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?**
   
   North Lanarkshire 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>309.844</td>
</tr>
<tr>
<td>Local authority</td>
<td>161.172</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>60.000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>531.016</strong></td>
</tr>
</tbody>
</table>

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>58.997</td>
<td>60.000</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>133.215</td>
<td>149.292</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>156.988</td>
<td>160.552</td>
</tr>
<tr>
<td>Social care</td>
<td>158.970</td>
<td>161.172</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>508.170</strong></td>
<td><strong>531.016</strong></td>
</tr>
</tbody>
</table>

Note:
The Scottish Government allocation for social care in 2016/2017 of £16.282m is included in the community healthcare total of £149.292m.

Resource transfer payments to the local authority are also included in the community healthcare total and excluded from the social care total.

The net expenditure for the social care budget is included in the table above.
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 Scottish Government allocation for social care in 2016/2017 is £16.282 m and has been allocated as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>2016/2017 Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support for growth in social care spend</strong></td>
<td></td>
</tr>
<tr>
<td>Service Growth – Demographic Increases (Elderly)</td>
<td>2.180</td>
</tr>
<tr>
<td>Service Growth – Demographic Increases (Young People with specialist needs)</td>
<td>1.020</td>
</tr>
<tr>
<td>Self-directed support</td>
<td>3.100</td>
</tr>
<tr>
<td>Health Care Partnership Priorities</td>
<td>1.741</td>
</tr>
<tr>
<td>Progress on charging thresholds for all non-residential services to address poverty</td>
<td>0.100</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>8.141</td>
</tr>
<tr>
<td><strong>Support for local authority health and social care service costs</strong> (including the Living Wage for all social care workers)</td>
<td>8.141</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16.282</td>
</tr>
</tbody>
</table>

Budget setting process

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

Earlier notification of the financial settlement for 2016/2017 from the Scottish Government would have been beneficial to the budget setting process for all partners.

In particular, in respect of a number of in-year funding allocations, an assumption had to be made that the previous in year funding allocations would be recurring at the same level. This assumption was necessary as confirmation of the recurring funding allocations available had not been received before the start of the financial year.
It was also not possible to assume that there would be any new in year funding allocations as these had not been announced.

If the current notification arrangements continue for future financial years, it is likely that an indicative budget only can be set for the start of the financial year for the IJB. The indicative budget would then be updated once Scottish Government funding for both partners is confirmed.

In the future, the budget setting process will also be dependent on IJB decisions. For example, in respect of hosted health care services, the budget allocation between the IJBs is currently based on an agreed percentage split. The total funding is then issued by the health board to the host IJB.

If however the host IJB subsequently chooses to take a differential savings/uplift level on the funding, then the amount to be recharged to the other IJB may vary. The health board would not able to calculate the impact of this during the budget setting process unless it had been advised of such decisions by the IJBs.

There is a time lag in getting prescribing data and, historically, the exact allocation of the prescribing budgets to practices is finalised once the full year figures for the previous year are available in June following the March year end. Until this information is available, a provisional estimate is calculated. The prescribing budgets have now been finalised and the updated figures have been incorporated into the above figures.

The identification of efficiency savings was, and continues to be, an ongoing challenge.

The calculation of the notional set-aside budget is based on 2016/2017 prices however only 2014/2015 activity levels are currently available.

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?

Financial monitoring arrangements are being established which will inform the strategic commissioning intentions and the future budget requirements.

The timescale for the notification of Scottish Government funding however is outwith the control of the partners.

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

An estimated opening budget for 2016/2017 was approved by the Chief Accountable Officer in March 2016. It was recognised that further adjustments would be necessary following the approval of health budgets and the progress of the efficiency savings exercise by each partner. The 2016/2017 budget has now been updated.
8. **When would you anticipate finalising your budget for 2017-18?**

The financial strategy to support the strategic commissioning plan continues to be developed.

As highlighted above however, finalising the 2017/2018 budget will be dependent on confirmation of the Scottish Government financial settlement for both the health board and the local authority for 2017/2018.

**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 currently working through the details of our implementation plan.

**Allied Health Professionals** – We are developing an AHP rehabilitation plan for North Lanarkshire that will identify and develop community rehabilitation facilities. This will allow AHPs to provide rehabilitation services more efficiently, effectively and out with a hospital environment.

**Intravenous (IV) antibiotic therapy** – We are working with NHS Lanarkshire to redesign the IV drug treatment service so that it can be delivered within people’s homes rather than on an acute site. This will shift resources from the hospital to the community and enable easier access to this service for people with mobility or transportation difficulties.

**High resource users and vulnerable groups** – A small proportion of people use a considerable amount of health and social care resources, including the use of hospital and emergency care. We are putting in place arrangements to allow our locality teams to proactively tailor care and support for people who have a very high use of health and social care resources and those who live chaotic lives. We expect that this proactive approach will prevent hospital admissions and emergency based care.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care and Housing Services</td>
<td>£6.238 m</td>
</tr>
<tr>
<td>Health Services</td>
<td>£8.431 m</td>
</tr>
<tr>
<td>Total</td>
<td>£14.669 m</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)**

No
12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes

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

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
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<tbody>
<tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Outcome</td>
<td>Indicators</td>
<td>2016-17 budget</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
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<td>---------------</td>
</tr>
</tbody>
</table>
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | - Number of Alcohol Brief Interventions (ABIs) delivered in priority settings (A&E, antenatal, primary care) (LDP)  
- Percentage of new-born children exclusively breastfed at 6-8wks  
- Cervical Screening  
- Immunisations – %s of 2 year olds  
- Immunisations – %s of 5 year olds  
- Addictions – Completed Waits (LDP)  
- Addictions – Ongoing Waits (LDP)  
- Addictions - Proportion Of Non Attendance At Assessment Appointments  
- Percentage of adults able to look after their health very well or quite well (NOI)  |               |

Other measures which are also included within the current JIB performance framework:  
- Percentage of breast, colorectal and lung cancer cases diagnosed at stage 1  
- Sustain and embed successful smoking quits at 12wks in the 40% most deprived SIMD areas (LDP)  
- Number of clients accessing preventative services such as Weigh-to-Go and Stop Smoking  
- Number of active North/South Lanarkshire Leisure members  
- Number attendees to Stress Control class attendees and calls to Breathing Space  
- Number of people proactively screened, e.g. ABI, Keep Well, Cancer  
- Number of people engaged with third sector  
- Number of people accessing Making Life Easier - no. people/deliveries /items  
- Number of people completing self-management courses  
- Percentage of 6-8wk reviews completed within 10wks  
- Percentage of children meeting all developmental milestones at 27-30 month review
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.

### National Outcome

#### Indicators

- Delayed Discharges - NL standard delays
- Delayed Discharge bed days - NL standard delays
- % Discharged within 72hrs
- % Discharged within 14days
- A&E Attendances – North Lanarkshire
- Inpatient Activity – Emergency Admissions
- Inpatient Activity – Bed Days
- Inpatient Activity – Length of Stay
- Inpatient Activity – Discharges within 24hrs
- Inpatient Activity – Readmissions 7 days
- Mental Health Inpatient Activity – Admissions
- Mental Health Inpatient Activity – Length of Stay
- Mental Health Inpatient Activity – Bed Days
- Dementia QOF Registers
- Dementia Post Diagnostic Support - Number of people newly diagnosed who receive a minimum of one year of post-diagnostic support (LDP)
- Rate of emergency admissions for adults (NOI)
- Rate of emergency bed days for adults (NOI)
- Readmissions to hospital within 28 days of discharge (NOI)
- Percentage of adults with intensive needs receiving care at home (NOI)
- Assistive Technology - Number Of People With Technology (0-17 yrs; 18-64 years; 65+)
- Reablement - Number Of People Completing Reablement Process
- Home Care - No. People 65+ Receiving Personal Care Per 1000 Population
- Home Care - No. People 65+ Receiving Services OOH Per 1000 Population
- Home Care - No. People 65+ Receiving 10+ hrs Per Week Per 1000 Population
- Integrated Equipment & Adaptation Service - % Deliveries Achieved Within 7 Working Days
- Percentage of adults supported at home who agree that they are supported to live as independently as possible (NOI)
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (NOI)
- Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated (NOI)

Other measures which are also included within the current JIB performance framework:
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | • 18 Week RTT Performance – CAMHS (LDP)  
• 18 Week RTT Performance – Psychology (LDP)  
• Consultant Outpatient WT - Adult Mental Health - 12wks  
• Consultant Outpatient WT - Older Adult Psychiatry - 12wks  
• Consultant Outpatient WT - Learning Disability - 12wks  
• Admission to MH Wards: Proportion NHSL Patients  
• MSK Physiotherapy - 12wks  
• MSK Podiatry - 12wks  
• Podiatry - 12wks  
• Podiatry - domiciliary visits - 12wks  
• SLT - Paediatrics - 12wks  
• SLT - Adult - 12wks  
• Audiometry - Paediatric - 12wks  
• Audiometry - Adult - 12wks  
• Dietetics - 12wks  
• Occupational Therapy - Paediatric - 12wks  
• Proportion of last 6 months of life spent at home or in community setting (NOI)  
• % people discharged from hospital within 72 hours of being ready. (NOI)  
• Falls rate per 1,000 population in over 65s (NOI)  
• Percentage of adults receiving any care or support who rate it as excellent or good (NOI)  
• Percentage of people with positive experience of care at their GP practice (NOI)  
• Percentage of patients seen within 3wks for appropriate drug and alcohol treatment (LDP)  
• 48hr access to appropriate member of the GP team (LDP)  
• Advanced booking to appropriate member of the GP team (LDP) |
<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. | • Complaints Processed 20 Working Days (NHSL)  
  • Complaints Processed Within Timescale (NLC)  
  • Care Home Placements At End Of Quarter - Number of Placements 75+  
  • Care Home Placements At End Of Quarter - Per 1000 Popn 75+  
  • Number Of People With Self Directed Support  
  • Number Of People With A Direct Payment  
  • Proportion of care services graded 'good' or better by Care Inspectorate (NOI)  
  • Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (NOI)  

Other measures which are also included within the current JIB performance framework:  
  • Percentage of clients with personal outcomes recorded e.g. via eKIS, MiDIS  
  • Percentage of personal outcomes accessed for care planning  |                                                                                       |               |
| Health and social care services contribute to reducing health inequalities.      | • Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas (LDP)  
  • Premature mortality rate (NOI)  

Other measures which are also included within the current JIB performance framework:  
  • Percentage of people in lowest 40% SIMD accessing primary care and preventative service  
  • Keep Well consultations in 40% SIMD  |                                                                                       |               |
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.

- Community Alarm Service Users 75 Years And Over Per 1000 Population
- Percentage of carers who feel supported to continue in their caring role (NOI)

Other measures which are also included within the current JIB performance framework:

- Keep well consultations for Carers
- Numbers of carers accessing the Carer Support Team in North Lanarkshire Carers Together
- Number of carers registered with a GP
- Number of Carer Support Plans in place
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who use health and social care services are safe from harm.</td>
<td>- RIDDORs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Category 1 Incidents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Category 2 Incidents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Category 3 Incidents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- SAERs Commissioned</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Moving &amp; Handling Training</td>
<td></td>
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<tr>
<td></td>
<td>- PAMOVA Training</td>
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<tr>
<td></td>
<td>- Resuscitation Training</td>
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<tr>
<td></td>
<td>- Fire Safety Training</td>
<td></td>
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<tr>
<td></td>
<td>- Staff flu vaccination (NHSL)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Social Background Reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Proportion Of Social Background Reports Submitted Within 20 Days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Young People Placed On A Supervision Order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Proportion on Supervision Order Contacted Within 15 Days of issue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Children Looked After - Proportion Looked After In A Community Setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Children Looked After - Total Number Of Young People Accommodated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Children Looked After - Young People Accommodated During Quarter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Children Looked After - Young People Discharged During Quarter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Criminal Justice Social Work Reports Submitted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Proportion Of Criminal Justice Social Work Reports Submitted By Due Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Community Payback Orders - No. New Orders By Supervising Team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Child Protection Referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Child Protection Case Conferences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of New Child Protection Registrations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number On Child Protection Register At End Of Period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Adult Protection Referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Adult Protection Referrals Passed To Care Team For Investigation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number Of Adult Protection Referrals Going To Initial Case Conference</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Percentage of adults supported at home who agree they felt safe (NOI)</td>
<td></td>
</tr>
<tr>
<td>National Outcome</td>
<td>Indicators</td>
<td>2016-17 budget</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. | • eKSF compliance (NHSL)  
• PDR Compliance (NLC)  
• Percentage of staff who say they would recommend their workplace as a good place to work (NOI)  
Other measures which are also included within the current JIB performance framework:  
• Percentage of staff, carers and volunteer survey respondents who feel they have the knowledge and skills required  
• Percentage of service providers engaged with service development  
• Staff survey questions (NHSL and NLC on knowledge, skills and engagement) | |
| Resources are used effectively and efficiently in the provision of health and social care services. | • Breakeven Position - YTD Variance Including Prescribing (NHSL) (LDP)  
• Breakeven Position - YTD Variance Excluding Prescribing (NHSL) (LDP)  
• Breakeven Position - YTD Variance (NLC)  
• Delivery of savings targets (NHSL) (LDP)  
• Sickness Absence (NHSL) (LDP)  
• Sickness Absence (NLC) - days lost per person in quarter  
• Reablement - Hours Available For Re-allocation  
• Number of days spent in hospital when ready to be discharged. (NOI)  
• % total health & care spend on hospital stays via emergency admission. (NOI)  
• Expenditure on end of life care. (NOI) | |
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?**

   North Lanarkshire Health and Social Care is the strategic lead for delayed discharge and has an ongoing Delayed Discharge Programme Board, which coordinates improvement activity for this area of work.

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

   The Joint Integration Board approves the allocation of additional funding from the Scottish Government to improve delayed discharge performance.

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 2015/2016, the North Lanarkshire Delayed Discharge Fund was £1.953m, of which £1.8m was allocated to home support to tackle delayed discharge. The balance of £0.153m was allocated to delayed discharge tests of change around additional ACE Nurses, admin support to the Discharge Hub and home cleaning.

   The 2015/2016 North Lanarkshire Integrated Care Fund was £6.510m and this was allocated to a range of initiatives across the local authority, health, voluntary and independent sector partners which contributed to preventing hospital admission and tackling delayed discharge.

   Notwithstanding these two specific funds, within the total resources available in 2015/2016 detailed at question 3 (section 1), the joint aspiration of preventing hospital admission/tackling delayed discharge was, and continues to be a key priority for all partners.

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 North Lanarkshire Delayed Discharge Fund and Integrated Care Fund both continue to be directed to prevent hospital admission and to tackle delayed
discharge. The majority of the 2015/2016 initiatives continue to be recurring commitments.

As highlighted at question 4 (Section 1), the Integration Funding of £16.282 has been allocated to address demographic growth, the implementation of the living wage, the change in the charging threshold and health and social care priorities to promote integration.

Notwithstanding these three specific funds, within the total resources available in 2016/2017 detailed at question 2 (section 1), the joint aspiration of preventing hospital admission/tackling delayed discharge continues to be a key priority for all partners.

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 highlighted at question 3 above, the 2015/2016, the North Lanarkshire Delayed Discharge Fund was £1.953m, of which £1.8m was allocated to home support to tackle delayed discharge. The balance of £0.153m was allocated to delayed discharge tests of change around additional ACE Nurses, admin support to the Discharge Hub and home cleaning.

The funding continues to be directed to home support in the current financial year.

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

Funding of additional Home Support hours has had an impact on performance, with compliance against the 72hr discharge target being largely met on a consistent basis in North Lanarkshire for patients awaiting Home Support.

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

The Delayed Discharge Programme Board has identified key areas for focus in 2016/17 as follows:

- **Home Support Capacity and process** – additional Home Support hours have been procured via the additional Scottish Government funding (80% of all new packages are procured via hospital). In addition, permanently basing Home Support Managers in the Hospital sites has streamlined the process and reduced unnecessary delays, supporting the partnership to perform well against the 72hr target for discharge for those requiring Home Support.

- **Discharge Facilitation** – tests of change underway which sees Integrated Discharge Facilitators attending daily ward rounds to start discussions around discharge from the moment of admission and pre-empting issues and resolving these, such as ordering of equipment or early referral to social work for complex assessments.

- **Complex Assessment** – increasing SW assessment capacity by funding six additional Social Worker posts to be based within North Lanarkshire’s 6
Localities, with a remit to in-reach to hospitals for complex assessments and support discharge

- **Locality-led Discharge** – ensuring community staff take responsibility for supporting discharges back into their care, including single points of contact for each Locality for the Discharge Hub and the potential for in-reach into the hospital to support complex discharges. This will include developments around discharge to assess.

- **Front door developments** – tests of change underway that supports redirection individuals back into community services where admission is inappropriate. Locality Response provides a single point of contact in a Locality for high priority cases, providing Nurses and AHPs at the front door with an alternative to admission.

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

   - Increasing demand, through an ageing population and increasing rates of emergency admission
   - Care Home availability/choice – 4 Care Homes in North Lanarkshire under moratorium in recent months, further impacting on capacity and families only keen to place in Homes with best care inspectorate results
   - Weekends – lack of discharges over weekends a major issue against the 72hr target.
   - Capacity – impact of vacancies and difficult to fill posts, such as MHO
   - Family engagement, particularly in summer months, can cause delays around Care Home placements and Complex Assessments

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

   The test of change around the front door noted in number 7 aims to reduce demand and will be rolled out if proved successful.

   North Lanarkshire Council’s Quality Assurance team undertakes robust monitoring and supports improvement within care homes. In addition, through Integrated Care Fund, an Independent Sector development worker is in post to support improvement work across the sector.

   Work is underway to look at extended working hours for key staff groups to enable discharges over the weekend. The first phase of this is a test to extend the working hours for a later finish on Fridays, then the second phase will test reaching into the weekend, starting with Saturdays.

   Recruitment and training of MHOs is a live task, with 3 staff completing the training in recent weeks and recruitment of further sessions ongoing.

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

    Yes, Social Work Intermediate Care facilities as follows:
Monklands House 14 beds + 7 respite  
Muirpark 14 beds +7 respite  
New Chilterns (opens Autumn 2016) 14 beds + 7 respite

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?

Average length of stay for the facilities is 44.5 days, including both step up and step down patients.

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?

This information was not readily available at the time of completing this return.

The financial monitoring arrangements continue to be developed to extend the management information available.
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 is currently compiling its Commissioning Plan, which will include detailed workforce information against each commissioning intention. The plan aims to set out new and innovative models of care

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.

No. A genuine shift would require significant improvements in capacity for all health and social care staff in communities with complementary improvements in infrastructure. We need a model that provides a multidisciplinary approach with capacity to increase the volume and complexity of care offered in a home setting. This requires workforce modelling that includes medical, nursing, social work, AHP and home care staff. A genuine shift in the balance of care will require a shift in the balance of resource.

There are a number of recruitment challenges in North Lanarkshire, including: District Nursing (Band 6); Mental Health Officers; Physiotherapists; GPs; Home Support; and Social Workers. Whilst mitigating actions are in place to reduce the impact of this, there is undoubted potential for this to further impact on the ability to shift the balance of care towards the community, particularly when taken in the context of rising demand.

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

There are cultural barriers that see both staff and members of the community continue to view healthcare from a hospital-centric viewpoint. These are encouraged by media and political attention that continues to focus on hospital beds and access targets in acute care as the key drivers of policy.

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

There are a number of barriers to recruitment and retention, such as:

- Ageing workforce – workforce planning highlights the significant number of our staff over the age of 55
- Increasing demands create pressure on resources
• There are a number of professional groups of staff with limited availability, such as Band 6 District Nurses, Physiotherapists, GPs, Home Support Workers, Social Workers and Mental Health Officers
• Differing pay scales in neighbouring authorities can create pressure on both recruitment and retention

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?**

Fair working practices are a key feature of the award criteria for all social care contracts. This includes organisational development opportunities, community investment, financial remuneration, zero hour contracts and other applicable practices e.g. recruitment and retention strategies, staff awards etc

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

In North Lanarkshire, 17.5% of Home Support is externally contracted and 82.5% provided in-house, whilst for residential/nursing care 5.3% is externally contracted and 94.7% provided in-house.

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

The contract specification and associated monitoring framework establishes the monitoring relationship for each service. In addition all care services have an allocated monitoring officer who is responsible for developing the contract relationship with the provider. These are tailored to individual service types and include various forms of monitoring returns, analysis of information from external sources and direct contact with the service. There is a robust contract review process which is conducted either on a planned basis or as a response to a particular situation. A Service Improvement Process (SIP) is currently being finalised and will be introduced across all contracted services to ensure consistency of contract management and improve performance information.

In respect of remuneration, baseline information was sought at the tender stage (where applicable) or gathered through a separate exercise e.g. National Care Home contract. Currently monitoring contacts confirm the level of payment, however, an exercise to gather this on a six monthly or annual basis may be agreed and implemented.