

Health and Sport Committee: Integration Authorities Survey 2020**Budget Scrutiny: Integration Authorities**

1. Which integration authority are you responding on behalf of?

Renfrewshire

2. The Cabinet Secretary for Health and Sport provided information to the Committee on agreed budgets for 2020-21 (see Annex A). Please confirm any revisions to this budget information, indicating:

- (a) Changes due to additional COVID-19 funding
(b) Changes for other reasons (please provide details)

	NHS allocation £m	Local authority allocation £m	Total £m	Set aside £m
Initial position (as per Annex)	175,938	72,626	248,564	57,605
Additional COVID-19 funding Living Wage SG Funding		1,667* 280**		
Other changes	2,249	(367)	1,882	
Current budget position	178,187	72,259	250,446	57,605

*This is funding and does impact on the budget for social care as it will be used to off-set current expenditure (credit in income, debit in expenditure). This is Renfrewshire HSCP share of the £50m.

**This is the additional £280k from Scottish Government for 2021 living wage costs and does not impact the budget for social care as it will be used to off-set current expenditure (credit in income, debit in expenditure).

3. Please show how your final 2020-21 budget has been allocated (before and after any additional COVID-19 funding):

	Pre-COVID-19 £m	Post-COVID-19 £m
Hospital	15,588	15,588
Community healthcare	76,014	76,014
Family health services & prescribing	86,585	86,585

Social care	72,259	72,259 1,667* 280**
Total	250,446	250,446*

*The funding for COVID-19 of £1,667m does not impact on the budget for social care as it will be used to off-set current expenditure. (credit in income, debit in expenditure). This is Renfrewshire HSCP share of the £50m.

**This is the additional £280k from Scottish Government for living wage costs and does not impact the budget for social care as it will be used to off-set current expenditure (credit in income, debit in expenditure).

4. Please provide details of how additional COVID-19 funds have been used.

They have been used to fund the under occupancy in care homes and additional PPE.

5. As a result of the pandemic, please indicate:

a. The main three areas of additional spending

- Payments to providers including sustainability payments
- Increased costs for Care at Home
- Additional staff costs
- PPE, including supplies, transport & use of logistics hub.
- COVID response services such as Renfrewshire COVID Assessment Centre and Care Home testing team

b. The main three areas of reduced spending

None have been identified

6. Of the areas identified in Q5, do you anticipate that any changes in service delivery will lead to longer-term changes in spending? Please provide brief details, including details of anticipated annual savings or additional costs associated with each change. (200 words max for each change)

As part of our recovery planning, the HSCP is actively assessing our future approach to the changes made during COVID and whether services should revert to the pre-COVID situation, whether changes should be maintained or adapted further, or whether changes should be stopped at appropriate point (of particular relevant to those 'new' service responses which have been implemented as part of our COVID response. This work continues to develop and it is too early to determine the quantum of additional costs which may be incurred or cost savings which may be achieved.

- **Payments to providers including sustainability payments.** We have identified a clear risk that perceptions of care homes following the pandemic may change public behaviours and result in families being increasingly reluctant to place loved ones in care homes. This could place individual independent providers at financial risk but may also have a significant impact on the financial sustainability of the sector across Renfrewshire (and nationally). Should this be the case, we expect increasing demand for Care at Home services, with increasingly complex support required to enable people to live in their own homes for as long as possible. This would consequently increase staffing costs for Care at Home and, as a result of long-standing recruitment and retention issues in the Care at Home sector generally, increase use of agency staff (and the related costs) to provide services.
- **Increased Costs for Care at Home:** this is strongly interlinked with the points above. As demand increases associated costs of provision will also increase. The HSCP has moved to critical provision from substantial during the crisis and it is expected that provision will be maintained at a critical level.
- **Additional staff costs:** Additional management oversight has been brought in by the HSCP during the pandemic to provide additional support to a number of services, including Care Homes and Extra Care. As the pandemic recedes (with infection rates currently following), these additional posts will be transitioned out at a safe point. However, the HSCP will retain the flexibility to maintain or re-engage additional management support in future due to the risk of additional infection peaks and the need to continue a COVID-19 response alongside recovery activity.
- For some areas such as internally operated residential care homes and extra care housing, and support to commissioned care services a review of the service areas in the light of lessons from COVID response is likely to lead to enhancement of professional nursing and clinical support
- **Additional COVID services:** The HSCP was required to set up and deliver a range of 'new' COVID services as part of the ongoing response phase. This includes the sourcing of PPE, and associated logistics, set up and delivery of the Renfrewshire COVID Assessment Centre and the delivery of care home testing team. These additional services will be required for the foreseeable future and will be required to run alongside ongoing recovery efforts with associated impacts on costs and staffing requirements.

7. Have any of the changes detailed at Q6 resulted in:

a. A change in the set aside budget in 2020-21?

Not at present.

b. A shift in the balance of spending between hospital / community / social care in 2020-21?

Main COVID spends within Health are within the Assessment centres as well as funding the student nurse intake. Unlikely these will continue post Covid.

c. Would these changes be expected to continue into 2021-22?

Not anticipated.

8. Which of your performance indicators have been most negatively impacted by the pandemic, and what is the projected effect on their trajectory for the coming year? Please list **three** indicators, showing their expected performance in 2020-21, compared with pre-Covid plans.

The COVID-19 pandemic will have impacted on most service area waiting times included in RHSCP's Performance Scorecard. However, at this stage the HSCP only has confirmed data for most indicators to year-end March 2020. However, June data is available for Child and Adolescents' Mental Health Services (CAMHS). The relative performance against these indicators in March and June 2020 is:

1. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks

Week commencing 30/3/20: 70.7%

Week commencing 29/6/20: 47.9%

The full impact of COVID-19 on our performance towards the end of financial year 2019/20 and going forward in 2020/21 is not fully known. In addition, the ongoing uncertainty relating to COVID-19 and emerging government guidance will continue to influence how and when services are reinstated or provision is increased. This relates to aspects such as ongoing physical distancing requirements which have a significant impact on access to services (for example through transport) and the use of buildings for face-to-face provision. It is therefore inherently difficult and challenging to project the trajectory of performance indicators at this stage. Any trajectories could be significantly impacted at short notice where a change to guidance is announced or additional peaks of infection arise.

9. When would you expect performance in these areas to recover and what action / spending will be required? (Please provide a brief description for each of the indicators listed at Q8.)

In relation to the response to Q8, there is significant uncertainty over when performance will 'recover'. In general terms, we are observing increasing demand for services and, with the reduction in infection rates at the time of writing, we have been able to start the return of staff to substantive posts following their deployment to support the COVID-19 response. This will enable the HSCP to increase service provision where safe to do so in line with recovery plans developed locally and across NHS GGC.

Within CAMHS specifically, work is underway as part of recovery planning both locally and at a GGC level. Within Renfrewshire, we are developing an improvement plan with staff to complement GGC-wide activity and to identify and implement improvements where these are required to support the recovery of performance in this area.

10. The Committee recently published a report on [social prescribing](#). How much do you plan to spend on social prescribing in 2020-21? Please provide details of planned spend on community connectors / link workers as well as any other community wellbeing initiatives. If applicable, please provide breakdown of activity and budget as a table.

	Planned expenditure in 2020-21 £m
Community Link Workers/Connectors	0.330*
Total spend on social prescribing	0.330

*It is difficult to quantify what classifies as social prescribing within this work. This was planned spend before COVID-19.

Annexe A

Budgets are subject to routine in-year adjustments					2020-21
Integrated Authority	2020-21 NHS Allocation (£000)	2020-21 Council Allocation (£000)	2020-21 Total (£000)	2020-21 Set Aside (£000)	Interim or Agreed Budget
Aberdeen City	235,996	94,329	330,325	46,416	Agreed
Aberdeenshire	217,595	117,014	334,609	28,524	Agreed
Angus	131,259	49,704	180,963	9,734	Agreed (subject to refinement)
Argyll & Bute	225,662	60,077	285,739	n/a	Agreed
Clackmannanshire & Stirling	143,584	56,310	199,894	22,442	Agreed
Dumfries & Galloway	319,887	78,951	398,838	n/a	Interim
Dundee City	167,600	80,100	247,700	18,172	Interim
East Ayrshire	185,003	83,074	268,077	24,133	Agreed
East Dunbartonshire	116,349	56,750	173,099	32,944	Agreed
East Lothian	106,477	55,251	161,728	17,831	Agreed
East Renfrewshire	72,135	52,469	124,604	31,674	Agreed (subject to refinement)
Edinburgh	451,898	230,661	682,559	89,176	Interim
Eilean Siar	43,078	20,068	63,146	6,828	Agreed
Falkirk	136,538	68,965	205,503	28,311	Interim
Fife	394,752	157,350	552,102	36,473	Interim
Glasgow City	715,447	444,200	1,159,647	221,914	Interim
Highland	560,000	105,000	665,000	n/a	Interim
Inverclyde	91,598	52,289	143,887	23,956	Agreed
Midlothian	91,115	45,027	136,142	15,389	Agreed
Moray	90,596	44,987	135,583	11,765	Agreed
North Ayrshire	180,827	96,963	277,790	30,997	Agreed
North Lanarkshire	474,110	166,422	640,532	63,066	Agreed
Orkney	26,381	20,343	46,724	7,409	Interim
Perth & Kinross	144,200	57,500	201,700	16,280	Agreed
Renfrewshire	175,938	72,626	248,564	57,605	Interim
Scottish Borders	135,417	51,477	186,894	24,476	Agreed
Shetland	22,283	24,079	46,362	4,374	Interim
South Ayrshire	113,891	77,326	191,217	25,128	Agreed
South Lanarkshire	412,241	134,727	546,968	59,501	Agreed
West Dunbartonshire	124,733	70,650	195,383	28,694	Interim
West Lothian	155,294	76,616	231,910	32,292	Interim
TOTAL	6,461,884	2,801,305	9,263,189	1,015,504	