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?**
   
   East Ayrshire Integration Joint Board.

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

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<thead>
<tr>
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<th>£m</th>
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<tr>
<td>Health board</td>
<td>£137.345m*</td>
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<tr>
<td>Local authority</td>
<td>£79.312m**</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>£20.000m***</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£236.657m</strong></td>
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   * NHS delegated budget includes the full £65.562m cost of Primary Care and Out of Hours services which are managed within East Ayrshire and delivered pan-Ayrshire under a Lead Partnership arrangement. Specialist Mental Health services and Allied Health Professionals services are managed within North and South Ayrshire HSCPs respectively under Lead Partnership arrangements.

   ** Local authority delegated budget includes £6.210m Scottish Government integration funding (share of £250m) plus delegated functions £1.988m (equipment / adaptations, health improvement services and transport budgeted out with Social Work). The local authority contribution to the IJB is therefore £71.114m.

   *** Set-aside budget indicative at this stage. Work is ongoing to attribute fair shares across the three Ayrshire IJBs.

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.**

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<thead>
<tr>
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<th>2015-16</th>
<th>2016-17</th>
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<tbody>
<tr>
<td>Hospital</td>
<td>£23.985m*</td>
<td>£24.134m*</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>£15.686m</td>
<td>£14.147m</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>£102.043m</td>
<td>£106.643m</td>
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<tr>
<td>Social care</td>
<td>£86.041m**</td>
<td>£91.733m**</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>£227.755m</strong></td>
<td><strong>£236.657m</strong></td>
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   * Including £20.000m indicative set aside allocation.

   ** Including £12.421m social care funding budgeted within NHS (Resource Transfer, Joint Planning funding, Alcohol and Drugs Partnership, Integrated Care Fund, Delayed Discharges funding etc)
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 East Ayrshire IJB share of this funding £6.210m is included in the local authority allocation in the table at section 2 (see note). The funding has been allocated to offset unavoidable demand pressures including over 75s demography, adult care packages and childcare placements, as well as external funding pressures; national Living Wage (including sleepovers), non-residential charging thresholds and kinship care parity costs.

Budget setting process

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

The delegated budget from NHS Ayrshire and Arran was not formally approved until 21 June 2016.

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 are reviewing our experience in setting the 2016/17 budget with work being undertaken on a pan-Ayrshire basis through groups (Strategic Planning and Operational Group, Integration Finance Leads, Directors of Finance Group, Chief Executives Group) and will report to the Chief Executive Group. The timing and coordination of budget settings in the IJB is dependent on clarity of funding to the Council and NHS Board and subsequent delegation.

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

The East Ayrshire Council delegated budget was approved on 10 March 2016. An Interim Budget 2016/17 report was submitted to the IJB on 24 March 2016. This report highlighted the council approved budget, as well as an indicative delegated NHS budget (calculated on the same high level basis as the initial Strategic Plan for 2015/16). An interim NHS budget was approved by the Health Board on 23 May 2016 with the final budget approved on 21 June 2016. An Approved Budget 2016/17 report is being submitted to the IJB on 18 August.

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

March 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:
A system-wide change programme is in place across NHS Ayrshire & Arran. East Ayrshire HSCP has a lead in relation to Unscheduled Care and Primary Care elements within this programme. This involves the development of sustainable long-term models of care which are predicated on moving towards good practice benchmarks.

Work is being taken forward in relation to reviewing care pathways for key long-term conditions and is expected to result in redesign and reconfiguration of resources. Alongside this, considerable redesign work is being taken forward in Primary Care linked to dismantling QoF and developments around urgent care.

The Strategic Plan has a strong focus on prevention, early intervention and building community capacity. A review of investment by the HSCP in early intervention will report by October 2016. The findings of this review will influence long-term approaches to prevention and early intervention.

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

- Council approved savings £1.717m
- NHS approved savings £1.254m*

* This equates to cash releasing efficiency savings of 5% on non-earmarked funding budgets. There are also further earmarked savings: 7.5% outcomes bundle savings (dental / police outcomes) £0.119m, as well as salaried dental savings £0.115m and oxygen procurement savings £0.185m.

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 this stage.
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>
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</table>
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | • Percentage of adults able to look after their health very well or quite well (CSII-01)  
• Smoking prevalence (SOA Wellbeing LO2.1-1)  
• Rate for alcohol-related hospital stays per 100,000 population (SOA Wellbeing LO2.1-3)  
• Rate for general acute and day case stays with a diagnosis of drug misuse per 100,000 population (SOA Wellbeing LO2.1-4)  
• Percentage of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery (SOA Wellbeing LO2.2-1) | Not available           |
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. Bed days lost as a result of delayed discharge (CHCS SIP)

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<tr>
<th>National Outcome</th>
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</table>
| People, including those with disabilities or long-term conditions, or who are   | • Percentage of adults supported at home who agree that they are supported to live as independently as possible (CSII-02)  
• Emergency admission rate (CSII-12)  
• Emergency bed day rate aged 75+ per 1,000 (CSII-13; SOA Wellbeing LO3.1-3)  
• Readmission to hospital within 7 days (CHCS SIP)  
• Readmission to hospital within 28 days (CSII-14)  
• Proportion of last 6 months of life spent at home or in a community setting (CSII-15; SOA Wellbeing LO2.2-2)  
• Percentage of adults with intensive care needs receiving care at home – personal care at home aged 18+ (CSII-18)  
• Percentage of people discharged within 7 days of fit for discharge date (CHCS SIP)  
• Percentage of people admitted to hospital from home during the year, who are discharged to a care home (CSII-21)  
• Percentage of people who are discharged from hospital within 72 hours of being ready (CSII-22)  
• Percentage of older people aged 65 or older, who live in housing rather than a care home or hospital (SPI28)  
• Number of bed days per 1,000 population for long-term conditions (asthma, COPD, heart failure, diabetes) (SOA Wellbeing LO3.1-2)  
• Number of people using telecare/telehealth support packages (SOA Wellbeing LO3.1-4)                                                                 | Not available  |
<table>
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<th>Indicators</th>
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| People who use health and social care services have positive experiences of those services, and have their dignity respected. | • Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (CSII-03)  
• Percentage of adults receiving any care or support who rate it as excellent or good (CSII-05)  
• Percentage of people with positive experience of the care provided by their GP practice (CSII-06) | Not available |
| 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 (CSII-07)  
• Proportion of care services graded ‘good’ (4) or better in Care Inspectorate inspections (CSII-17) | Not available |
| Health and social care services contribute to reducing health inequalities. | • Premature mortality rate per 100,000 aged under 75 (CSII-11; SOA Wellbeing LO4.1-2)  
• Life expectancy at birth – males (SOA Wellbeing LO4.1-1)  
• Life expectancy at birth – females (SOA Wellbeing LO4.1-1)  
• Deaths per 100,000 from coronary heart disease (CHD) under 75 years (SOA Wellbeing LO4.1-3)  
• Deaths per 100,000 from all cancers under 75 years (SOA Wellbeing LO4.1-4) | Not available |
<p>| 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. | • Percentage of carers who feel supported to continue in their caring role (CSII-08) | Not available |</p>
<table>
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<tr>
<th>National Outcome</th>
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| People who use health and social care services are safe from harm.              | • Percentage of adults supported at home who agree they felt safe (CSII-09)  
  • Falls rate per 1,000 population aged 65+ (CSII-16)                                                                                       | Not available |
| 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. | • Percentage of staff who say they would recommend their workplace as a good place to work (CSII-10)  
  (NHS Ayrshire and Arran figure reported)  
  • Percentage of personal carers who are qualified to SSSC (Scottish Social Services Council) standard (SPI30)  
  • Average number of working days lost per WTE employees (local authority employees)  (HSCP Scorecard; CHCS SIP; PCOHCR SIP; CHCJ SIP)  
  • Percentage absence as at end of month (NHS employees)  (HSCP Scorecard; CHCS SIP; PCOHCR SIP; CHCJ SIP)  
  • Percentage of EAC staff completing EAGER (East Ayrshire General Employee Review) as at end of month  (HSCP Scorecard; CHCS SIP; PCOHCR SIP; CHCJ SIP)  
  • Percentage of PDRs completed and signed-off by both parties at end of month for NHS employees  (HSCP Scorecard; CHCS SIP; PCOHCR SIP; CHCJ SIP) | Not available |
<table>
<thead>
<tr>
<th>National Outcome</th>
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<th>2016-17 budget</th>
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<tbody>
<tr>
<td>Resources are used effectively and efficiently in the provision of health and</td>
<td>• Percentage of adults supported at home who agree that their health and</td>
<td>Not available</td>
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<tr>
<td>social care services.</td>
<td>care services seemed to be well co-ordinated (CSII-04)</td>
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<td></td>
<td>• Percentage of health and care resource spent on hospital stays where</td>
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<td>the patient was admitted in an emergency (CSII-19)</td>
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<td></td>
<td>• Expenditure on end of life care (CSII-22)</td>
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(N.B. East Ayrshire Health and Social Care Partnership includes children, families and young people and justice services – measures related to the national outcomes for these areas of service are also included in the performance framework)
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 IJB has specific responsibility to ensure people get the right care in the right place at the right time, this includes transfers of care and discharge from hospital.

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

   The IJB has a responsibility to ensure that earmarked funding is appropriately allocated.

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.

   Tackling delayed discharges was funded from a variety of sources within the Older People’s budget £36.041m including elderly residential and nursing care, care at homes, community alarms, assessment and care management, management time, etc. (difficult to accurately quantify financially however costs are significant). A number of specific delayed discharge initiatives were included within this allocation including Intermediate Care and Enablement Services (ICES) £0.763m, Red Cross Home from Hospital £0.094m (Integrated Care Fund), Hospital Social Work Team £0.354m and Discharge to Assess £0.137m (Integrated Care Fund).

   Earmarked Scottish Government Funding £0.741m largely funds ICES (£0.763m above) across both partner organisations. £0.284m transfers from Council to NHS (£0.114m community based services / £0.170m acute services). This funding is part of delayed discharge funding £0.415m (base lined within Council budgets in 08/09).

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 -
      o ICES £0.362m (funded from £0.741m Scottish Govt.) plus £0.284m (community based / acute as above).

   b. Local Authority-
      o ICES £0.401m (funded from £0.741m Scottish Govt.)
      o Red Cross Home from Hospital £0.094m (ICF)
      o Hospital Social Work Team £0.366m
      o Discharge to Assess £0.160m (ICF)
c. Other (please specify) -
   
   - Scottish Government £0.741m (ICES), £0.284m (NHS services)

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 above at 4.

6. What impacts has the additional money had on reducing delayed discharges in your area?
   
   In East Ayrshire there is a strong track-record of effectively facilitating discharge and supporting people in the most appropriate setting once hospital-based care is no longer required. This has been further developed during 2015/16 and a significant reduction in the number of bed days occupied by people who could be more appropriately supported in non-acute settings has been seen.

   East Ayrshire is in the best performing quartile of partnerships in ensuring that people do not remain in hospital when they no longer require hospital care. Overall bed days for ‘delayed discharges’ fell by 10 per cent overall and by around a half for ‘standard delays’. This improvement links to initiatives such as the Red Cross home from hospital service, early referral and Discharge to Assess. Good performance also relates to ongoing programmes, e.g., Integrated Care and Enablement Service (ICES) and hospital-based social work.

7. What do you identify as the main causes of delayed discharges in your area?
   
   Numbers are small for East Ayrshire and there are no significant trends. Awaiting funding has not been an issue during 2015/16. Where there are delays, these tend to be of a short duration with the main reasons for ‘standard’ delays during 2015/16 being ‘community care’ reasons such as awaiting assessment and ‘awaiting place in care home’

8. What do you identify as the main barriers to tackling delayed discharges in your area?
   
   The main area in respect of Adults with Incapacity legislation that, whilst protecting the rights of individuals, can also be a barrier to a transfer of care to a more appropriate setting.

9. How will these barriers to delayed discharges be tackled by you?
   
   Whilst we understand that the legislation is under review, we are also seeking to commission alternatives to hospital care and we are also seeking to pro-actively promote Power of Attorney.

10. Does your area use interim care facilities for patients deemed ready for discharge?
    
    Funding has been allocated from the Integrated Care Fund to facilitate a Discharge to Assess programme. The aim here is to provide improved
experience of assessment in a non-acute environment that gives a better indication of a person’s abilities, and to reduce the average length of stay by providing assessment in a care home environment.

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?

In piloting discharge to assess (D2A) in 2015/16 a reduction from 17 days to 10 was achieved. With further roll-out of D2A a further reduction was achieved.

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?

As at March 2016, there were nine people classified as Code 9 delays for East Ayrshire. During 2015/16, East Ayrshire residents classified as ‘complex’ discharges accounted for over 3,600 bed days. Using the accepted figure of £214 per day, the cost of ‘complex’ delays would amount to £770,614 for 2015/16.
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 in our Strategic Plan acknowledged our responsibility to ensure there is sufficient staff in place across sectors to meet the strategic change in direction of the service. Part of this includes looking at the existing workforce, the age profile, gender mix, skills and qualifications and identifying areas for succession planning, areas where specific skills are in short supply and looking at alternative ways of working, job design and where specific recruitment drives are required.

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.

To achieve the vision for Health and Social Care we require to increase both the numbers and skillset of Community Care staff to cope with the shift from hospital based care to community based care. As the complexity of care being carried out in the community grows, staff require to learn new skills and spend increased time with people within the home and community. This will require an increase of staff with the correct skill base and knowledge. This includes Personal Carers, Rehabilitation Workers (including AHPs) and Nurses.

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

We require an infrastructure in the community both physical assets like buildings and an IT infrastructure to support integrated and mobile work practices.

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

In respect of Human Resource barriers these include the contractual hours for Personal Carer posts and the age profile and gender mix of existing staff in this sector, which is predominantly women in the age group of 40 plus. It can be difficult to attract a wide range of people with different skills and experience and the service will require to look at enhancing the flexible working benefits on offer, linking with local colleges and schools and using social media to build the profile of the roles on offer within Social and Community Care working with older people.
Additional barriers exist in the rural area covered by the IJB, with inadequate transport links and facilities, making it less accessible for staff or longer journeys being added to their working day. We are seeking to have focussed recruitment in these areas.

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?**

In addition to registration requirements through the Care Inspectorate our contractual arrangements with partner providers seek assurance of quality and we have specific monitoring officers in place to oversee this. We work in partnership with providers in relation to Leadership in the sector and have had very positive engagement in respect of My Home Life programme in partnership with University West of Scotland and Scottish Care. In respect of Living Wage we are applying additional funding to meet agreed funding requirements for both this and address sleepover issues.

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

Care at home services currently delivered 67% in-house / 33% externally contracted. 100% of elderly residential and nursing care placements externally contracted.

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

Dedicated Commissioning and Procurement staff employed to ensure compliance in terms of quality of care and remuneration (including National Living Wage).

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<thead>
<tr>
<th>Glossary of Terms</th>
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<tr>
<td>CHCJ SIP</td>
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<td>CHCS SIP</td>
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<tr>
<td>CSII</td>
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<tr>
<td>HSCP Scorecard</td>
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<td>PCOHCR SIP</td>
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<td>SOA Wellbeing LO</td>
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