/2016 detailed at question 3 (section 1), the joint aspiration of preventing hospital admission/tackling delayed discharge was, and continues to be a key priority for all partners.

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)

   The South Lanarkshire Delayed Discharge Fund and Integrated Care Fund both continue to be directed to prevent hospital admission and to tackle delayed discharge. The majority of the 2015/2016 initiatives continue to be recurring commitments.
As highlighted at question 4 (Section 1), the Integration Funding of £15.210m has been allocated to address demographic growth, home care, the implementation of the living wage, the change in the charging threshold and health and social care priorities to promote integration.

Notwithstanding these three specific funds, within the total resources available in 2016/2017 detailed at question 2 (section 1), the joint aspiration of preventing hospital admission/tackling delayed discharge continues to be a key priority for all partners.

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?

As highlighted at question 3 above, the 2015/2016 South Lanarkshire Delayed Discharge Fund was £1.812m was allocated to home care services to tackle delayed discharge.

The funding continues to be directed to home care services in the current financial year.

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

Delayed Discharges are monitored daily within the Partnership and more formally through a weekly meeting that the Chief Officer convenes with relevant Senior Managers who have an operational responsibility for ensuring people receive the necessary support to return home from hospital. This information is also formally reported on a weekly basis to NHS Lanarkshire’s Corporate Management Team. On a weekly basis, the position in relation to total delays fluctuates, but as a summary, inputs such as additional investment in home care, the Hospital and Home service, the intermediate beds pilot and the well established Integrated Community Support Team approach have assisted in stabilising overall delays. The position in relation to home care delays has improved recently, with less people waiting over three days for a package of support and this is positive news for the Partnership.

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

There are a number of causal factors which impact on delayed discharges within the South Partnership area, including:

- An older people’s population which is projected to rise at a more pronounced rate than the Scottish average.
- Increasing rates of emergency admissions
- An increasing number of people with multiple long term conditions being care managed in the community who are often subject to multiple hospital episodes in a given year
8. What do you identify as the main barriers to tackling delayed discharges in your area?

There are a number of challenges as opposed to barriers which the Partnership has been working on. These include:

- An ageing workforce profile which will impact in the future with regards to service provision
- Increasing home care capacity across all sectors
- Recruitment challenges with regards to General Practice and Community Nursing
- Although significant progress has been made with developments such as Integrated Community Support Teams, there is still work to be done to better understand how the impact of cultural differences across a very diverse workforce can be minimised, particularly with regards to establishing a new culture and new ways of working

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

We have undertaken extensive profiling work in relation to current and future demand for services. Consequently, the Partnership is in a strong position in terms of information and the richness of this data. On the back of this, a number of positive initiatives have been pursued and rolled out. The success of these and the visible impact on service users and carers provides a good platform in demonstrating the benefits of different ways of working. Through time, it is examples like this that will create a new

10. Does your area use interim care facilities for patients deemed ready for discharge?

Yes, we currently have a pilot within a Residential home for 8 intermediate step down beds

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?

As this is a pilot at present, this information will be collated at the end of the pilot phase

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?

This information was not readily available at the time of completing this return.

The financial monitoring arrangements continue to be developed to extend the management information available.
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 is currently implementing its Organisational Development Plan. Work has already commenced to develop a Workforce Planning Strategy for the Partnership. Much of this will be informed by the Strategic Commissioning Planning priorities.

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.**

   As highlighted above, there are a number of recruitment and retention challenges with regards to General Practice and Community Nursing. There is no doubt that should this particular challenge continue, then it could potentially impact on shifting the balance of care. That said, the Partnership, through its Primary Care Transformation programme is considering alternative models of delivering community based health services which should mitigate the potential impact of these issues.

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

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

   Until the introduction of the £8.25 wage rate, competition from other local employers often restricted applications for posts such as home carers, residential care staff and Healthcare Support Workers.

   Similar to national trends, the South Lanarkshire Partnership continues to face challenges with regards to recruitment and retention of nursing staff within independent sector Nursing homes.

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?**

   The Partnership has agreed to the funding settlement from Scottish Government whereby additional monies were made available to social care staff to ensure a minimum wage of £8.25 for all adult social care workers. It is our intention to put this into place by 01st October, 2016. In addition to the core training provided to staff employed by the Partnership, there is the ongoing registration, qualification and training requirements as stipulated by SSSC.
As part of the standard evaluation of tender bids, it is now emphasised that fair working conditions and employment practices form a scored element of the evaluation of bids. Evidence is required to support these submissions.

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

   We currently a mixed market of provision in South Lanarkshire, for example care at home services comprise a split of 60% in-house and 40% external provision and with residential/ nursing care, the split from a places perspective is 87% externally purchased and 13% provided in-house.

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

   Quarterly monitoring statements are issued and returned by the providers as a measure of compliance with agreed contractual terms and standards. In addition to this, we monitor and track the Care Inspectorate evaluation of individual and collective services. Contract Compliance Officers also have regular meetings with providers in their locality and this can include discussion on individual cases.