

Health and Sport Committee: Integration Authorities Survey 2020

Budget Scrutiny: Integration Authorities

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

Aberdeenshire Health & 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
- (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)	217.595	117.014	334.609	28.524
Additional COVID-19 funding	0.000	2.756	2.756	0.000
Other changes	3.619	0.000	3.619	1.761
Current budget position	221.214	119.770	340.984	30.285

Aberdeenshire HSCP has been reporting projected additional expenditure on dealing with the impact of Covid 19 to the Scottish Government in line with the arrangements set up by the Scottish Government. We have welcomed the support from colleagues within the NHS Scotland Health and Social Care Directorate finance team during recent months and the opportunity to set out the costs that we are incurring in responding to the outbreak.

Total projected costs for Aberdeenshire HSCP are circa £10.3m (including costs incurred by Aberdeenshire Council for social care services). For health related costs, we expect funding allocations to be made in September following review of the NHS Grampian's Quarter 1 financial position by the Scottish Government. As part of NHS Grampian's re-mobilisation plan we will be setting out the further resource implications for the next 9 months which will be in addition to the projected £10.3m included in the financial returns to date.

Other changes to the budget relate to:-

- a) Normal earmarked funding allocations. The most significant of these is £1.1m to support the costs of the Hub project in Inverurie.
- b) A re-assessment of the Set Aside budget to reflect activity levels in the 2018/19 financial years. This increase the total Set Aside budget by £1.761m.

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	18.396	18.398
Community healthcare	55.391	57.210
Family health services & prescribing	84.267	84.304
Social care	148.031	150.787
Total	306.085	310.699

Note that the figures in the above table exclude Set Aside budgets.

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

Two funding allocations have been made to Aberdeenshire HSCP to date for passing onto local government to meet costs in social care. These are:-

- a) £2.266m to meet additional costs of social care providers in dealing with Covid 19 (e.g. PPE, staff sickness cover, loss of income).
- b) £0.490m to partly fund the increase in the Scottish Living Wage within Social Care.

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

a. The main three areas of additional spending

1. Personal Protective Equipment (PPE) ordered through the Council to support internally and externally provided social care services.

2. Additional social care capacity (residential and care at home) to facilitate a significant reduction in delayed discharge levels from hospitals.
3. Payments to social care providers for additional costs they have incurred in responding to Covid (staff sickness cover, PPE, loss of income, overtime etc).

b. The main three areas of reduced spending

1. Community Hospital Costs – bed capacity in some community hospitals has been reduced during the Covid lockdown period which has led to reductions in costs for bank nursing and medical supplies.
2. Social Care Day Care & Respite Services – services have been paused during Covid lockdown.
3. Travel Costs – due to most meetings now being held virtually.

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)

In terms of increased costs, some of the changes resulting from Covid 19 are likely to be longer term in nature. Examples are more investment in social care to maintain delayed discharges at low levels, significantly increased use of PPE and extension of immunisation programmes. Staff costs may also increase if higher levels of staff now self-isolate.

In terms of reduced spending, there are likely to be long term savings in travel costs and costs associated with buildings, as less physical meetings are held and more services are provided on a digital or remote basis.

Aberdeenshire HSCP is currently developing a Resetting & Rebuilding to outline changes in health and social care services that are likely to take place in an environment where we are living with Covid 19. This plan will be considered by our IJB in August.

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

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

Not at the current time, but IJB Chief Officers are working with Acute Sector colleagues on a project called Homefirst which aims to maintain the lower activity levels that we have seen in hospital services during Covid 19 in services like Emergency Medicine and Care of the Elderly by aligning resource to community and social care services. Once established, this is likely to have an impact on the Set Aside budget.

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

Not at the current time, but see comments to question 7a above.

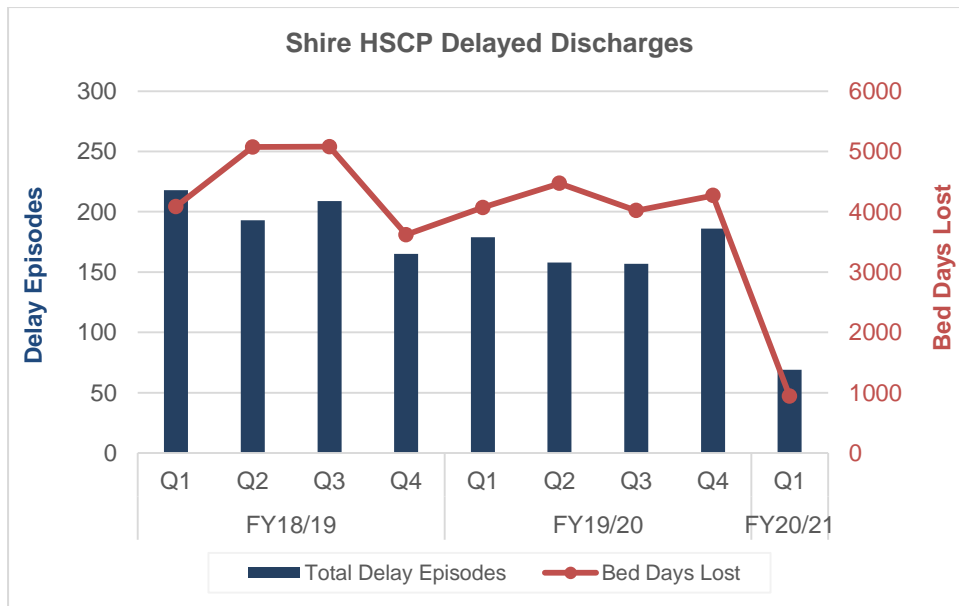
- c. Would these changes be expected to continue into 2021-22?

If the Homefirst project is established and successful we would expect to see changes in patient pathways (and the associated resource alignment) continue into 2021/22.

- 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.

Analysis of the full impact of Covid-19 at this time and over the coming year is complex. Our response to these questions is provided with the caveat that the potentially most negative impacts of Covid-19 may not yet have manifested in some of our performance indicators. The impact on waiting lists for treatments postponed, cancelled or left undiagnosed is considered likely to present a higher rebound referral rate in primary care and potentially patients presenting later (with corresponding impact on morbidity and mortality rates).

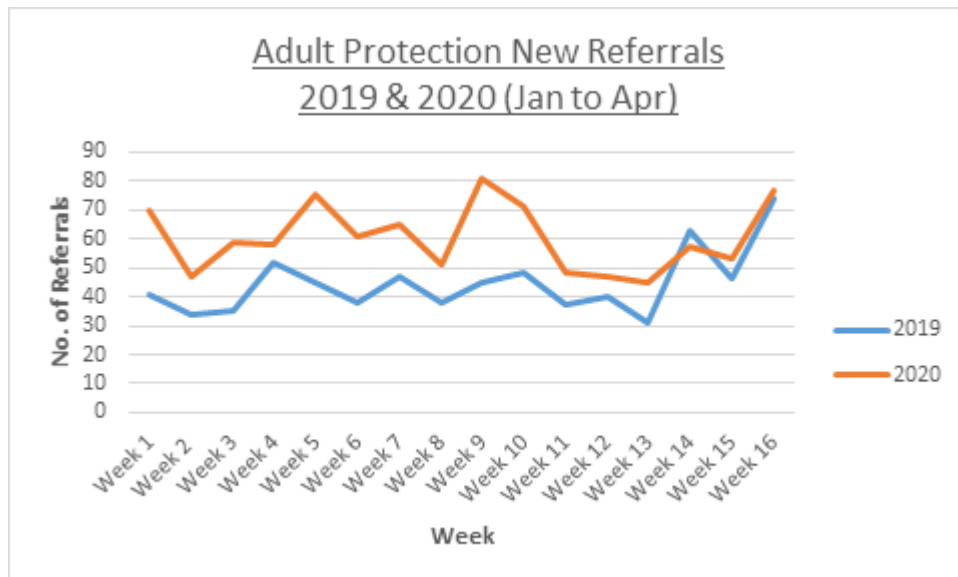
The clearest impact of Covid-19 on our local suite of performance indicators has been the reduction in delayed discharges, directly related to the targeted efforts to discharge patients safely and appropriately in line with national direction to increase available capacity. Detailed work is being undertaken on data and experience during and since our initial acute response phase to understand and plan for potential future demand, recognising the improvements in performance since Covid as well as the potential for unprecedented demand this winter.



There has also been a significant reduction in emergency department attendance rates (causally related to the change in population behaviours emerging during Covid-19 and reflecting regional and national trends). In March 2020 there were 477 fewer attendances (20.0%) when compared to the same period last year. ED attendances fell by a further 29.9% in April 2020 and 42.5% less when compared to the same period in the prior year. Whilst ED attendances increased by 212 attendances in May 2020, numbers remain a significant 37.1% lower when compared to the same period last year.

From consultation with clinical colleagues and analysis of the emerging health and social care 'debt' we have identified 3 key areas where an anticipated 'surge'/demand in 2020/21 is likely to impact on performance in terms of access to services/waiting times and resources (staff and budget) during 2020/21:

1. **Mental health and older adult mental health services** - Covid-19 is likely to have a significant impact on people's mental health, thus demand for services could be more profound and longer lasting than the physical health impact of COVID-19. Mental health services are now seeing an increase in presentations that have not been known to the service previously, an increase in unscheduled care presentations and a significant increase in detentions under the Mental Health Act, in Adult Support Protection Referrals, and also Police Concerned Reports (PCRs) for people with mental health issues.
2. **Adult protection** - Practitioners report increased levels of adult protection and an increase in the complexity of cases. Data illustrates that while there was a dip in referral rates in the early lockdown period, referral numbers did not fall below the average rate, of those recorded during the same period in 2019, and there has been further increases since then.



Adult protection referrals do fluctuate from week to week and it is too soon to confirm whether the current data represents an ongoing pattern of unusually higher numbers.

3. **Drug and alcohol services** - There has been an increase in the prevalence of reported non-fatal overdoses, non-fatal harm and suspected drug and alcohol related deaths. People known to services are presenting as having been impacted significantly both psychologically and physically by their experience of lockdown. Risk and need across the patient and service user group has increased which in turn places an increase in demand on service response. During the period of lockdown, new referrals decreased significantly, however, the service is now beginning to see an increase. New referrals into service are being received following crisis situations through adult support and protection mechanisms, Vulnerable Persons Notification from Police Scotland and Community Safety Hubs. Additional risk factors are identified in new and existing patients and service users relating to relationship issues, prevalence of domestic abuse, child wellbeing and child protection issues, mental health issues. Additional issues relating to employment, financial hardship, debt and housing issues may present, dependence on alcohol and illicit drugs increasingly linked to the range of underlying and new difficulties people may experience.

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.)

It is not, as yet, considered possible to provide the projected trajectory for the coming year however data and experience from the initial acute and ongoing response phase of Covid-19 are being reviewed to understand and plan for potential future demand.

In relation to drug and alcohol services, Quarter 1 performance (April to July 2020) against Waiting Time targets requiring drug and alcohol services to see new referrals within 3 weeks of referral has been recorded as 88% (90% being target). This can be understood as relating to staffing capacity relating to Covid 19 factors as opposed to increase in referrals into Service. There will likely be an expected more visible impact next quarter as new referrals increase alongside complexity and escalation of need within existing service user and patient groups. In preparation the service is now enhancing contact with existing service users and patients based on a multi-agency response and approach and implementing other changes to enable the service to meet demand in a more flexible and person-centred way. Additional funding has been received through the Drug Related Death Taskforce which will resource staffing to achieve this more immediate response alongside necessary work to reorganise pathways across primary care, acute sector and the wider service landscape.

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
Primary Care Specialist Money Advice Link Workers	0.130
Primary Care Mental Health & Wellbeing Link workers 18wte posts commissioned service	0.658
Public Health Team Band 4 staff (2.7wte) supporting and delivering broad range of community social prescribing activities - conversation cafes, food skills, health walks, Aberdeenshire Wellbeing Festival.	0.088
Support to Live Life Aberdeenshire to extend social prescribing opportunities	0.010
Total spend on social prescribing	0.886

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	