

Health and Sport Committee: Integration Authorities Survey 2020

Budget Scrutiny: Integration Authorities

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

West Lothian 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)	155,294	76,616	231,910	32,292
Additional COVID-19 funding		1,843	1,843	
Other changes	2,506		2,506	(1,987)
Current budget position	157,800	78,459	236,259	30,305

- Additional COVID-19 funding relates to £1.629m initial SG payment against Mobilisation plan costs and £0.214m for Living Wage. Note – funding has been shown against local authority social care as this reflects where funding will be used
- Other changes reflect a combination of additional SG funding allocations allocated to NHS Lothian since the initial interim budget reported in March 20, where West Lothian received their share and also movements due to a review of IJB budget and cost allocations based on refined and updated service activity information

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	35,063	35,063
Community healthcare	58,942	58,942
Family health services & prescribing	63,795	63,795
Social care	76,616	78,459
Total	234,416	236,259

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

Funding has been used to meet a range of additional social care costs resulting from COVID-19 including providing financial support to meet additional care home and care at home costs and help ensure the sustainability of external care providers during this challenging period .

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

a. The main three areas of additional spending

- Sustainability and support payments to care homes and care at home providers
- Additional prescribing costs
- Lost income from social care charges / contributions

b. The main three areas of reduced spending

- Reduction in medical supply costs
- Reduction in care home occupancy levels – National Care Home Contract payments
- Reduction in general supplies and service costs in some 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)

An example would be the future model of delivery for day care will require consideration going forward, but at this stage there remains significant uncertainty around the medium to long term implications of COVID-19.

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

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

None, as yet.

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

As noted, we are still at an early stage in terms of considering how COVID-19 will impact on future delivery of services and changing the balance of care. The remobilisation planning will inform this further.

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

To early to confirm at this stage. There remains significant uncertainty around the medium to long term implications of COVID-19 on future health and social care delivery.

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.

It is not yet possible to provide detailed information on areas of performance likely to be most negatively affected by the pandemic as data for the period is not yet complete. We do, however, expect there to be increased demand on mental health services but it is not yet possible to quantify what that demand will be. We are keeping the situation under constant review and are gathering data to inform future plans.

Challenges are also anticipated around the completion of housing adaptations to support people in their own homes as building activity was suspended. Work is taking place to quantify the impact and identify necessary actions.

We are paying close attention to the impact of remobilisation and increasing activity on hospital delays and attendance at A&E.

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.)

Please see question 8.

9. 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 exercise referral programme	£56,000
Commissioned Peer support services hosted by third sector	£28,500
West Lothian Community Wellbeing hubs – 3 rd sector link workers	£359,300
Mindfulness practitioner budget available to community Wellbeing hubs to support social interventions.	£77,200
<i>*NHS service input to support the West Lothian Community Wellbeing Hubs including Management cost, administration, OT, CPN and clinical leadership</i>	<i>£520,500</i>
Total spend on social prescribing	£1,041,500

*Investment in NHS services to support delivery of services in the West Lothian Community Wellbeing Hubs and a social prescribing approach.

The above information outlines social prescribing investment which meets the definition of ‘*a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker*’. It should also be noted that health care practitioners also refer on to services provided by the Third sector and it will be important to ensure that a sustainable third sector is available to support early intervention and prevention approaches in the future.

Annexe A

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
Aberdeenshire	217,595	117,014	334,609	28,524
Angus	131,259	49,704	180,963	9,734
Argyll & Bute	225,662	60,077	285,739	n/a
Clackmannanshire & Stirling	143,584	56,310	199,894	22,442
Dumfries & Galloway	319,887	78,951	398,838	n/a
Dundee City	167,600	80,100	247,700	18,172
East Ayrshire	185,003	83,074	268,077	24,133
East Dunbartonshire	116,349	56,750	173,099	32,944
East Lothian	106,477	55,251	161,728	17,831
East Renfrewshire	72,135	52,469	124,604	31,674
Edinburgh	451,898	230,661	682,559	89,176
Eilean Siar	43,078	20,068	63,146	6,828
Falkirk	136,538	68,965	205,503	28,311
Fife	394,752	157,350	552,102	36,473
Glasgow City	715,447	444,200	1,159,647	221,914
Highland	560,000	105,000	665,000	n/a
Inverclyde	91,598	52,289	143,887	23,956
Midlothian	91,115	45,027	136,142	15,389
Moray	90,596	44,987	135,583	11,765
North Ayrshire	180,827	96,963	277,790	30,997
North Lanarkshire	474,110	166,422	640,532	63,066
Orkney	26,381	20,343	46,724	7,409
Perth & Kinross	144,200	57,500	201,700	16,280
Renfrewshire	175,938	72,626	248,564	57,605
Scottish Borders	135,417	51,477	186,894	24,476
Shetland	22,283	24,079	46,362	4,374
South Ayrshire	113,891	77,326	191,217	25,128
South Lanarkshire	412,241	134,727	546,968	59,501
West Dunbartonshire	124,733	70,650	195,383	28,694
West Lothian	155,294	76,616	231,910	32,292
TOTAL	6,461,884	2,801,305	9,263,189	1,015,504

2020-21
Interim or Agreed Budget
Agreed
Agreed
Agreed (subject to refinement)
Agreed
Agreed
Interim
Interim
Agreed
Agreed
Agreed
Agreed (subject to refinement)
Interim
Agreed
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