

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?

Orkney

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

	£m
Health board	15.6
Local authority	16.8
Set aside budget	
Total	32.4

It hasn't been possible for NHS Orkney to calculate the set aside budget due to limited resources and other priority areas taking precedence, such as how to deal with the pressures that will occur and efficient use of IJB resources going forward. This is a costing exercise and don't see the funds moving out of the hospital.

There is also £1.074m received in relation to the integration funding which was received via Health Boards in regards to Social Care

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	1.1	1.0
Community healthcare	6.9	7.1
Family health services & prescribing	7.7	7.5
Social care	17.6	16.8
Total	33.3	32.4

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 allocation for Orkney is £1.074m. To date this money has been used for the Living wage and to increase the buffer for Home Care charges. There is still further negotiations on the remainder of the funds.

Budget setting process

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

Lack of timeline alignment between Council budget setting processes and NHS budget setting processes as per the Local Delivery Plan. This required work within the partnership to manage the interim stage. This should be addressed at a national level through an agreed alignment of processes. Neither Council budget setting process nor NHS LDP processes have moved in line with the moving expectations on IJBs.

In terms of setting a balanced budget, challenges focussed on managing the increasing unfunded cost pressures arising from Self Directed Support legislation, increasing levels of statutory service demand for services such as residential childcare, and the disproportionately high locum cost cover implications of health professional staff cover requirements that are emphasised due to the geography of our island setting.

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?

This will be dependent on the situation in future years and may require further interim budget arrangements.

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

29 June 2016

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

As noted above this is dependent on whether changes are made to Council or NHS processes and timelines but in the absence of alignment in this area and assuming same process as this year then not before June 2017.

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan:

We are making use of a Joint Strategic Needs Assessment to consider investment priorities and subsequent resource shifts.

We are piloting GP led community bed as an alternative to hospital admission. We will undertake a review of our totality of Out of Hours services to identify areas for efficiency and change aligned to safe and effective service delivery. We will scrutinise the profile of our High Resource Use Individuals to identify areas where planning or care could have been provided differently to positively affect the patient / service user journey – this scrutiny work will inform further investment / disinvestment considerations.

As a very small area, with a hospital that cannot be further reduced in size and a demographic profile that presents some of the biggest challenges in Scotland in terms of increasing number of older age, older people, we have very limited scope to make significant resource shifts from hospital to other forms of care. We have also been working in partnership between the Council

and NHS for a number of years and have already made a great deal of the changes and shifts that are available. The task at hand therefore presents a significant challenge.

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

In regards to Social Care there has been changes in the delivery of day care and some commissioned services have reduced.

In Health the following areas for savings are INOC staffing model, GP locum/agency costs, national procurement and also looking at aligning the savings plan to our improvement activities.

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

The local IA is already fully inclusive of all social care services and no additional delegations are anticipated at this time

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

Work is still underway locally developing this area therefore this cannot be populated at this time. We will align our reporting with the national framework that has been developed.

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

National Outcome	Indicators	2016-17 budget
People are able to look after and improve their own health and wellbeing and live in good health for longer.		
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.		
People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

National Outcome	Indicators	2016-17 budget
Health and social care services contribute to reducing health inequalities.		
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.		
People who use health and social care services are safe from harm.		
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.		
Resources are used effectively and efficiently in the provision of health and social care services.		

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?

As an integrated authority we have responsibility for assessments and co-ordination of services for discharge some of which are delivered from in-house provision.

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

We work collaboratively with acute services on Winter Pressures and we allocate the use of the Integrated Care Fund (ICF). We also lead bids for other available monies as and when opportunities arise eg Mental Health and Primary Care Innovation Fund.

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-

Most of the funding for delayed discharge is embedded in service budgets, additional resource has been allocated from the ICF which was in the region of £218,624 in 2015/16

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

(ICF funding allocated to date, for projects that link to hospital discharges directly or indirectly is £177,000. Intermediate Care Team budget support work to address delayed discharges and also to prevent avoidable hospital admissions but cannot disaggregate the delayed discharge focussed elements of this budget from the overall budget.

b. Local authority

Cannot disaggregate the amount of service that is delivered through the Care at Home Service for this purpose.

c. Other (please specify)

Third sector projects facilitating are contained within the IC funding above.

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?

To support AHP and community service capacity re discharge support.

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

The additional money is integral to our approach.

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

Lack of availability of residential care beds. The need to apply for legal powers to enable transition of care to be agreed, which is a cumbersome and drawn out process. Challenges in the Home Care service.

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

Addressing the issues identified above. A proactive partnership approach.

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

The Council has agreed a capital programme to develop more local residential care capacity. We are reviewing our Care at Home service to identify the service pressures and develop ways of addressing this.

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

Yes, we have a 2 bedroom property commissioned from the Third Sector which provides set up/down accommodation.

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?

Data not available

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?

Not able to provide this data in this form.

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 a commissioning body, commissioning services from NHS and Council and other 3rd Sector services. There are mixed views, nationally and locally, around the extent to which workforce planning is an IJB responsibility as the IJB is not a provider of services. Locally joint workforce planning work is scheduled for progression but the exact extent of the IJB responsibility in relation to this is unclear.

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.

There are shortages in a number of areas most notable in impact is home care

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

Inflexible service and individual staff registration requirements limiting the scope of services to use the workforce flexibly ie to in reach / outreach between different types of services and settings. Task on IJBs to up the pace of change to meet the challenges present and ahead not supported by lack of pace of change or any change in the essential underpinning regulatory and legal frameworks. It also need to be acknowledged that community based care is more expensive than institutional care due to the different staffing ratios it brings therefore further shift require further investment.

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

High levels of local employment, demographic reduction in working age people in area and isolated geography mean fewer available people – it's an employee's market. Negative national stories about quality of care and high levels of very public criticism of quality of care providers creates negative perception of care as a line of work and fear of personal criticism, making unattractive career option.

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?

This has been progressed through the service planning processes and budget setting processes linked to the additional funding received

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

nil

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

Contract monitoring is in place through the commissioning service