

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

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

Perth & Kinross IJB

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) | 144 | 57 | 201 | 16 |
| Additional COVID-19 funding | 0 | 2 | 2 | 0 |
| Other changes | 0 | 0 | 0 | 0 |
| Current budget position | 144 | 59 | 203 | 16 |

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 | 37 | 37 |
| Community healthcare | 51 | 51 |
| Family health services & prescribing | 72 | 72 |
| Social care | 57 | 59 |
| Total | 217 | 219 |

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

A specific allocation of £185k has been used to fund an increase to the Scottish Living Wage uplift to Care Providers.

A general allocation has been received of £1,373k as a general contribution towards social care costs.

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

- a. The main three areas of additional spending

*Additional Payments to GP Practices
Sustainability Payments to Care Providers
Loss of chargeable income*

- b. The main three areas of reduced spending

*Reduced Care Home Placements
Reduced OT Equipment Adaptations
Reduced Carer Short Breaks*

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)

Whilst difficult to anticipate any long term changes to service delivery at this stage it is clear that our newly established Locality Integrated Care Teams have provided a critical service during the Covid 19 response and remobilisation period, preventing admissions both to care homes and to hospital.

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

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

NO

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

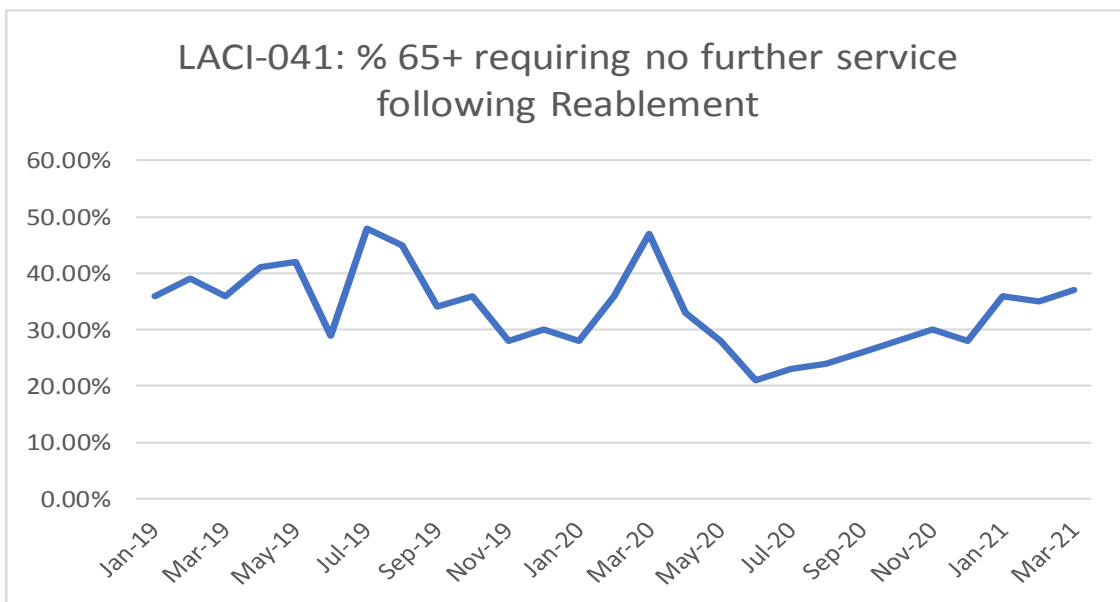
NO

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

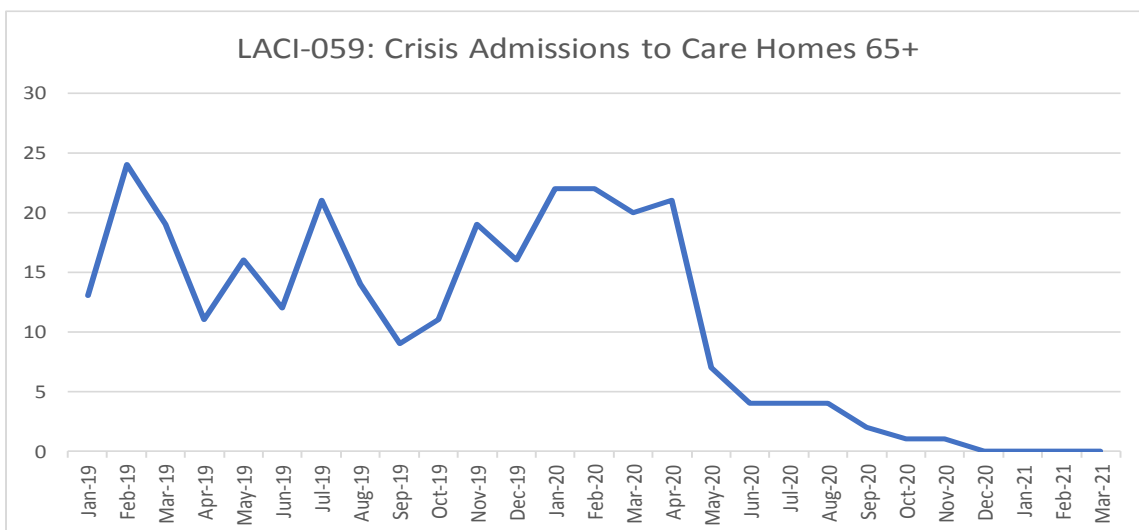
The PKIJB Remobilisation Plan seeks to sustain and build on the success of the LINC's (enhanced community support) model in delivering a sustained reduction in admissions in future years.

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.

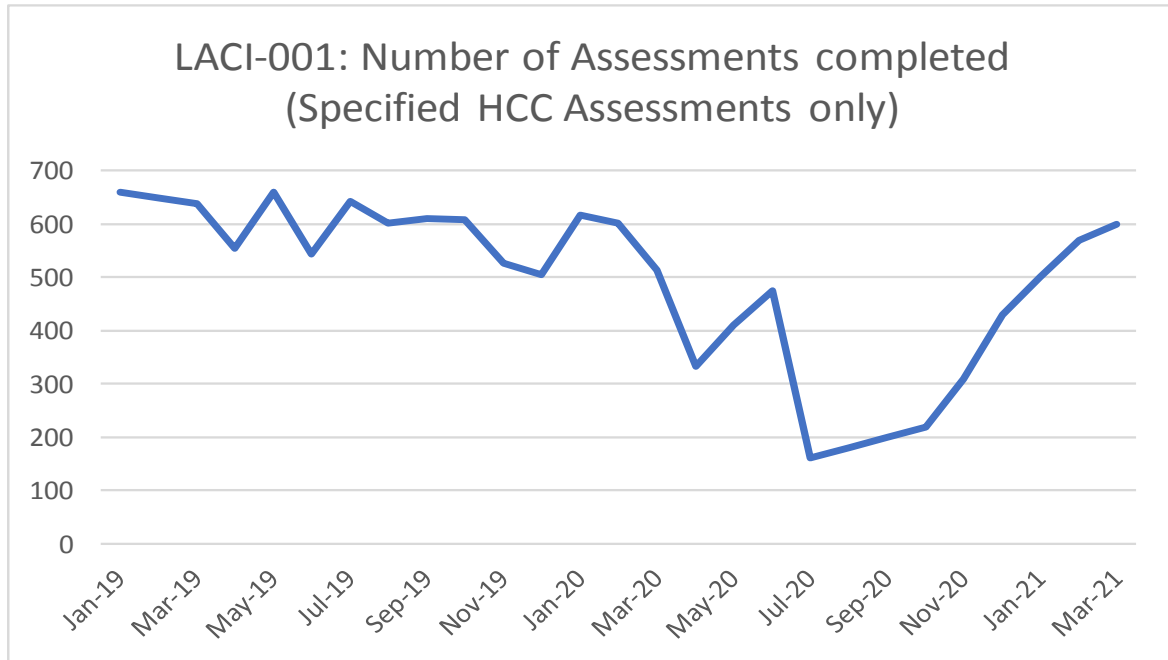
A. *Current trajectory and recovery projection of Key Performance Indicator LACI -041 from Jan 2019 to June 2020 (red bar). Statistical projection of recovery to Mar 21.*



B. *Current trajectory of Key Performance Indicator LACI 059 from Jan 2019 to June 2020. Strategically, and for future COVID resilience we will reduce crisis admissions to Care Homes and support these people in community settings.*



C. Current trajectory to Jun 2020 with statistical projection to Mar 2021



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.)

A. *This requires further analysis in the context of the impact of Covid-19 and a growing recognition that the pandemic will continue to have an impact for some time to come. It will impact on people requiring services, on the kinds of services they require, on our approach to rehabilitation and reablement and its duration, and on how services can be delivered. We will also consider what digital solutions can be developed and offered to provide different support arrangements.*

This measure will likely be highly influenced by any further surge in the pandemic.

B. *We saw a high number of crisis admissions to care homes in the first few months of this year. However, this reduced significantly as a result of the pandemic, when we facilitated planned discharges from hospital into care homes for people assessed as clinically fit and requiring that support. Of course, the reduction in hospital activity in preparedness for a significant surge in Covid-19 cases, with the cancellation of electives and outpatients, combined with care homes providers being cautious about admissions*

then had a significant impact on this performance against this indicator. However, we remain committed to developing responsive and comprehensive community services to support people at home for as long as possible, reducing the number of crisis admissions.

C. One effect of Covid-19 was a reduction in the number of people contacting social work and social care services. This was in part because of lockdown measures, but also because many family carers were more able and willing to provide care themselves. This resulted in a significant reduction in the number of people referred and assessed. We anticipate increases in the numbers of assessments being carried out as lockdown eases, however it remains difficult to predict whether and when this will return to previous numbers given the 'new normal' in which we are working, and our service users and carers are living. As well as considering what implications this has for how we promote our services and encourage access and uptake, we are keen to capitalise on some of the positives that have come out of our response to Covid-19 and find new ways of working, to build a better service response.

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 |
|--|--|
| 6 x wte Social Prescribers | £208,000 |
| Total spend on social prescribing | £208,000 |

Annexe A

| Budgets are subject to routine in-year adjustments | | | | | |
|--|-----------------------|---------------------------|------------------|------------------|--------------------------------|
| | 2020-21 | 2020-21 | 2020-21 | 2020-21 | 2020-21 |
| Integrated Authority | NHS Allocation (£000) | Council Allocation (£000) | Total (£000) | 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 | |