

Health and Sport Committee: Integration Authorities Survey 2020

Budget Scrutiny: Integration Authorities

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

South Ayrshire Health and Social Care Partnership

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** – additional funding of £1.090 was allocated to NHS for additional COVID 19 expenditure incurred in social care, this has been passed to local authority to meet the additional costs.
 - (b) **Changes for other reasons (please provide details)** – other changes in the NHS allocations are within base budget and were unknown at time of budget setting in February the increase does not represent any additional funding in this financial year. An additional £0.273m was allocated to NHS to fund the social care living wage increase to providers at a nationally agreed 3.3% increase. The Local Authority budget includes the £2.029m grant income for Criminal Justice.

	NHS allocation £m	Local authority allocation £m	Total £m	Set aside £m
Initial position (as per Annex)	88.763	77.326	166.089	25.128
Additional COVID-19 funding	1.090		1.090	0.000
Other changes	2.579	(2.029)	0.541	0.000
Current budget position	92.423	75.297	167.720	25.128

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	25.128	25.128
Community healthcare	26.040	24.454
Family health services & prescribing	42.275	44.556
Social care	97.774	98.709
Total	191.217	192.848

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

The financial mobilisation plan for SAHSCP submission for 27th of July is £5.595m, this is an estimate of costs to end of March 2021. To date SAHSCP has received £1.090m in May for costs incurred within Social Care services these additional funds supported additional costs for PPE, additional care home beds and care at home hours purchased to increase capacity in the community necessary to facilitate delayed discharges at the onset of the pandemic. The pandemic also impacted upon the care plans of children who are looked after away from home in external residential placements and their plans to return them to the local community. Additional funding of £0.273m was provided to ensure all hourly paid providers received an uplift of 3.3%, SA IJB had approved 3% in the 2020-21 Budget, this funding provided for the gap of 0.3% passed on to providers through contract increases. Although not COVID related, the issue was raised as part of financial sustainability payments for social care providers.

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

- a. The main three areas of additional spending

Sustainability Payments to Providers - £1.658m

National principles were approved for sustainability payments to social care providers were approved by Scottish Government and include funding additional costs in relation to increased staffing, sickness cost, infection control, additional PPE and varying occupancy levels within care homes. SAHSCP commissions all adult community care and 75% of older peoples

care at home from the private sector. Estimate of PPE costs £0.500m, enhanced sick pay £0.310 and other costs £0.100m.

For residential care there are 24 private care homes in South Ayrshire that we commission from, as well as other local authorities and private clients, the sustainability payments for reducing occupancy levels are projected at a cost of £0.748m to the end of July 20, with £0.543m has already been paid out to the end of June 20.

Personal Protective Equipment - £0.854m

Additional PPE to support our own social care staff, has increased by £0.854m to the end of the year, to date £0.500m has already been spent. Our weekly requirement is 76,000 items of PPE including new items such as masks and visors.

Staffing - £1.223m

Additional temporary staff, overtime and enhanced payments have been made to ensure service users are supported. This includes a care home rapid response team, increase mobile attendants to support service users at home, an increase in physiotherapist provision, to support additional beds in our own 2 residential care homes, overtime and bank staff to cover sick and those self-isolating.

- b. The main three areas of reduced spending

Care Home Occupancy levels - £0.450m

To the end of July SAHSCP would have spent £0.450m less on purchasing beds due to the levels of deaths mainly in April and May, this reduction has been allocated in the mobilisation plan to offset the increase in occupancy payments.

Day Care - £0.109m

Our own day care service and a purchased day care service have been paused during the pandemic, this has resulted in no costs for a period of time, again these are included in the mobilisation plan to offset additional expenditure elsewhere

Group Support - £0.352m

Purchased group support has also been paused, due to the difficulties in social distancing therefore reducing costs, as above this reduction is included in the mobilisation plan

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)

Sustainability Payments to Providers – We are heavily reliant on private, voluntary and third sector providers to continue to support or service delivery models. The current sustainability payment principles cease at end of July 20. Longer term these providers will expect contract increases to reflect the additional costs incurred in PPE, infection control, varying occupancy levels (if outbreaks of the levels seen in recent months become the norm). The provision of day care may change from building based to community based services, we have already been involved in early conversations with providers, this should reduce asset based costs and either reduce spending overall or enable reinvestment into areas of need to support community based models.

Personal Protective Equipment - The use of PPE is expected to continue, until a vaccine is widely available. As we move to Mobilisation Plan Phase 3, services that were previously paused will resume, this will incur additional costs in PPE for day care, community based services and social care review staff along with additional cleaning costs within offices and centres.

Staffing – As we work through Mobilisation Phase 3 plan and taking recognition of lessons learned over the last few months, staff will be involved in transformation of service delivery with improvements identified to minimise unscheduled hospital admissions, reduce delayed discharges, support adult and child protection services. The use of technology will also be a focus in the new phase, were meetings with other staff and users of service has been carried out successfully this may continue. The PPE hub is an additional service set up in response to COVID, this will be an ongoing cost in the future until a vaccine has been identified. The rehabilitation of service user recovering from COVID, will require additional Allied Health Professionals.

The planning and development of the transformational change to reform the services, will require additional staff on a short-term basis to direct projects and programs of change.

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?

An increase in spend in 2020-21 within social care is mainly to support social care providers be financial sustainable. The initial increase in community capacity to meet delayed discharges has been mitigated

with the number of deaths in care homes. An increase in rehabilitation services, plans in place to reduce unscheduled admissions to hospital through new triage process and the development of hospital from home service should see spending shift from hospital to community during 20-21.

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

As we move through the mobilisation plan phase 3, reviewing and reforming services, it is anticipated these changes will continue into 21-22.

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.

Adult Support and Protection

ASP referrals pre COVID – 66 latest information - 104

Children and Families

No. of Children on Child Protection register – pre COVID – 13, latest information – 26

No. of Children looked after away from home – pre COVID 240 – latest information

At present we do not have a trajectory for these measures as full effect is an unknown as noted in question 9.

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.)

Adult Support and Protection – referrals initially increased but have stabilised and are now moving back towards the median. Work is progressing to establish a Multiagency Assessment and Screening Hub which is aimed at improving multiagency communication and improve the quality of ASP referrals. This is also anticipated to reduce the number of referrals.

Children and Families - The number of Children on the Child Protection Register were unusually low prior to Covid at 13, this being the lowest number recorded over the past 10 quarters. The number of Children subject to registration reflected over Covid is not particularly high and remains below the national average. It is of note that 70% of the 30 Children currently subject to registration were placed on the register since the 23rd of March 2020. There is uncertainty as to the impact of Covid on children as School return on the 17th August, there are national and local discussions about the possible significant increase in referrals and the additional need for supports for such children. An additional Social Work post at £47,000 per year would enable the

service to respond to an additional 50% increase in CP referrals as we come out of phase three.

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 Links Programme	£0.115
Invigor-8	£0.044
Total spend on social prescribing	£0.159

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	