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?
   Inverclyde

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>72.672</td>
</tr>
<tr>
<td>Local authority</td>
<td>53.234</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>16.439</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>142.345</strong></td>
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</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>
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</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>17.704</td>
<td>16.439</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>35.109</td>
<td>33.623</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>38.288</td>
<td>39.049</td>
</tr>
<tr>
<td>Social care</td>
<td>49.787</td>
<td>53.234</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>140.888</strong></td>
<td><strong>142.345</strong></td>
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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.

   - £1.269m to fund anticipated social care pressures
   - £0.494m to fund increased NCHC costs in 16/17
   - £0.293m to fund implementation of Scottish Living Wage to non-residential care providers from 1st Oct 2016
   - £0.278m to fund additional costs of sleepovers
   - £0.110m to fund anticipated income reductions through changes to charging thresholds
   - £1.556m IJB still to agree how this will be utilised in 2016/17

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

Difficulties with the timing of budget setting processes across the different funding partners. The Health Board budget was only agreed late June. Uncertainty regarding the additional cost of things like implementation of the Living Wage etc.

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?

Working with the Health Board to bring forward HB budget setting from 17/18.

Continuing to work to analyse the anticipated impacts of changes such as Living Wage as these changes come forward. Learning from past experience to improve future scenario planning

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

Budget is still interim. Due to be finalised at Sept IJB meeting.

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

Ideally in March 2017. We have already started preliminary budget planning

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:

Still to be determined

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

£1.043m on social care services which are already being implemented, £0.911m on Health Services, some of which are still to be identified/agreed. Anticipated that the social care services savings will be delivered in full in 16/17. Anticipated that only £0.25m of the Health savings will be delivered in cash releasing terms in 16/17.
11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)

Not at the moment
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>Performance against all nine National Wellbeing Outcomes will be monitored using the 23 National Performance Indicators as prescribed by the Public Bodies (Joint Working) (Scotland) Act 2014.</td>
<td>We are not able to link our budget to these outcomes.</td>
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<td></td>
<td>It is unlikely that budgets will be able to be linked accurately to the outcomes in future, as efficient spend will mean that the same money will in most cases contribute to the delivery of multiple outcomes. The strength of the outcomes lies in their presentation as a suite of requirements that together shape a person-centred approach, so it would be counterproductive to try to separate them out to ascribe levels of spend to the delivery of individual outcomes.</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>See above.</td>
<td></td>
</tr>
<tr>
<td>National Outcome</td>
<td>Indicators</td>
<td>2016-17 budget</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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<td>People who use health and social care services have positive experiences of those services, and have their dignity respected.</td>
<td>See above.</td>
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<tr>
<td>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</td>
<td>See above.</td>
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<td>Health and social care services contribute to reducing health inequalities.</td>
<td>See above.</td>
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<td>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.</td>
<td>See above.</td>
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<td>People who use health and social care services are safe from harm.</td>
<td>See above.</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>See above.</td>
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<tr>
<td>Resources are used effectively and efficiently in the provision of health and social care services.</td>
<td>See above.</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?**

Inverclyde HSCP takes the lead role with partners from Secondary care to ensure effective planning and co-ordination to address Delayed Discharges for the population of Inverclyde.

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

We have responsibility for both the services that have developed over a number of years to manage Delayed Discharges as well as the direct additional funding received from Scottish Government over the next 3 years.

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.**

Direct funding of £528,000 was received by the partnership consolidating funding already embedded within services such as Homecare, District Nursing and Discharge Teams.

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 £130,000
   b. Local authority £704,000
   c. Other (please specify) and a carry forward of £124,000 to be allocated

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 a result of funding available from elsewhere within out budgets, we have carried forward the additional allocation and plan to spend it within 2016-2018.

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

Additional funding has provided additional capacity across services particularly to meet additional demand for Care Home Beds.

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

Whilst this problem is multi-factorial, a key issue is the sheer practicality of co-ordinating individual needs and carers’ expectations within a challenging care home market, particularly reducing availability of care home beds.
8. What do you identify as the main barriers to tackling delayed discharges in your area?
Unpredictability of demand requiring flexibility in deployment of resources particularly in Homecare.

9. How will these barriers to delayed discharges be tackled by you?
We continue to work closely with partners in both Acute services and the care home market to predict and manage demand.

10. Does your area use interim care facilities for patients deemed ready for discharge?
No.

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?

Early identification of complex patients following admission has ensured that this has not become an issue for Inverclyde.
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 full delegated responsibility for the delivery of a defined list of services – the IJB is therefore responsible to ensure that such services are adequately staffed to safe and effective levels, and with the right mix of professionals to meet need. The authority for this is delegated to the Chief Officer and thereafter to his management team. In respect of services commissioned by the HSCP from the third and independent sectors we monitor against Care Inspectorate agreed staffing levels to ensure adequate staffing is in place.

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.

We are not in a position to answer this at this stage. We are developing our required Workforce Plan (People Plan) by the deadline of 31st March 2017 and as part of that process we are undertaking considerable survey work and analysis to determine pressure areas and workforce needs. This analysis will allow us to be in a better position to know if we have the workforce we need to deliver on key strategic and operational requirements.

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

We are progressing will with local joint working to consider where a community response be is more appropriate to delivering improved outcomes for people.

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

Per question 2, were are scoping exactly this kind of issue in the development of our People Plan. We do not have retention issues locally and have largely had positive experiencing in filling posts – notwithstanding the challenges that are felt nationwide in respect of availability of suitability trained and experienced staff, and filling temporary posts due to the non-recurring nature of some of our funding.

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?
Legal will issue a minute of variation to ensure all staff will be paid the living wage. The contracts manager will monitor to ensure staff in all sectors are paid the living wage.

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

% Split Internal/External for Older People Care Homes - 100% External
The HSCP has no Older People Care Home provision in-house (15 Care Homes)

% Split for Care at Home Services
60% Internal and 40% External. (10 Providers providing homecare)

% Split for Housing Support
100% External – Wardens services were transferred to external agency. (4 Providers)

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

Inverclyde HSCP has a Contract Management Framework in place for the management of contracts.

Contract Monitoring is the process by which Contract Officers from Inverclyde HSCP Quality and Development Team monitor standards within services purchased and subject to Contract.

Contract Monitoring ensures contracted providers of Social Care Services are meeting the service specification, maintaining the HSCP’s and National Care Standards and are operating within the legislative requirements.

This is an essential process to monitor quality of delivery of services to vulnerable service users and to ensure Best Value.

There is Risk Assessment which is carried out yearly on services to determine their risk category for Contract Monitoring. The Risk Assessment covers: Quality of Infrastructure; Management & Staffing; Annual Spend by Inverclyde; Service Specification/ Contract Position; Evidence from routine monitoring; Service Type/Client Risk; Strategic Fit; Financial Assessment (Housing Support Services only)