

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

**Budget Scrutiny: Integration Authorities**

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

Scottish Borders 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)

**SS / AB / PMcM**

	<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)	135.417	51.477	186.894	24.476
Additional COVID-19 funding		1.275	1.275	
Other changes				
<b>Current budget position</b>	135.417	52.752	188.169	24.476

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	32.737	32.737
Community healthcare	47.530	47.530
Family health services & prescribing	55.150	55.150
Social care	51.477	52.275
<b>Total</b>	<b>186.894</b>	<b>188.169</b>

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

Additional community care capacity – 13 additional residential beds and 2 Learning Disability respite beds

Securing PPE and ensuring Community Equipment Store is able to meet the increased demand from the increase in discharges

Additional staffing – including overtime, temporary staff, redeployed staff and Mental Health practitioners

Implementing national support directives – e.g. Scottish Living Wage, provider sustainability payments

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

- a. The main three areas of additional spending

1. Staffing – additional capacity through revised hours and greater use of bank and agency workers
2. Community beds – additional residential capacity outwith the Borders area
3. Scottish Government directives – including PPE, Scottish Living Wage and provider sustainability payments

- b. The main three areas of reduced spending

Whilst there have been small benefits in spend on areas such as travel the majority of the service's costs relate to staffing and spend in this area has increased. Monitoring of commissioned services costs has not identified any reduced spend at this point in time.

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)

At this stage it has not been possible to undertake a detailed assessment of the longer term financial impact of any changes in service delivery. Areas that we anticipate may require ongoing investment over the next 12-18 months include:

- Digital technologies – digital tools and new ways of working with patients
- Greater use of reablement and intermediate care services
- Creation of multi-disciplinary, multi-agency locality hubs –

The impact of new ways of working in response to Covid-19 may present future opportunities for increased efficiency moving forward however at this stage no cash-releasing benefits are expected to be released in the next 12-18 months.

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

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

*Redesign of bed base across H&SCP*

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

*Shift to more locality based work*

*Continued development of reablement and intermediate care*

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

Yes

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.

#### Emergency Access Standard

Emergency Access Standard (EAS) performance and Waiting Times have deteriorated as a consequence of the pandemic. Deterioration in performance against the EAS is largely attributable to the centralisation of GP assessment services in the Emergency Department to remove the delivery of assessment to suspected Covid patients out of ward environments, the two previous GP assessment services being collocated with inpatient areas. PPE and the Emergency Department infrastructure (specifically the limited number of cubicles) have also made flow through and out of the department more difficult. A number of actions are underway to improve this performance while maintaining a safe service in the Covid environment

#### Psychiatric Bed Occupancy

Mental Health bed occupancy reduced as with the acute sector at the beginning of the Covid period due to different ways of caring for patients during the peak. However, post-Covid there is the beginnings of an increase in bed usage with occupancy levels now exceeding the median percentage for 2019/20 (79%).

Homecare / Day Centres

We were able to reduce the level of resource required in homecare and within Day Centres, which enabled greater support within our residential care.

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.)

Emergency Access Standard

EAS performance should increase steadily over the next two months as a result of those actions being taken as part of the Emergency Access Standard action plan. There are two significant risks to this; the work to shift the balance of care delivering at the required pace and the risk of a second Covid wave.

Psychiatric Bed Occupancy

There is an expectation that recovering to pre covid levels will take some time and require additional investment in community support and high end dementia care.

Homecare

We are seeking to limit the increase in homecare back to previous levels through enabling greater interagency working within our five locality multi-disciplinary teams

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.

	<b>Planned expenditure in 2020-21 £m</b>
<b>Total spend on social prescribing</b>	

The Borders H&SCP has invested substantially in health and wellbeing services for its population. These are primarily locality based services that support Older Adults, and people with Mental Health conditions, Learning Disabilities and Physical Disabilities. Local Area Coordinators and Community Link Workers are key components of these services, identifying opportunities and services that may be of interest or benefit to individuals and helping them to build resilience and confidence.

Planned spend in 2020/21 includes the creation of a Team Lead post to manage and direct the work of this expanding area of service provision.

NHS Borders also has access to a social prescribing related service through the third sector body Health in Mind.

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>	