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?
   ANGUS

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

	£m
Health board	101621
Local authority	43837
Set aside budget	11759
Total	157217

   All based on budgets information at March 2016.

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.

£m	**2015-16**	**2016-17**
Hospital	11759 [1]	11759 [1]
Community healthcare [4]	N/A [2]	42243 [2]
Family health services & prescribing	47505	48151
Social care	50652	55064 [3]
Total	**N/A**	**157217**

1. Notional budgets.
2. No direct equivalent budget for 2015/16 due to configuration of services within NHST.
3. Includes Integration Funding.
4. Includes full Partnership allocation for Delayed Discharge and Integrated Care Fund.

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 proposed allocation of this funding was initially set out in a report to Angus IJB Board in February 2016. A follow up report is currently being prepared for the IJB Board and a final report will be provided to the IJB in due course.

   Provisional allocation as follows

Tranche 1	Description	Proposed Allocation
Growth Bid	Learning Disability (Children In Transition)	£497k
Growth Bid	Mental Health	£230k
Growth Bid	Older Peoples Services	£700k
Income	Charging	£120k
Additional Capacity	To be confirmed	£1123k

Total		£2670k

Tranche 2	Description	Proposed Allocation	
Third Party	Contract Uplifts	£262k	
Third Party	Contract Uplifts	£177k	
Third Party	Rounding	-£5k	
Third Party	Scottish Living Wage	£1100k	
Staff Costs	Pay Inflation	£263k	
Staff Costs	National Insurance	£396k	
Staff Costs	Increments	£100k	
Additional Funding	Learning Disability Delayed Discharge	£277k	
Additional Funding	To be confirmed	£100k	
Total		£2670k	

Some of our plans local plans (eg re Scottish Living Wage and Additional Capacity) require further work to ensure consistency with local Strategic Plans etc. The protracted nature of concluding the implementation of HSCI, resolving NHS budgets (including savings targets) and then addressing the Scottish Living Wage have been the focus of significant attention over recent months since April 2016.

Budget setting process

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

   Resolving budget discussions with NHS Tayside for 2016/17 was a protracted process complicated by issues regarding hosted services and clarifying devolved budgets, lack of detail to support savings targets, risks regarding prescribing savings and lack of a forum to progress and conclude discussions with NHST.

   While the budget to be devolved from Angus Council were clearer, the complications regarding the detail of the £250m were difficult to absorb in the budget setting process and we feel have potential to cause long term complications.

   The overall issue of implementation of Scottish Living Wage is proving complicated for reasons including:-

- Range and variation in existing contracts.
- Poor historic data to allow us to tackle this type of issue.
- Significant other work pressures (e.g. implementation of HSCI, delivering the strategic plan).
- Multiple factors impacting on cost changes (overnight costs, national insurance, local contract frameworks).
- Clarity re securing provider's contributions.

Lack of clarity re Scottish Government funding for full year impact of Scottish Living Wage and, in particular, the lack of clarity regarding long term status of the Integrated Care Fund.

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?

   We have set up regular budget discussions with Angus Council and have requested regular budget discussions with NHS Tayside to assist with future year budget setting. Discussions with NHS Tayside have yet to be confirmed by NHS Tayside.

   We are working with other IJBs to resolve final issues re hosted service and devolved budgets.

   The IJB is developing local plans to deliver future NHS savings and will work alongside NHS Tayside Transformation Programme to do this. Similar work will be in place regarding Adult Services.

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

   The budget was finalised at the end of June 2016 and has been agreed with the IJB Board subject to a number of final clarifications including:-
   - F feedback from NHS Tayside.
   - Final clarification regarding details of some devolved and hosted budgets.
   - Clarifications regarding some carry forward allocations from previous years and the Outcomes Framework.

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

   March 2017 provisionally.

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:

   Our Strategic Plan sets out a range of improvement activities that aim to shift resources this includes:
   - a shift from internal services to independent sector services;
   - from statutory provision to third sector preventative and community based support;
   - from hospital to community based services;

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

The IJB has agreed efficiency savings as follows:-

NHS Community & Hospital Services	£1.957m
NHS Prescribing	£1.164m
Adult Services (Social Care)	£2.566m.

A recent assessment of NHS Community and Hospital services completed in August 2016, suggested that the majority of the £1.957m will be identified this financial year with further work required to identify required recurring savings.

Current assessments are for significant shortfalls regarding identifying Prescribing savings.

An assessment is currently being undertaken of the progress towards delivering the savings target agreed regarding Adult Services savings targets.

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

    There are no plans at this time to delegate further functions from Angus Council or NHS Tayside to Angus IJB.

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

The Scottish Government has prescribed 23 national core indicators designed to show progress against the nine national outcomes. We are currently working on the development of a performance framework which will extend the national core indicators and provide a more robust assessment of progress towards the national outcomes. Some of the indicators are detailed in the tables below. Further indicators will be developed. These indicators are draft, they are not yet fully described and defined. We need to clarify that measurement is possible.

There is overlap between the national outcomes with some indicators possibly showing progress against more than one of the national outcomes.

Our budget is not set up to be aligned to the national outcomes. We are not clear how this could be achieved.

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

National Outcome	Indicators (national core indicators identified by number)	2016-17 budget
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 (1) Premature Mortality Rate (11) rate per 1000 65+ requiring no further service following Enablement average community alarm response time Smoking Cessation (12 weeks post quit) Number of community groups Rate per 1000 population of adults volunteering in Angus % 65 who live at home % achieving goals set out in their Outcome Focussed support plan % people who spent the last 6 months of life at home or in community setting (15) Delayed Discharge number of people waiting for accommodation Pot-diagnostic dementia support Percentage of people who need help with their drug/alcohol problem will wait no longer than 3 weeks for treatment	

National Outcome	Indicators (national core indicators identified by number)	2016-17 budget
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.	No of Community Alarm Users % of adults supported at home who agree that they are supported to live as independently as possible (2) % achieving goals set out in Outcome Focused support plan % of adults with intensive care needs receiving care at home (18) % of people who access SDS - Option 1 % of people who access SDS - Option 2 % of people who access SDS - Option 3 % of people who access SDS - Option 4 % of young people supportedto adult services through transition arrangements % home care service users receiving care evening/overnight % home care service users receiving personal care personal care - Actual hours per 1000 pop Personal care - Actual service users (No.) by age group Personal care - rate service users per 1000 pop by age group Personal care - All actual hours supplied (No.) No of Service users 65+ with Technology Enabled Care (Telecare) (excluding community alarms) number of supported accommodation units/ care home beds by type % of people discharged from hospital within 72 hours of being ready (22) Bed Days Lost to Delayed Discharge by age Number of days people spend in hospital when they are ready to be discharged (!9) Emergency Admission Rate for adults (12) % of people admitted from home to hospital during the year, who are discharged to a care home (21) Proportion of people aged 75 and over living at home who have an Anticipatory Care Plan shared with Out-of-Hours staff Readmissions Rates per 1,000 discharges at 7 & 14 Days _ check definition from ISD of readmission rates at 28 dates and use similar Waiting times between request for a housing adaptation, assessment of need, and delivery of any required adaptation	

National Outcome	Indicators (national core indicators identified by number)	2016-17 budget
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Percentage of people with positive experience of care at their GP practice (6) Percentage of adults supported at home who agreee that their health and care services seemed to be well co-ordinated (4) Proportion of care services graded as 'good' or above in Care Inspectorate inspections (17) Percentage of adults receiving any care or support who rate it as excellent or good (5)	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Measure of dependency: before and after re-Reablement. rate per 1000 people who have received Respite care by age Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (3) % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (7) No of Service users 65+ with Technology Enabled Care (Telecare) No. exiting Drug & Alcohol Team referred within 6 months % of people with newly diagnosed psychosis (all ages) that start evidence based interventions within 14 days of referral to specialist mental health services. [which psychoses to include]. % starting psychological therapy treatment within 18 weeks of referral. % of all discharged patients followed-up by specialist community mental health services within 7 calendar days % patients seen more than once showing improvement in level of functioning and severity in comparison to initial assessment using a clinical outcome measure e.g. CORE, CGI , mandatory data set	

National Outcome	Indicators (national core indicators identified by number)	2016-17 budget
Health and social care services contribute to reducing health inequalities.	Mental health staff per 100,000 population (NRAC adjusted) (source = adult toolkit) Total psychiatric beds per 100,000 population (NRAC adjusted) . (source = adult toolkit) % patients registered with a GP who are on a primary care severe and enduring mental illness (SEMI) register. Number of compulsory treatment orders (CTO) per 100,000 population. (Source = MWC) % psychiatric admissions under compulsion (source = adult toolkit and MWC)	
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 (8) carer assessments undertaken as % of assessments offered % carers who reported that most of the time they have a good balance between caring and other things in their lives	

National Outcome	Indicators (national core indicators identified by number)	2016-17 budget
People who use health and social care services are safe from harm.	Falls rate per 1,000 population in over 65's (16) Suicide rate per 1,000 population adults % of adults supported at home who agree they felt safe (9) Readmission to hospital within 28 days of discharge (14) Number and % adult protection investigation leading to plan Number and % guardianship held by CSWO information governance breach Complaints (formal) falls with harm pressure ulcers-grade 3 and above Nutrition - unintentional weight loss >10% local adverse events Crude suicide rates per 100,000 population (source = adult toolkit and scotsid) % patients on clozapine whose physical healthcare monitoring follows national guidance. % patients on Lithium whose physical healthcare monitoring follows national guidance	

National Outcome	Indicators (national core indicators identified by number)	2016-17 budget
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.	Health & Safety - stress related incidents % of health staff who have had an eksf review within the last 12 months % of staff who say they would recommend their workplace as a good place to work (10) % social work staff who have had an appraisal in the last 12 months Annual staff survey responses - need to identify existing questions that meet outcome Sickness/absence rate all services	

National Outcome	Indicators (national core indicators identified by number)	2016-17 budget
Resources are used effectively and efficiently in the provision of health and social care services.	% of total health and care spend on hospital stays where patient admitted in an emergency (20)	
	Cost of emergency inpatient bed days for people over 75 per 1000 population	
	No of people delayed in hospital more than 14 days	
	Cost of delayed discharge.	
	Supplementary Staffing- Cost in £- Bank (Total cost for financial year running total)	
	% of total hours lost due to sickness	
	Supplementary Staffing- Cost in £- non-Medical overtime (Total cost for financial year running total)	
	aditional part-time hours Cost	
	Supplementary Staffing- Cost in £-Agency (Total cost for financial year running total) medical and non medical	
	Financial Performance : In year overall IJB performance against budget with breakdown for A) former Council Services, B) Former NHS Services, C) Hosted Services, D) Prescribing, E) Family Health Services.	
	Financial Performance : Recurring overall IJB Performance against budget with breakdown for A) former Council Services, B) Former NHS Services, C) Hosted Services, D) Prescribing, E) Family Health Services.	
	Assessment of best value	
	A measure of the balance of care (e.g. split between spend on institutional and community-based care)	
	% of total health and care spend on hospital stays where the patient was admitted in an emergency.	
	Expenditure on End of Life care (23)	
	Mental Health expenditure per head of population by NHS Board. (source = adult toolkit)	
	% mental health expenditure on community mental health. (source = adult toolkit)	
	Use of supported decision making mechanisms, to include:	

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?**

   We are fully responsible for tackling delays in discharge. The improvement activity within our strategic plan is aimed at addressing delays in discharge and improving community based services so that over time there will be reductions in admissions. Bed days lost due to delayed discharge has reduced from 6,991 in 14/15 to 4,290 in 15/16.

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

   The additional sums allocated by the Scottish Government for tackling delays in discharge sit within the budget for Angus IJB. Other resources that have been delegated to the IJB by both NHS Tayside and Angus Council are directed by the IJB. All these resources come under the management of the Chief Finance Officer for the Angus 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.**

   The only funding that was discretely identified for tackling Delayed Discharges was the 2015/16 Government allocation for that purpose. Other resources are aligned to ensure that local services do respond to Delayed Discharge issues.

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)

   As per 2015/16, funding is generally not discretely identified for tackling Delayed Discharge but local resources are aligned to respond to Delayed Discharge issues. Total funding for 2016/17 is as follows:-

   1. Via NHST, Scottish Government funding of £639k.
   2. As part of £250m, £277k to address Learning Disability complex Delayed Discharges.

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?**

Project	2015/16 Spend	2016/17 Provisional Budget	2017/18 Provisional Budget
Develop Home Care Market Contracts	0	100	0
Enhanced Community Support	4	350	0
Working with Communities	115	0	0
Other	69	189	0
Acute Sector	558	0	0
Total	£746k	£639k	0
Comments	Includes £107k brought forward from 2014/15		All TBC in due course

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

Our data indicates that there has been a decrease in the number and proportion of delayed discharges in Angus. For 3 weeks in June 2016 there were no delays from Ninewells Hospital. Work continues to make sustainable improvements to the discharge pathway to ensure that all people admitted to our hospitals have a safe, effective and person-centred discharge. Bed days lost due to delayed discharge has reduced from 6,991 in 14/15 to 4,290 in 15/16.

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

A new hospital discharge audit process was introduced in May 2016 in order to better understand the discharge pathway and causes of delays. This covers all operational wards within Angus Community Hospitals and 2 wards at Stracathro Hospital. The audit identifies the age and gender of a patient; the date that they become clinically fit; the actual date of discharge; and the reason for the delay. Data suggests that the main causes of delays are an increase in complex cases (e.g. patients requiring specialist housing, “double-up” provision, Guardianship application or a specialist residential or nursing home placement) and the lack of available services. The latter includes the availability of care at home services and care home services. Available care home services are impacted by the level of inward placement into Angus by other authorities (over 20% of the available beds are taken by other authorities). Available home care services are impacted by recruitment issues and service capacity at peak times.

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

The main barriers to tacking delayed discharges are the limited supply of care at home provision and the range and supply of care and nursing home provision limited by inward placement by other authorities who have insufficient capacity within their own area. There are also some challenges about very specialist care which may require regional solutions. Access to specialist supported housing arrangements for the complex care of adults with learning disability and some with functional mental illness account for most complex delays

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

Barriers are being tackled in both these areas. The Help to Live at Home programme aims to transfer care at home services for older people from being largely provided directly by Angus Council to being largely rovided by external providers. The programme has progressed more quickly than anticipated with the external market share growing ahead of targets and created an increase in choice of provider for supported people in line with the implementation of Self-Directed Support. It is anticipated that as the programme continues it will create a more responsive service for those awaiting hospital discharge. A Care Home Review has been initiated to complete an options appraisal of new models of residential provision. Work is progressing with the local authorities housing team on the development of a learning disability accommodation strategy which will deliver improvements in specialist housing. A housing contribution statement has been produced in support of the Strategic Plan.

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

Yes

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?

We have commissioned these services, from the independent sector for many years. The average length of stay is 6 weeks.

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?

This information is not currently 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 integrated Joint Board is the commissioner of services.

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.**

   Care at home services are inadequate in all areas due to the challenges faced across all providers in recruiting staff. Care homes also face challenges in recruitment particularly recruitment of nurses.

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

   A major barrier is the Regulation of Care (Scotland) Act 2001 which due to the requirement of multiple registrations stifles the flexibility of care providers and their ability to develop community-based resources. For example, people from the community joining in activities at the care home without the need for a day care registration, care home staff reaching out to people in their neighbourhood to support medication or personal care without the need for a home care registration. Such requirements have prevented tests of change which would allow us to work out sustainability of such provision, staffing requirements, cost etc. Locally we are seeing significant evidence that nurses in nursing homes provide little or no nursing, most particularly overnight and greater flexibility from the Care Inspectorate in workforce requirements would reduce need for nursing staff where the needs of the residents could be managed by social care staff. Bank nursing staff support is very expensive for providers and we are advised that this is currently used regularly.

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

   There is an aging local population, a limited pool of potential paid carers and a perception that the work is of low value. Providers report high drop out rates as applicants complete induction and training programmes and realise that the work is not right for them or financially viable. Providers struggle to compete with the pay rates of local supermarkets and new staff may be asked to pay upfront for uniform and PVG check. Locally zero hour contracts do not appear to exist and are not one of the issues raised. There are limited opportunities for career progression beyond moving between providers and community and care home settings. Apprenticeship opportunities are limited or do not exist.

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?**

   Under the National Care Home Contract arrangements there will be two uplifts in rates paid this year to assist providers to meet requirements related to the living wage and career development in the care home setting.

   Framework providers have the opportunity annually to review their charges and the expectation is that they will have factored in the planned changes. If providers have not done so and this causes them difficulties, these will be addressed with them individually.

   A Third Party Cost Pressure Group with representatives from Angus Council and Angus Health and Social Care Partnership is engaging with providers of day care and accommodation-based services to ensure that they are planning for the changes accordingly. This will highlight any concerns about the sustainability of services and again, these will be addressed with individual providers.

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

   In relation to home care, 58% services are being provided externally and 42% internally – the trend is towards the growth of external provision.

   In relation to care homes there are 30 care home in Angus, three are operated by the local authority (representing approximately 6% of the beds)

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

   Workers in care management services play a key role in identifying concerns across care home and care at home services. This is achieved via formal reviews and informal contact with customers and they are often the first point of contact for concerns raised by carers, families, District Nurses etc. Concerns are recorded and passed on to Contracts Officers who monitor compliance. Any concerns or complaints are timeously addressed and remedial action taken as necessary. Where it is appropriate concerns are also passed to the Care Inspectorate. 6-monthly monitoring meetings are held with the larger providers to monitor quality of care and compliance. The Angus Social Care Providers Forum meets bi-monthly and was established to grow the skills and capacity of provider organisations. A representative from Angus Health and Social Care Partnership regularly attends. The Partnership also funds the post of Integration Lead through Scottish Care to support communication with the independent care sector.