

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

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

*Clackmannanshire and Stirling Integration Joint Board*

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)

	<b>NHS allocation £m</b>	<b>Local authority allocation £m</b>	<b>Total £m</b>	<b>Set aside £m</b>
Initial position (as per Annex)	£143.584	£56.310	£199.894	£22.442
Additional COVID-19 funding		£1.312	£1.312	
Other changes	£5.936	£0.321	£6.257	
<b>Current budget position</b>	<b>£149.520</b>	<b>£57.943</b>	<b>£207.463</b>	<b>£22.442</b>

Note: Shares of initial £50m Social Care Funding for Covid and Scottish Living Wage uplift funding shown as additions to Local Authority allocations in table above.

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

	<b>Pre-COVID-19 £m</b>	<b>Post-COVID-19 £m</b>
Hospital	28.054	28.054
Community healthcare	45.530	45.530
Family health services & prescribing	75.631	75.631
Social care	56.310	57.943

<b>Total</b>	<b>205.525</b>	<b>207.463</b>
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4. Please provide details of how additional COVID-19 funds have been used.

*Social Care costs per Local Mobilisation Plan (LMP) including social care provider sustainability.*

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

- a. The main three areas of additional spending

- *Additional capacity in both community and residential care setting on a 'Community Focus' basis. This included expanding our Transitions Team to support discharges to home, utilising available Care Home capacity at the point of the initial mobilisation plan and ensuring available surge bed capacity was available for use.*
- *Prescribing (particularly March 2020 – it remains to be seen whether there will be compensating reduction in Q1 of 2020/21)*
- *Social Care Provider Sustainability payments (assumed/projected - some providers not yet claimed for available support)*

- b. The main three areas of reduced spending

Reductions observed to date have been marginal. Three potential areas of reduced spending are:

- *Set Aside Budget for Large Hospital Services – due to fewer ED/A&E attendances and reduced occupancy and delays in discharge. Some of this impact will dissipate over time however it is critical through whole system approaches that the opportunities to optimally rebalance the system around personal centred care are exploited.*
- *Care Homes – dependent upon approach to provider sustainability and post covid public attitudes/behaviours and resultant impact on occupancy and therefore costs. It is assumed a significant element of this reduction will be temporary and occupancy will rise as risks in relation to COVID reduce and appropriate flow across the*
- *Travel – Due to changed work patterns, home and blended home/base working*

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)

*Yes, it is critical the partnership uses the learning and opportunities from the pandemic to lever optimal longer term change. We are examining these opportunities as part of renewal, recovery and remobilisation work.*

*It is too early to quantify cost impacts and we are currently developing scenario planning to inform future models however significant examples including:*

- *Reduced unscheduled care bed usage in set aside and development of Hospital at Home and other community supports to sustain this.*
- *Reduced Care Home bed usage and impact, in terms of increasing demand and complexity, on Care at Home services.*
- *Building on success to date of Primary Care Transformation and further developing sustainable Primary Care Service models*
- *Maximising use of technology and exploiting the positive lessons from 'Near me' in other parts of system including social care.*
- *Modelling and scenario planning around potential increasing demand in relation to some services. E.g. Mental Health.*
- *Developing preventive approaches approaches to social prescribing and engagement work with localities/communities including exploring potential of community connector roles.*

We will examine

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

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

*Not yet but in active process of review and planning as part of recovery, renewal and remobilisation workstream. 2 specific workshops are taking place in August 2020 to facilitate this.*

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

*Shift required, but will be examined more closely post Quarter 1 financial review.*

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

*Yes, it is critical that they do. The level of change will be planned through recovery and renewal work and informed by focused refreshes of strategic needs assessments and scenario planning.*

*We will look to examine these issues over a medium term timeframe thus informing the next partnership Strategic Plan and Medium Term Financial Planning to aim to develop sustainable service and financial strategies post COVID.*

*For 2021/22 it is highly likely the plans will require to continue to include a significant degree of contingency planning for COVID.*

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.

*Due to reduced ED/A&E attendances and, in particular a strong 'community first focus' to the Local Mobilisation Plan via the partnership haven't observed a notable reduction in key performance indicators.*

*The Partnership will continue to monitor these closely as an integral part of recovery and renewal work to ensure, as far as possible, maintenance of key performance indicators.*

*Following the 17 March 2020 announcement that NHS Scotland had been placed on an emergency footing due to the COVID-19 pandemic, Health Boards were instructed to do all that is necessary to be ready to face a substantial and sustained increase in cases of COVID-19. At this time many performance targets were suspended, particularly in relation to outpatients and Treatment Time Guarantee. However, in line with clinical prioritisation urgent patients and cancer patients have continued to be seen throughout:*

- Accident & Emergency Services have continued to see patients at Emergency Department and at Minor Injuries Units.*
  - Access to urgent and emergency care services have continued across Mental Health & Learning Disability Services has continued for people experiencing mental health crisis*
  - Primary Care has maintained assessment and management of undifferentiated presentations*
  - Adult Protection referrals, investigations and case conferences have continued*
  - Care at Home services have continued to be provided to people, including supporting timely discharge and preventing avoidable admissions*
  - Supports to carers' services have been provided through the partnership and Carers Centres.*
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.)

*Whilst the partnership has not observed negative impact on key performance indicators the demands on services have been impacted by both personal choices of service users and citizens/families drifting into unpaid carer roles*

*over recent months. As Scotland progresses through the phases of emerging from lockdown increased pressures and therefore costs could be experienced. The impacts of this are difficult to forecast at this point.*

*Services across the system are being stepped up incrementally as national guidance allows, and the HSCP is working closely with NHS Forth Valley, Clackmannanshire & Stirling Councils, Falkirk HSCP, and other partners, including the Third Sector Interfaces and providers to deliver our HSCP Remobilisation Plan taking account of guidance and the current situation as it evolves.*

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.

*Whilst the partnership does not currently have community connectors in place we see these roles as a significant area of focus in developing locality planning etc.*

*Our local Primary Care Improvement Plan includes provision for the establishment of community connector roles from 2021/22 however we are actively working with our Third Sector Interfaces to accelerate implementation.*

*We are also examining this area as part of our Prescribing Efficiency Programme work including taking account of the recent Health and Sport Committee inquiry and report on the Supply and Demand for Medicines.*

## 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
<b>TOTAL</b>	<b>6,461,884</b>	<b>2,801,305</b>	<b>9,263,189</b>	<b>1,015,504</b>	