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?

Clackmannanshire & Stirling Health and Social Care Partnership
Correspondence email address: CS.integration@nhs.net
Correspondence postal address: 4th Floor, Kilncraigs, Greenside Street, Alloa, FK10 1EB
Telephone: 01259 225080

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>96.789</td>
</tr>
<tr>
<td>Local authority</td>
<td>44.846</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>19.123</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>160.758</strong></td>
</tr>
</tbody>
</table>

Note excludes £4.507 of Partnership Funding Flowing through NHS Board included in IJB initial budget total of £165.265m.

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>19.535</td>
<td>19.123</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>33.808</td>
<td>33.324</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>65.087</td>
<td>63.465</td>
</tr>
<tr>
<td>Social care</td>
<td>47.397</td>
<td>44.846</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>165.827</strong></td>
<td><strong>160.758</strong></td>
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</table>

Note 2016/17 Social Care budget includes £4.507m of funding from Integration Fund (the £250m budget allocated for social care). On a like for like basis the total 2016/17 budget would equate to £156.251m.

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.

As detailed within Paper 9 presented to the June 2016 Integration Joint Board meeting subject to ongoing review of cost estimates in relation to the costs of implementing the Living Wage from 1 October 2016. A link to the paper is provided here [http://nhsforthvalley.com/wp-](http://nhsforthvalley.com/wp-)
Budget setting process

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

The process detailed within the Integration Scheme and a comprehensive, transparent and collegiate due diligence process assisted greatly with 2016/17 budget setting. Although there remain matters to address going forward this is essentially around the margins of the budget and the process provided a solid foundation for agreeing initial budgets.

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?

The Clackmannanshire & Stirling Health and Social Care Partnership Integration Scheme details process to be used. The financial sections of the integration scheme were developed by the pan Forth Valley Finance Workstream and represent professional financial advice as part of supporting the governance arrangements of the Integration Authorities.

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

At the special Integration Joint Board meeting of 30 March 2016. Paper can be accessed here.

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

The Partnership’s Integration Scheme details the process to be used and interface with Local Authority and NHS Board budget setting. However the finalisation of the budget is largely dependent on the timing of financial settlements to Local Authorities and NHS Boards so it is difficult to be definitive at this point in time. The treatment of the Integration Fund within the 17/18 Scottish budget will be particularly important for IJBs given the significant cost of implementing the living wage.

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 2016 - 2019:

We have already begun realignment of use of Partnership funding streams to clearly focus on the priorities agreed within the Strategic Plan 2016 - 2019.
Development of reablement and frailty pathways will also shape investment decisions going forward including the delivery of Stirling Care Village and the care models therein. Further work is also planned to develop a detailed financial plan to underpin the delivery plan for the Strategic Plan 2016 - 2019 and development of localities which will aim to shape and target future expenditure patterns towards the Strategic Plan 2016 - 2019 priorities and the needs evidenced within the supporting Strategic Needs Assessment.


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

As detailed in the budget setting papers from the Special Integration Joint Board meeting of 30 March 2016. These can be accessed at this link: http://nhsforthvalley.com/wp-content/uploads/2015/12/Stirling-and-Clackmannanshire-Integration-Joint-Board-Special-Meeting-29th-March-2016.pdf#page=17

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 Integration Scheme was approved by:

- Transitional Board on 3 June 2015
- NHS Forth Valley on 16 June 2015
- Clackmannanshire Council on 25 June 2015
- Stirling Council on 25 June 2016

It was subsequently submitted to the Cabinet Secretary for Health, Wellbeing and Sport who approved the Integration Scheme and was laid before Scottish Parliament before coming into effect on 4 September 2015 for 28 days before coming into effect on 3 October 2015.

The Integration Scheme sets out the functions to be delegated and there are currently no plans to extend delegation.
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
• We are currently developing the performance framework to align to the developing partnership activity underpinning the Strategic Plan. We are unable to provide a budget breakdown aligned with the nine National Health and Wellbeing Outcomes at this point in time but are working towards this over 2016/17.

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are able to look after and improve their own health and wellbeing and live in good health for longer.</td>
<td>• % of adults able to look after their own health very well or quite well</td>
<td></td>
</tr>
</tbody>
</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. | • % adults supported at home who agree that they are supported to live as independently as possible  
• % of people admitted from home to hospital during the year, who are discharged to a care home  
• Proportion of last 6 months of life spent at home or in community setting.  
• % of adults age 65+ with intensive needs (10+ hrs) receiving care at home |                |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | • % of adults supported at home who agree that they had a say in how their help, care or support was provided.  
• % of adults supported at home who agree that their health and care services seemed to be well co-ordinated.  
• % of adults receiving any care or support who rate it as excellent or good  
• % of people with positive experience of care at their GP practice.  
• Expenditure on end of life care |                |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | • % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life  
• Rate of emergency admissions for adults  
• Proportion of care services graded ‘good’ or better in Care Inspectorate Inspections. |                |
| Health and social care services contribute to reducing health inequalities.      | • Premature mortality rate                                                   |                |
| People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. | • % of carers who feel supported to continue in their caring role.           |                |
| People who use health and social care services are safe from harm.              | • % of adults supported at home who agree they felt safe  
• Emergency (all) bed day rate per 1,000 population  
• Readmissions to hospital within 28 days of discharge  
• Falls – rate per 1000 patients 65+ |                |
<p>| 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. | • % of NHS staff who say they would recommend their workplace as a good place to work |                |</p>
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| Resources are used effectively and efficiently in the provision of health and social care services. | • % of adults supported at home who agree that their health and care services seemed to be well co-ordinated  
• Readmissions to hospital within 28 days of discharge  
• % of total health and care spend on hospital stays where the patient was admitted in an emergency  
• Older people’s (65+) home care costs (expenditure) per hour.  
• Bed Days Occupied by Delayed Discharge Patients per 1000 Population aged 75+  
• % of people who are discharged from hospital within 72 hours of being ready |               |
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 Integration Joint Board is responsible for monitoring the performance of the delegated functions and therefore receives delayed discharge performance reports at every Integration Joint Board meeting. Over 2016/17 this report will evolve into a whole system performance report in preparation for the first Annual Report in 2017.

A Clackmannanshire & Stirling Delayed Discharge Steering Group is in place to support operational performance and lead improvement activity with acute services and the other Partnership within the NHSFV area as appropriate.

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

The relevant expenditure is contained within in-scope functions and the Set Aside budget therefore the responsibility for directing these resources lies with the Integration Joint Board. At operational level the activity to address delayed discharge is managed through the partnership management groups and the improvement actions taken forward through the delayed discharge steering group and the reshaping care planning group.

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.**

£0.722m was specifically spent on actions to address delayed discharge. However many other supplementary streams of work, activity and resource are focussed on effective prevention, admission avoidance and supporting rehabilitation and reablement.

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)

The partnership does not receive or direct funding solely to address the issue of delayed discharges. Resources which form the payment to the IJB
have been allocated in line with the functions detailed within the Integration Scheme. Some of these functions will contain costs of services aimed at reducing unplanned admissions, supporting safe and effective discharge and rehabilitation and Reablement which will collectively minimise the incidence and impact of delayed discharge.

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?**

The Partnerships planned investment programme for Delayed Discharge Funding was presented to the 22 June 2016 Integration Joint Board meeting as is detailed within Paper 8.2 Update on Evaluation and Review of Integrated Care Programme. The report can be accessed here: [http://nhsforthvalley.com/wp-content/uploads/2015/12/Wednesday-22-June-2016-Clacks-and-Stirling-IJB-Papers.pdf#page=55](http://nhsforthvalley.com/wp-content/uploads/2015/12/Wednesday-22-June-2016-Clacks-and-Stirling-IJB-Papers.pdf#page=55) and it is important to view this investment as an element of a wider programme aimed at delivering the priorities of the Strategic Plan 2016 - 2019.

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

- There has been investment across Clackmannanshire & Stirling and Forth Valley wide initiatives. A central discharge hub to coordinate the discharge process, additional Social Work assessment capacity created intermediate care capacity and additional long term care beds in rural Stirling.
- The investment in the discharge hub and associated assessment capacity improved the process of discharge and in particular the pathway through the acute hospital. This is evident in overall reduction in bed days for Forth Valley last year. It also enabled short term additional capacity in the community to be put in place over the winter months and this supported hospital flow during this period.

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

- Prevention of admission services via the hospital based Frailty Service is still in development and is not yet demonstrating impact at scale.
- Social Work Assessment capacity
- Different risk thresholds between hospital and community based staff which can create delays in the timeframe for discharge planning and create delays in the commissioning process for the variable nature of care packages that are subsequently commissioned.
- Adults with Incapacity Legislative framework. Limited Mental Health Officer (MHO) capacity and limited progress on managing incapacity issues in advance of requirement for admission creates a delay in the timeframe for discharge.
- Lack of capacity to discharge to home care, due to significant recruitment issues within the external homecare sector. This results in internal
capacity routinely being used in full with the result that there are delays in commissioning new packages.

- Lack of capacity to discharge to long term residential/nursing care or extra care sheltered accommodation. The existing services are being used to full capacity routinely impacting on the ability to discharge from hospital timeously.

Note: The combination of the homecare recruitment issues and the care home sector/sheltered housing sector being used to capacity results in the totality of the older people’s services having significant capacity issues in managing those services users fit for discharge.

Worth noting that performance for both Clackmannanshire and Stirling has remained relatively consistent in terms of overall Scottish performance. Issues highlighted are not always problematic e.g. issues with long term care availability are relatively recent.

8. What do you identify as the main barriers to tackling delayed discharges in your area?
- Service capacity in relation to recruitment and retention of homecare staff by external providers
- Service capacity in relation to the availability of care home beds, intermediate care beds and extra care sheltered accommodation at short notice
- The remote and rural nature of some of the partnership area also presents some challenge in terms of choice for older people and availability of all forms of care.

9. How will these barriers to delayed discharges be tackled by you?
- Working strategically in partnership with Independent Homecare companies in relation to recruitment & retention, training and the development to support a career pathway that encourages people into the service and increases staffing capacity.
- Further implementing a model of reablement across care providers in order to reduce the focus of commissioning based on task and time and move to a more efficient and person centred model of commissioning based on individual outcomes.
- Further developing intermediate care facilities that either prevent admission to hospital or facilitate early discharge from hospital
- Greater use of Telecare technology in order to reduce the dependency upon home care, thus increasing the capacity of the service to respond to other clients’ needs and reduce Delayed Discharge.
- Greater flexibility in pulling staff resources together across health and social care within a locality framework of integrated/locality teams in order to increase general capacity. This work will start in the more remote and rural areas of the partnership.
- Working in partnership with Housing Providers within the Partnership area in order to develop greater capacity within the extra care/sheltered housing
sector in order to increase the capacity of the variety of services available to facilitate discharge from hospital.

- Development of the Stirling Care village with a significant investment in a joint care facility and will effectively deliver discharge to assess model.
- Pilot work in developing an intermediate care model for people with dementia which will support reduction in delays for this client group.

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

The partnership has developed intermediate care provision both in terms of bed based provision within care homes and in care at home reablement services. People being discharged to the intermediate care services are worked with to maximise their recovery.

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?

- Stirling: 10 weeks average stay
- Clackmannanshire: 8.5 weeks average stay

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?

Using the direct costs of a community hospital ward and applying this to the Occupied Bed Day’s for Code 9 patients the cost for 2015/16 is estimated at £0.739m. We would, however, suggest that extreme caution should be applied in interpreting this estimate as it does not represent a fully realisable cost should these occupied bed days reduce.

Current intelligence suggests a similar level of OBD’s for 2016/17 and therefore a similar level of cost.

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 Integration Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people? –

This responsibility is addressed through the Strategic Plan 2016 – 2019 and through associated workforce planning activities. An integrated approach to
workforce planning has started and will be taken forward to address these areas of responsibility and the Partnerships Integrated Workforce Plan 2016 – 2019 can be accessed here.

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.

- General shortage of Social Care staff across residential/day and homecare services.
- Recruitment and retention in the independent care at home sector is a particular challenge for the Partnership.
- Specific shortage of Mental Health Officers (Social Work) in managing issues in relation to Adults With Incapacity both in terms of direct delivery and their capacity to provide training for other Social Services and NHS staff to support earlier planning for people who may lack capacity to make decisions and in the appropriate use of legislation to protect individuals’ rights.

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

- The Partnership is working on the development of a strategy for the provision of extra care/sheltered housing in partnership with housing partners.

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

Home Care:
- Availability of both Zero hour contracts v contracted/banked hours in order that potential employees can make a positive choice in relation to preferred conditions of service – zero hours contracts currently in use by independent providers
- Unsocial hours and expectation to work flexible work patterns
- Relatively low pay and low status across the sector
- Increasingly complex nature of needs of individuals requiring a care at home service
- Home care not viewed as an attractive work for young people
- Home care not viewed as an attractive work for men.
- Need to improve the out of hours services
- No clear or very limited career pathway

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?
Commissioning/Finance and senior Operational Management staff have been meeting the home care providers individually during the year in order to progress this matter. An interim payment has been agreed with the companies concerned but a full year payment has not been settled to date. A report will be presented to the Integration Joint Board in September 2016 to provide an update on progress.

Learning and development and career pathways are also areas we have explored in meetings with providers. Staff recruitment/retention and learning and development are key aspects of contract.


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

The proportion of externally commissioned care across all adults services is 76% in the Clackmannanshire area and 81.7% in the Stirling area.

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

The monitoring and review of external provision is designed to be risk-based and proportionate. Commissioners evaluate risk, based on seeking information about performance from different sources including complaints, feedback from staff members or service users and their families and from other agencies or regulatory bodies. The range and type of intervention or support provided can vary depending on the on the factors involved, which may include:

- Where significant concerns are raised about a service by users or their representatives, staff, regulatory bodies, other partners, the media, the public etc.
- Number of complaints and patterns/trends in complaints
- Services where there are significant concerns, such as staff turnover, staff absence, the level of serious incidents
- Number of adult support and protection concerns and patterns/trends
- A breakdown of the service, which would potentially have a significant budgetary impact or a requirement for reconfiguration.
- Where changes in the service effects its overall cost, leading to concerns about the viability or cost of the service
- Where the provider is in breach of the terms and conditions of the contract
- Where the model of service no longer complies with strategic objectives
- Where changes to legislation effect existing arrangements or the providers’ ability to provide a service
Contract monitoring involves the following activities:

- Collection of consistent and measurable data about services (quantitative and qualitative);
- Collation of information from a variety of sources including complaints data, feedback from stakeholders and survey information; and
- Analysis, consideration and informed judgements about the information obtained.

This information is then used to:

- Identify and resolve any shortcomings of individual providers and within the service;
- Review and raise service and contractual standards;
- Support service-purchasing decisions, including those involving suspension or termination of contracts as a result of continuing unsatisfactory performance; and
- Support and stimulate wider market management and strategic commissioning decisions.