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?
   Scottish Borders Health and Social Care 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>92.619</td>
</tr>
<tr>
<td>Local authority*</td>
<td>46.531</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>18.128</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>157.278</strong></td>
</tr>
</tbody>
</table>

   *£5.267m of Social Care Funding Allocation from the Scottish Government (the “£250m”), for the purposes of reporting, is shown within the health board budget

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.

   This is the budget delegated to the Health and Social Care Partnership 16/17:

<table>
<thead>
<tr>
<th></th>
<th>2015-16 £m</th>
<th>2016-17 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare</td>
<td>88.706</td>
<td>92.619</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social care</td>
<td>47.088</td>
<td>46.531</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>135.794</strong></td>
<td><strong>139.150</strong></td>
</tr>
</tbody>
</table>

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.

   £5.267m of social care funding was allocated to the Scottish Borders Partnership. At the time of reporting, the direction of resources to meet the following commitments has been approved by the board:

   1. Make progress on charging thresholds for all non-residential services
      2016/17 cost = £0.154m
      2017/18 cost = £0.154m

   2. Expand capacity to accommodate growth in demand for services as a consequence of demographic change
      2016/17 cost = £1.081m
2017/18 cost = £1.081m

3. Deliver the Living Wage for all social care workers with an implementation date of 1 October

2016/17 cost = £0.813m  
2017/18 cost = £1.626m

In addition, a one-off contribution was made to the Alcohol and Drug Partnership of £220k, in order to preserve service levels for one-year in light of the Scottish Government grant allocation reduction and enable a transition plan to be developed.

For 2016/17, £2.048m of the allocation has been directed to date in relation to the above commitments. For 2017/18 and beyond, this increases to £2.861m, when the full-year impact of the implementation of a living wage of £8.25 from 1st October will be experienced.

This therefore leaves £2.999m and £2.406m uncommitted for 2016/17 and future years respectively, although the board is now developing and considering further directions for this resource to fund the implementation of new models of health and social care in the Scottish Borders and significant pressures across the partnership.

It is expected that the total allocation will be spent in 2016/17.

Budget setting process

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

1. The 2016/17 budget for the partnership (the resources delegated to it by its partners) is the outcome of respective financial planning processes within the health board and the local authority and does not necessarily fully reflect the priorities reflected within the partnership’s strategic and commissioning and implementation plans which were only approved late in the preceding financial year.

2. Agreeing the 2016/17 partnership delegated budget prior to the 1st April was particularly challenging due to a number of factors:

- Respective financial planning timetables within partner organisations
- A lack of certainty over funding levels to partners (core funding and ringfenced allocations) at this time (in particular health board funding)
- Unprecedented levels of efficiency savings requiring planning and delivery in order to ensure overall affordability of the integrated budget (presently there is a budget ‘gap’ of £793k and total efficiency / savings requirements of £7.393m
3. A lack of agreement across key stakeholders of how social care funding allocation should be reflected within the budget delegated to the partnership and its intended use.

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?**

1. A more integrated and cohesive financial planning process will be established for 2017/18 and beyond which will more clearly enable planned investment and disinvestment decisions to be based on the partnership’s strategic priorities and local objectives.

2. A more integrated and cohesive financial planning process will enable a more co-ordinated, prioritised and singular approach to the planning and delivery of investment priorities and savings targets/disinvestment.

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

   The financial statement / integrated budget was approved at an extra-ordinary meeting of the Integration Joint Board on the 30th March 2016.

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

   It is anticipated that the 2017/18 budget will be finalised and approved by the board during March 2017. The status of this budget however, whether it be provisional or final, will wholly depend on the status of funding settlements between partners and the Scottish Government at that time.

**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:**

   There are a number of planned intentions that will result in the shift of resource over the medium-term. Three examples however are:

   - Implementation of a localities based model for the provision of health and social care through a single point of contact
   - A greater shift to early intervention and preventative services, including enablement and promotion and support of independence
   - Improved support for carers and people with long-term conditions

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

   The budgets delegated to the partnership are predicated on the requirement to deliver £7.393m of efficiency and other savings during 2016/17. NHS Borders and Scottish Borders Council therefore require to deliver £4.710m and £2.663m respectively.
### NHS Borders Savings

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £'000</th>
<th>2016/17 £'000</th>
<th>2016/17 £'000</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>recurring</td>
<td>n/recurring</td>
<td>total</td>
</tr>
<tr>
<td>Nursing Skill Mix Review</td>
<td>(93)</td>
<td>0</td>
<td>(93)</td>
</tr>
<tr>
<td>Non Support Service Admin</td>
<td>(118)</td>
<td>0</td>
<td>(118)</td>
</tr>
<tr>
<td>Supplies Uplift 2016/17</td>
<td>(235)</td>
<td>0</td>
<td>(235)</td>
</tr>
<tr>
<td>Travel Costs</td>
<td>0</td>
<td>(95)</td>
<td>(95)</td>
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<tr>
<td>Suspend Clinical Excellence Fund 2016/17</td>
<td>0</td>
<td>(186)</td>
<td>(186)</td>
</tr>
<tr>
<td>Clinical Productivity</td>
<td>(750)</td>
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<td>(750)</td>
</tr>
<tr>
<td>Borders Wide Day Hospitals Review</td>
<td>(200)</td>
<td>0</td>
<td>(200)</td>
</tr>
<tr>
<td>Drugs &amp; Prescribing</td>
<td>(600)</td>
<td>0</td>
<td>(600)</td>
</tr>
<tr>
<td>Review Step Down Facilities</td>
<td>(200)</td>
<td>(350)</td>
<td>(550)</td>
</tr>
<tr>
<td>Improving Pathway of Care</td>
<td>(640)</td>
<td>0</td>
<td>(640)</td>
</tr>
<tr>
<td>MH &amp; LD Management Costs</td>
<td>(100)</td>
<td>0</td>
<td>(100)</td>
</tr>
<tr>
<td>AHP Models of Care</td>
<td>(100)</td>
<td>0</td>
<td>(100)</td>
</tr>
<tr>
<td>Review Public Health</td>
<td>0</td>
<td>(150)</td>
<td>(150)</td>
</tr>
<tr>
<td>Other Schemes</td>
<td>(100)</td>
<td>0</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Total Savings Proposed</strong></td>
<td>(3,136)</td>
<td>(781)</td>
<td>(3,917)</td>
</tr>
</tbody>
</table>

**Required Savings**

- **Net (deficit)/surplus**: (125) (198) (322)

- **Ring-fenced Allocations**: (471) 0 (471)

**Total savings (deficit)/surplus on delegated budget**: (596) (198) (793)

### Scottish Borders Council Savings

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £'000</th>
<th>2016/17 £'000</th>
<th>2016/17 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>recurring</td>
<td>n/recurring</td>
<td>total</td>
</tr>
<tr>
<td>Supporting Independence when providing Care at Home</td>
<td>(316)</td>
<td>0</td>
<td>(316)</td>
</tr>
<tr>
<td>Further contribution of surplus from SB Cares</td>
<td>(547)</td>
<td>0</td>
<td>(547)</td>
</tr>
<tr>
<td>Reduction in the costs of Commissioning</td>
<td>(378)</td>
<td>0</td>
<td>(378)</td>
</tr>
<tr>
<td>Residential and Home Care Efficiencies and Income</td>
<td>(235)</td>
<td>0</td>
<td>(235)</td>
</tr>
<tr>
<td>Assessment and Care Management</td>
<td>(100)</td>
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<td>(100)</td>
</tr>
<tr>
<td>Staffing</td>
<td>(300)</td>
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<td>(300)</td>
</tr>
<tr>
<td>Adults with Learning Disabilities Efficiencies</td>
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<td>(549)</td>
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<tr>
<td>Older People Efficiencies</td>
<td>(234)</td>
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<td>(234)</td>
</tr>
<tr>
<td>Other</td>
<td>(4)</td>
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<td>(4)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(2,663)</td>
<td>0</td>
<td>(2,663)</td>
</tr>
</tbody>
</table>
11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)

During 2016/17, it is not anticipated that further functions will be delegated to the Partnership. As it evolves however, further delegation in future financial years is not discounted.
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

Defining and implementing the partnership’s performance management framework is ongoing and therefore exact measures supporting the delivery of national outcomes cannot be provided at the current time.

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

Work aligning all resources for which the partnership has responsibility to national health and well-being outcomes is currently underway but not yet complete. This is a similar position in relation to both local objectives and locality plans. It is expected that this work will be completed during the summer of 2016.

What has been provided however is a mapping of all local objectives against national outcomes, together with the suggested performance measures through which these will be managed.

**Our Local Objectives are:**

1. We will make services more accessible and develop our communities.
2. We will improve prevention and early intervention.
3. We will reduce avoidable admissions to hospital.
4. We will provide care close to home.
5. We will deliver services within an integrated care model.
6. We will seek to enable people to have more choice and control.
7. We will further optimise efficiency and effectiveness.
8. We will seek to reduce health inequalities.
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role.
<table>
<thead>
<tr>
<th>National Outcomes</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
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<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
<td></td>
<td>★</td>
</tr>
<tr>
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<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>★</td>
</tr>
<tr>
<td>Local objective 3</td>
<td>★</td>
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<td>★</td>
</tr>
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<td>Local objective 4</td>
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<tr>
<td>Local objective 5</td>
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<td>Local objective 6</td>
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<td>★</td>
<td>★</td>
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<tr>
<td>Local objective 7</td>
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<td>★</td>
</tr>
<tr>
<td>Local objective 8</td>
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<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local objective 9</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Objective 1:

We will measure performance against this objective over the next three years by measures including:

- We would like to maintain 90% of adults in the Borders rating the overall care provided by their GP as “Excellent” or “Good” (higher than 87% overall for Scotland) in 2013/14. [Source: Health and Care Experience Survey 2013/14, Scottish Government.]
- We want to increase the proportion of adults who received support and care services in the Borders and rated the services as “Excellent” or “Good” in 2013/14 from 83% to 85%.
- We want to see the number of adults who agree that the support or care services they had received improved or maintained their quality of life from 83% (lower than the Scottish average of 85%) to 86%.

Objective 2:

We will measure performance against this objective over the next three years by measures including:

- We want to maintain and improve on the 96% of Scottish Borders GP practice patients who felt that they were able to look after their own health ‘very well’ or ‘quite well’ (a little higher than the Scottish average of 94%) [Source: Health and Care Experience Survey 2013/14, Scottish Government].
Objective 3:

We will measure performance against this objective over the next three years by measures including:

- We would like to reduce overall rates of emergency hospital admissions by 10%, by improving health and care services for people in other settings.
- We would like to reduce the rate of multiple emergency hospital admissions in people aged 75 and over, by 10%, by improving health and care services for people in other settings.
- We will reduce instances of patients being readmitted to hospital within 28 days of discharge by 10%.
- We will reduce falls amongst people aged 65 and over by 10%.

Objective 4:

We will measure performance against this objective over the next three years by measures including:

- We would like to see more people supported and cared for in their own homes or another homely setting, currently 65% in the Borders and 62% in Scotland overall.
- We would like to maintain the average proportion of the last six months of a person’s life that they spent at home at 91.6%, a little higher than the Scottish average of 91.2%. [Source: Health and Care Experience Survey 2013/14, Scottish Government].
Objective 5:

We will measure performance against this objective over the next three years by measures including:

- We would like to see the proportion of adults who agreed that their health and care services seemed to be well co-ordinated rise from 79% (the average for Scotland) to 85% [Source: Health and Care Experience Survey 2013/14, Scottish Government].
- We would like to reduce the number of bed-days occupied by adults due to delayed discharge across all ages, but particularly for those aged 75 and over, from 84% to the Scottish average of 73%.
- We will do more to support and empower our staff and achieve a higher proportion of employees who would recommend their workplace as a good place to work. Currently 56% of NHS Borders staff would recommend their workplace as a good place to work compared to 61% for NHS Scotland as a whole. We will aim to improve our rating to a minimum of 61%, preferably higher at 70%. The same question will be included in future council staff surveys.
Objective 6:

We will measure performance against this objective over the next three years by measures including:

- Amongst adults who received support and care services in the Borders in 2013/14, 83% agreed that they were supported to live as independently as possible (a little lower than the Scottish average of 84%). We want to increase this to 85% [Source: Health and Care Experience Survey 2013/14, Scottish Government].
- We want to increase the number of people who agreed that they had a say in how their support or care was provided, from 80% to 85% (the Scottish average was 83%) [Source: Health and Care Experience Survey 2013/14, Scottish Government].
- We will ensure that everyone eligible for social care support will have choice and control through the Self-Directed Support approach.

Objective 7:

We will measure performance against this objective over the next three years by measures including:

- We will do more to support and empower our staff and achieve a higher proportion of employees who would recommend their workplace as a good place to work. (Currently 56% of NHS Borders staff would recommend their workplace as a good place to work compared to 61% for NHS Scotland as a whole. The same question will be included in future council staff surveys.)
- We would like a higher proportion of our budget to be spent on community-based health and social care and planned hospital care. In the Borders, 20% of all NHS and Social Care expenditure in 2013/14 was in relation to hospital stays, where the patient was admitted as an emergency. This is lower than the Scottish average of 22%. [Source: Integrated Resource Framework, www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/index.asp]
Objective 8:

We will measure performance against this objective over the next three years by measures including:

- We want to improve and increase the percentage of adults who received support and care services in the Borders who agreed that they felt safe from 81% (lower than the Scottish average of 85%) to 86%. (Source: Health and Care Experience Survey 2013/14, Scottish Government.)
- We would like to maintain the downward trend in the Borders in death rates in people aged under 75.
- We will address the recommendations within “The Keys to Life” [2013] National Strategy for people with learning disabilities, through local action plans for people with learning disabilities, to improve their health.

Objective 9:

We will measure performance against this objective over the next three years by measures including:

- We want to increase the percentage of Carers reporting that they feel supported to continue caring from 41% (lower than the Scottish average of 44%) to 50%. We will review this target with a view to improving it further if possible.
- We want to support Carers in the Borders so that fewer Carers feel caring has had a negative impact on their health and well-being and reduce this figure from 30% to 20% (Source: Health and Care Experience Survey 2013/14, Scottish Government).
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?**

   Reducing unnecessary demand for services including hospital care, is a key priority for the Scottish Borders Health and Care Partnership and its Strategic Plan sets out a number of ways in which it intends to achieve this and specifically is a Key Performance Indicator, details of which are set out in the Commissioning and Implementation Plan.

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

   The partnership’s budget is structured in order to support the delivery of care supporting discharge from hospital. The partnership’s commissioning arrangements support this whole system approach across the pathway of care. The partnership is not responsible for additional funding specifically intended to reduce delayed discharges. It does have responsibility for directing how Integrated Care Fund (2015/16-2017/18) and Social Care funding allocation may be used however and as part of the planning and management of this, direction may be made to specifically improve the number of delayed discharges in the Scottish Borders for example through funding the transformation to new models of care or funding wider pressures arising following discharge from hospital.

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 specific cost of delayed discharges is not known. However, NHS Borders has continued to extend its Winter Plan in order to relieve demand pressure within its general hospital. Within this plan are a range of component services including the ongoing provision of flex beds, surge beds, additional staff, in particular within accident and emergency, Allied Health Professional Rapid Access teams (e.g. physiotherapy, occupational therapy, etc). The overall cost of this plan is in excess of £1.2m per annum.

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)

   There is no direct additional funding directed towards reducing Delayed Discharges specifically this financial year. Within the health board, there are various funding streams such as Patient Flow, which are used to support a
range of objectives including discharge from hospital. Going forward however, the partnership’s delegated budget will holistically respond to the need to shift across the pathways of care.

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?

6. What impacts has the additional money had on reducing delayed discharges in your area? The level of delayed discharges has remained relatively constant over the last year

7. What do you identify as the main causes of delayed discharges in your area?
   - Demand
   - Complexity of Need
   - Higher than average aged population across the Scottish Borders
   - Carer recruitment challenges
   - Provider market restricted

8. What do you identify as the main barriers to tackling delayed discharges in your area?
   - Higher levels of complex needs hitherto population
   - Levels of avoidable admissions of older people
   - Access to homecare in some areas largely through provider limitations
   - Dispersal of intermediate care

9. How will these barriers to delayed discharges be tackled by you?
   - Realignment of budget to increase provision of supporting care services including new investment in transitional care facilities and better funded flex and intermediate care facilities

10. Does your area use interim care facilities for patients deemed ready for discharge?
    A limited amount of intermediate care beds are currently used.

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?
    Information to be supplied.

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?

Information to be supplied.
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 partnership’s care workforce is specifically being addressed as part of the organisational development workstream currently.

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.**

   - Recruitment and retention
   - Limited Providers in key geographical areas

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

   - Work to develop and build community capacity and new alternative models of community based care is ongoing and is a fundamental part of the new models of health and social care being planned and implemented across the Borders. This will require targeted investment and disinvestment (doing different things, not necessarily more) and the need to be resourced from cashable efficiency which will continue to be a challenge.

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

   General levels of available workforce in the Scottish Borders including geographical variations across it.

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?**

   A recent homecare tender to establish a framework incorporated a fair work practices evaluation and prices submitted in nearly all cases enabled the SLW to be implemented. For a very small minority of Providers whose staff payments were marginally under the SLW, these will be addressed by individual negotiation. (Murray as this appears to be just for Older People you could leave it there however have added the following if you think this question is wider than older people) For all other client groups/provision, the Council has issued and received responses around the Providers staffing levels pay rates etc. It has also
financially modelled the funding required to address the SLW. Its preference is to undertake individual negotiations with Providers against a Fair Work Practices (FWP) assessment exercise and will shortly consult on this approach. Given the tight timeline the expectation is this will be followed by quickly releasing the FWP template, subsequent provider submission and individual negotiations.

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

For care homes the split is 79% External and 21% Internal (SB Cares, which is the Council’s Arms-Length Care Company). Within Homecare, 40% is provided externally, 47% by SB Cares and 13% via Direct Payment.

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

Currently contracts are monitored by KPI returns and monitoring of outcomes achieved for individual service users. There is a care at home provider forum that meets on a 6 week basis where challenges and issues are discussed jointly between providers. This is regarded a safe environment for providers to discuss their issues in regard to provision of high quality services. Providers are encouraged to help each other. If the provider receives Care Inspectorate gradings of less than 3 the Council can, under the contract, discuss a reduction in payment, however this would be very challenging to implement and could undermine the provider further, making it difficult to recover and improve, therefore it is unlikely this clause would be enforced.

A similar approach is taken to Residential Services. Again there is a routine Providers forum to promote and share good practice, as well as update on contractual and strategic commissioning direction. Services are contracted under the national agreement and sub-standard performance is addressed under it. In addition where appropriate the Council periodically offers remedial support to struggling services.