

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

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

East Ayrshire 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)

	NHS allocation £m	Local authority allocation £m	Total £m	Set aside £m
Initial position (as per Annex)	185.003	83.074	268.077	24.133
Additional COVID-19 funding	1.311*	0	1.311	0
Other changes	(7.159)	0.023	(7.136)	0
Current budget position	179.155	83.097	262.252	24.133

(a) £1.176m Social Care COVID + £0.135m Living Wage 3.3% - not yet allocated as budget adjustments.

(b) Baseline adjustments – NHS (non-recurring funding).

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	28.774	28.774
Community healthcare	67.601	66.263
Family health services & prescribing	112.761	108.251
Social care	83.074	83.097

Total	292.210	286.385
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4. Please provide details of how additional COVID-19 funds have been used.

The undernoted table reflects the latest Mobilisation Plan (June), although an updated submission is imminent and will better reflect the current situation. Funding as it is allocated will be used to offset these additional costs.

	April – June Expenditure £m	Projected Expenditure £m
Additional nursing care beds – commissioned (bed flow)	0.088	0.366
Additional ICT capacity (bed flow)	0.002	0.044
Additional in-house Personal Carer capacity (bed flow)	0.140	0.539
Additional Home from Hospital capacity (bed flow)	0	0.094
Additional Community Mental Health support	0.021	0.073
Additional Health Visitors capacity	0	0.044
Care Home / Care at Home (commissioned) – sustainability payments (incl. PPE)	0.112	0.918
Scottish Living Wage differential (3.3%)	0.037	0.148
Personal Carers additional hours to cover sickness / self-isolating	0.045	0.132
Compensatory pay – casual workers	0	0.042
Looked after and accommodated children additional costs (breakdown of relationships)	0	0.141
PPE commissioned via East Ayrshire Council	0.650	2.070
Waiving of charges – day care / care at home (excluding community alarms)	0.329	0.579
Staff self-isolating cover – Nursing, Transport, Admin.	0.084	0.167
Associate Medical Director – additional sessions	0	0.050
Easter / May bank holiday cover – General Medical Services / Pharmacy	1.746	1.746
General Medical Services (NHS-funded) – locums etc.	0	0.259
Out of Hours GP Support / District Nursing	0.282	0.565
Primary Care contractors – clinical waste	0	0.030
Dental Services additional costs – staff overtime / supplies / equipment / emergency services	0	0.038
Pharmacy – palliative care	0.005	0.020
Optometry Advisor / staff costs	0	0.020
Opioid substitute therapy costs – Buprenorphine – projected cost is equivalent to share of £190m national allocation	0	0.194
Marie Curie support	0	0.096
District nursing staff cover / supplies	0.001	0.059
Allied Health Professions staff cover / equipment	0.031	0.140

Community Clinical Hub	0.425	2.019
Anticipated under-achievement of approved savings	0	0.770
Miscellaneous	0.107	0.340
Total	4.105	11.703

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

a. The main three areas of additional spending

PPE

Community Clinical Hub

General Medical Services / Pharmacy – public holiday cover / other costs

b. The main three areas of reduced spending

Care home placements

Delays to aids and adaptations work

Miscellaneous - Resources and equipment – day to day costs / travel

*It is important to recognise that these projections are as at **month 2** – very early stage of the financial year and cost / volume pressures are extremely fluid for needs led services, particularly given the ongoing response to COVID-19. The first consolidated in-year projected outturn report (month 4) will be presented to East Ayrshire IJB on 26 August 2020. It is also noteworthy that a number of identified savings for 2020/21 will be unable to be effectively progressed resulting in additional (non-budgeted spend) in these areas.*

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)

It is anticipated that additional spend on PPE will be with us for some considerable time (at least until an effective vaccine is delivered). Current work includes demand modelling to understand the ongoing financial impact as well as supply chain and stock control management.

A fundamental review of home care services is nearing completion. While not directly aligned to the areas above, the impact of COVID-19 on this area of the workforce, as well as service delivery will be carefully considered. Opportunities to maximise independence, providing appropriate levels of home care, will allow us to continue to reduce care home admissions and ensure the most effective spend in this area. We would anticipate additional spend on personal carers continuing.

Effective spend on aids and adaptations is crucial to maximise independence and reduce demand for health and social care services. The reduced spend highlighted above is as a consequence of building and associated work

stopping due to COVID-19. It is anticipated this spend will return to normal (and backlog areas cleared) as soon as practicable.

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?

Additional nursing beds in care homes (16) have been commissioned to relieve pressure on Acute services to facilitate hospital discharges as part of bed flow planning arrangements. Additional Personal Carers have also been recruited, with additional capacity in “home from hospital” services commissioned from British Red Cross and additional Community Mental Health support.

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

We would anticipate additional spend on personal carers continuing over the longer term.

While not detailed above, we anticipate a negative impact on mental health as we move out of this response phase of COVID-19. The financial impact (eg unemployment) post-COVID is likely to be significant for large numbers of individuals, and this will undoubtedly have an adverse impact on mental health and wellbeing. Consequently, we expect demand on community mental health services to be significant, and as such will incur additional costs to ensure we have sufficient resource across our community mental health teams.

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.

- *Percentage of Emergency Attendances Converted to Unscheduled Admissions:*

Measure	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Target	Status	Spark Chart
% of Emergency Attendances Converted to	30.1%	26.5%	27.9%	28.3%	29.2%	31.7%	32%	30.7%	30.5%	31.3%	42.9%	40.5%	30%		

Unscheduled Admissions																	
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- *Workforce EAGER / PDR completion across the HSCP:*

Measure	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Target	Status	Spark Chart
Percentage of relevant workforce with active EAGER	79%	74%	72%	69%	72%	68%	69%	67%	68%	68%	66%	65%	95%		
PDR Percentage of PDRs completed and signed off by both parties at the end of the month for NHS Employees	6%	9%			35%	32%	32%	31%	29%	27%	25%	26%	95%		

- *Poverty / Financial hardship – Number of people in East Ayrshire on Universal Credit:*

In May 2020, there were 12,913 people in East Ayrshire on Universal Credit, a rise of 87% when compared to May 2019. This has continued to rise and is causing significant concern for our financial inclusion teams.

Operationally, the response to COVID-19 has focussed activities on key, mission critical areas of service delivery. There may further performance areas which have also been affected, but are not yet visible to us, aligned to the unavoidable fact that some other areas will be negatively affected, but over the longer term. This will include areas where the cessation / pausing of certain services during the pandemic response have longer term consequences.

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 terms of unscheduled admissions, as acute hospital services return to a sense of normality, it is anticipated that this indicator will also stabilise. This will be closely monitored and if necessary clear actions agreed with NHS

colleagues to understand any remaining issues and identify necessary improvement actions. This will be viewed as a priority area.

EAGER / PDR completion (individual workforce reviews) is an important part of effectively managing and empowering the workforce. While the completion rates have dropped due to the necessary focus on patient care and responding to COVID-19, this is anticipated to return to normal over the next year. A rolling programme of reviews will be agreed by managers to bring this back to normal levels, recognising the work previously underway to achieve the target of 95%. We are also investing in a range of employee wellbeing initiatives to ensure our employees have the necessary supports as we emerge into a post-COVID landscape.

The impact of the economy on financial inclusion services is a concern. We anticipate further job losses as furlough ends, and this will further increase demand on these services. A review is being undertaken to consider the range of supports available (within both the HSCP and 3rd sector commissioned services), and actions will include maximising opportunities to work together, reduce duplication and extend the reach of these services.

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
8 x Community Connectors	0.220
Wellbeing Workforce Initiative	0.060
Lifestyle Intervention	0.030
Community Mental Health Support	0.034
Health Improvement	0.224
Total spend on social prescribing	0.568

In relation to the expenditure above this is indicative of the direct spend on social prescribing and does not reflect the broader early intervention and prevention approach within the Partnership.

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