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?

The Highland 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>489.672</td>
</tr>
<tr>
<td>Local authority</td>
<td>91.600</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>N/A*</td>
</tr>
<tr>
<td>Total</td>
<td>581.272</td>
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</table>

* No set aside budget (all budgets included in the partnership)

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>367.819</td>
<td>365.115</td>
</tr>
<tr>
<td>Community healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>101.516</td>
<td>100.183</td>
</tr>
<tr>
<td>Social care</td>
<td>111.540</td>
<td>115.974</td>
</tr>
<tr>
<td>Total</td>
<td>580.875</td>
<td>581.272</td>
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</tbody>
</table>

In order to breakeven, in 2016/17, savings of £22.4m need to be achieved.

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.

Amount allocated £10.7m, planned utilisation as follows:

- £3.2m Living Wage
- £2.6m Full year effect of existing packages
- £1.2m Care Home contracts uplift
- £2.7m Highland Council net reduction in core budget funding to offset wider budget pressures
- £1.5m Pay / National Insurance increases
- £0.5m Other
- (£1.0m) Shortfall on the above – to be met from efficiencies
Budget setting process

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

The change in Local Authority settlement led to a re-negotiation of the previously agreed funding provided by the Highland Council. As a result of this, the Council’s funding reduced and this was covered from part of the £250m as set out above. This partly reflected the fact that the guidance for the £250m reflected the IJB model rather than the Lead Agency model. The guidance appeared to allow for some financial benefit to accrue to the Local Authority from the £250m. The Council’s reduction in funding to the Partnership was the mechanism by which this was handled in the Lead Agency model.

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?

Weekly informal chief officer meeting attended by THC and NHSH leads. Review of PIs ensuring THC and NHSH sign up. ASCG agreed priorities for improvement groups Engagement with stakeholders including staff, service users, Board & THC We hope to put in place three-year agreements with Highland Council – however this is always likely to be depend upon the Council’s settlement being as planned (or not materially different).

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

February 2016

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

We would aim for February 2017 at the latest, but this will very much depend on the timing of the next Spending Review.

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:

As we have now been integrated for 4 years, we have seen a shift in resource from institutional based care – hospital and care homes to home based care which we would expect to continue. We have also lost the artificial divide of budgets within integrated community teams enabling recruitment of the right skills to keep people safe and well at home. Finally, we are exploring alternative housing models to meet demands in the future again reducing the reliance on institutional care.

10. What efficiency savings do you plan to deliver in 2016-17?
As set out under Q3, savings of £22.4m need to be delivered in the Highland Partnership in 2016/17. Generally speaking, these will be delivered across the health and social care economy (as noted above it is increasingly difficult to differentiate between health and social care budgets).

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

All Adult Social care was devolved to NHS Highland in 2012 and there are no plans to devolve any other functions currently.

All community Child Health functions were devolved to the Highland Council in 2012 and there are currently no plans to devolve any other functions.

Whilst we have tried to answer the questions to reflect the current position it is worth highlighting that Highland operates under the Lead Agency model, and this is now in its 5th year. Therefore many of the questions, that reflect the new IJBs that have been established from 1 April 2016, do not have a direct bearing on the situation in Highland.
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. | • Providing targeted Reablement services through Integrated District Teams: 40% of people receiving Reablement interventions do not require ongoing care interventions after initial 6 weeks.  
• The development in the delivery of alcohol brief interventions in wider settings  
• The number of health screenings provided for people with learning disabilities: all people with learning disabilities and epilepsy are offered an annual nurse led review of their condition  
• The time taken to access drug or alcohol treatment services: by March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery  
• Rate of alcohol related mortality in Highland  
• Self-care indicator (how many people following reablement have reduced dependency)  
• Sensory Impairment - Self Management, The percentage of people completing a rehabilitation course who have confirmed a positive outcome on their ability self manage  
• Promotion of Living it Up to support self management  
• Testing of Home health monitoring to support those with long term conditions. | |
<table>
<thead>
<tr>
<th>National Outcome</th>
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</table>
| 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. | Providing targeted Reablement services through Integrated District Teams: 40% of people receiving Reablement interventions do not require ongoing care interventions after initial 6 weeks  
The number of health screenings provided for people with learning disabilities: all people with learning disabilities and epilepsy are offered an annual nurse led review of their condition  
Increase the age of admission of older people to long-term residential and nursing care  
- People who have dementia will receive an early diagnosis: maintain the proportion of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources  
- Number of enhanced telecare packages  
- The number of people, by age group, receiving a care at home service  
- Number of people, by age group, receiving a care at home service in the evenings or overnight  
- Number of people, by age group, receiving a care at home service at weekends  
- The number of hours of home care provided to older people (as a rate per 1,000 population aged 65+)  
- Number of people in receipt of Long Term Housing Support Services  
- Reduce the number of younger adults, aged 18-64, in institutional care settings  
- Reduce the number of people with learning disabilities, physical disabilities and complex needs or challenging behaviours placed outwith the Highland region: continue to review cases in out of area placements and return to Highland those already placed outwith the region where appropriate  
- The number of people receiving a Self Directed Support package options 1, 2, 3, and 4, by age group  
- Increase the number of people with learning disabilities who are in further education  
- The number of people who have their hospital discharge delayed: no hospital discharges delayed by 4 or more weeks (by April 2013 then 2 weeks by April 2015  
- Percentage of people aged 65 or over with intensive needs receiving care at home   |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who use health and social care services have positive experiences of those services, and have their dignity respected.</td>
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<tr>
<td></td>
<td>- The time taken to access drug or alcohol treatment services: by March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery</td>
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<tr>
<td></td>
<td>- People who have dementia will receive an early diagnosis: maintain the proportion of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources</td>
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<td>- Number of people who are in urgent need who are able access 24x7 response co-ordination through the NHS Highland's Out of Hours Hub</td>
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<td></td>
<td>- The number of people, by age group, receiving a care at home service</td>
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<td></td>
<td>- Number of people, by age group, receiving a care at home service in the evenings or overnight</td>
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<td></td>
<td>- Number of people, by age group, receiving a care at home service at weekends</td>
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<td></td>
<td>- The number of hours of home care provided to older people (as a rate per 1,000 population aged 65+)</td>
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<tr>
<td></td>
<td>- The number of people receiving a Self Directed Support package options 1, 2, 3, and 4, by age group</td>
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<tr>
<td></td>
<td>- Monitor complaints: increase percentage of stage 2 complaint responses completed within 28 days</td>
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<tr>
<td></td>
<td>- The time taken to access mental health services:</td>
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<tr>
<td></td>
<td>- Deliver faster access to mental health services and 18 weeks referral to treatment for Psychological Therapies from December 2014</td>
<td></td>
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<tr>
<td></td>
<td>- Percentage of adults satisfied with social care or social work services</td>
<td></td>
</tr>
<tr>
<td>National Outcome</td>
<td>Indicators</td>
<td>2016-17 budget</td>
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</tbody>
</table>
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.                                                                 | • The number of people, by age group, receiving a care at home service  
• Number of people, by age group, receiving a care at home service in the evenings or overnight  
• Number of people, by age group, receiving a care at home service at weekends  
• The number of hours of home care provided to older people (as a rate per 1,000 population aged 65+)  
• People perceive themselves to be socially and geographically connected                                                                                                                                                                                                                       |               |
| Health and social care services contribute to reducing health inequalities.     | • The development in the delivery of alcohol brief interventions in wider settings  
• Increase the number of people with learning disabilities who are in paid employment                                                                                                                                                                                                                                                                        |               |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| 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. | • The number of respite bed nights provided by age group  
• The number of respite day hours provided by age group  
• Increase the number of Carer Support Plans through the Highland Carers Centre  
• Increase the number of new requests for information through the Highland Carers Centre service  
• Increase the number of peer support sessions facilitated by the Highland Carers Centre service  
• Increase the number of carers in receipt of training by the Highland Carers Centre service  
• Advocacy Highland – Independent Individual Advocacy Service: target is for the Organisation to provide a Service to a minimum of 550 cases per each year of the Contract in place with NHS Highland and The Highland Council | |
| People who use health and social care services are safe from harm. | • Number of people who are in urgent need who are able access 24x7 response co-ordination through the NHS Highland’s Out of Hours Hub  
• Adult Protection Plans are reviewed in accordance with Adult Support and Protection (ASP) Procedures  
• Improve people’s perceptions of their levels of safety  
• Number of Guardianships reviewed within required timescale | |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| 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. | - The workforce is effectively trained in Adult Support and Protection  
- Number of Guardianships reviewed within required timescale  
- Sensory Impairment - Awareness Raising  
- The percentage of staff, across all sectors, impacted positively by taking up training - face to face or through LearnPro  
- Increase, by age band, the number of people stating that they volunteer on a regular basis |                |
| Resources are used effectively and efficiently in the provision of health and social care services. | - Improve service delivery through service review and redesign  
- The number of people who have their hospital discharge delayed: no hospital discharges delayed by 4 or more weeks (by April 2013 then 2 weeks by April 2015)  
- Reduce the number of bed days lost due to delayed discharges  
- Home Care costs per hour for people aged 65 or over  
- Self Directed Support (Option 1) spend on people aged 18 or over as a % of total social work spend on adults  
- Net Residential costs per Capita per week for Older Persons (over 65) |                |
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?

**Full responsibility**

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

**Full responsibility**

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

   *This figure cannot be disaggregated from budgets directed to deliver care at home, care homes, integrated teams, virtual wards, community and hospital huddles.*

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)

   *This figure cannot be disaggregated from budgets directed to deliver care at home, care homes, integrated teams, virtual wards, community and hospital huddles.*

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?

   **See response to question 3 above**

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

   *Considerable reduction in those awaiting care at home in the Inner Moray Firth area. Enabled testing of new models of care at home utilising Individual Service Funds. Additional support to Care Homes through development of an improvement team.*

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

   *Our fluctuations are as result in the main of care home capacity. We have worked very closely with our care at home providers developing tariffs and a shared approach to zoning in the Inner Moray Firth area which has greatly reduced extended waits for care at home. Flexible and innovative*
use of Self Directed support Individualised packages has also enabled the development of local models of care delivery supporting people at home in their community.

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

Unacceptable quality in some care homes which can take capacity out of the system and can take some time to improve. Our expectations on quality within care homes is clear and some providers struggle to achieve these standards consistently.

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

We work pro-actively with our care home providers to provide them with all support necessary to drive standards up and ensure the best quality care.

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

In such a rural area this is often not an option as it would entail families being separated from the patient by an unacceptable distance.

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?

Not applicable.

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?

The graph below presents a comparison of code 9 delayed discharge opportunity costs based on 12/13 average bed day costs, using ISD data.
## Estimated Total Bed Day Costs for Code 9 Delayed Discharge Patients

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15*</th>
<th>2015/16*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated average daily cost</td>
<td>£190</td>
<td>£214</td>
<td>£214</td>
<td>£214</td>
</tr>
<tr>
<td>Bed Days Occupied Code 9</td>
<td>6,953</td>
<td>9,511</td>
<td>11,582</td>
<td>18,378</td>
</tr>
<tr>
<td><strong>Total Cost Code 9 OBDs</strong></td>
<td>£1,321,070</td>
<td>£2,035,354</td>
<td>£2,478,548</td>
<td>£3,932,892</td>
</tr>
</tbody>
</table>

* Costs used are 2013/14 estimates of £214
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?

**We are totally responsible.**

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.

**Yes**

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

**The new models require different facilities as well as a wider involvement of communities, Third and Independent sector partners. This requires a real investment in time and trust and a recognition of the value that these sectors can bring to 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?

**The main barriers are the current low levels of unemployment, with the caring profession competing against other employers also paying Living Wage for less demanding roles (Highland unemployment levels are lower than the national average – 3.9% compared to 5.7%).**

**Rural population with several organisations aiming to recruit same people e.g. C@H staff. This has been addressed by implementation of Tariff and Living wage. Recruitment of social workers rarely an issue and introduction of Trainee Social Worker scheme offers opportunities for local unqualified staff to learn and work and qualify whilst living in their own home town.**

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?

**Discussions are in progress with the sector regarding the implementation of the SG living wage commitment by October 2016 in respect of care homes (all client groups) and support/housing support. Payment of the Living Wage has been delivered by care at home providers in Highland since April 2016.**
6. What proportion of the care for older people is provided by externally contracted social and community care staff?

Information on staff numbers is not known, but the breakdown of activity by sector is as follows:

Care at home (as at 19 June 2016): In House: 5,660 hours pw (39%)/ Independent Sector: 8,964 hours pw (61%)

Care homes (for older people): In house: 192 beds (11%) / Independent Sector: 1,541 beds (89%)

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

Within the Contracts Team, there is a contract monitoring function undertaken by Area Contracts Officers. This role is to ensure that key contractual requirements are being fulfilled. This includes seeking evidence around contract volumes, evidence of delivered care and (where appropriate) evidence of payment of the Living Wage. In terms of care compliance, the contract monitoring function links closely with the operational Designated Manager and Service Improvement Lead, along with the Care Inspectorate, in highlighting care concerns and working in partnership to support and address any concerns.