

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

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

Fife HSCP

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)	394,752	157,350	552,102	36,032
Additional COVID-19 funding		4,093		
Other changes				
Current budget position	394,752	161,443	556,195	36,032

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	54,265	54,265
Community healthcare	179,973	179,973
Family health services & prescribing	160,514	160,514
Social care	157,350	161,443
Total	552,102	556,195

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

Additional funds have been used to ensure sustainability within our third and independent sector. A 3.3% living wage payment has been made along with payments to support sustainability of the sector in relation to additional costs of PPE and financial support for any vacancies within the care home sector.

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

- a. The main three areas of additional spending

Care Home sustainability payments

Costs in relation to Covid Hub triage and assessment centres

Support to independent sector e.g 3.3% living wage uplift

- b. The main three areas of reduced spending

Recruitment challenges during Covid with increased vacancies in both the health and social care sectors

Internal and external day care services

Savings in relation to transport costs in particular taxis

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)

This is still being considered within Fife but the main areas are likely to be in day services and transport costs. We are currently considering alternative delivery models, as will all Health and Social Care Partnerships but as yet the costs remain unknown.

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?

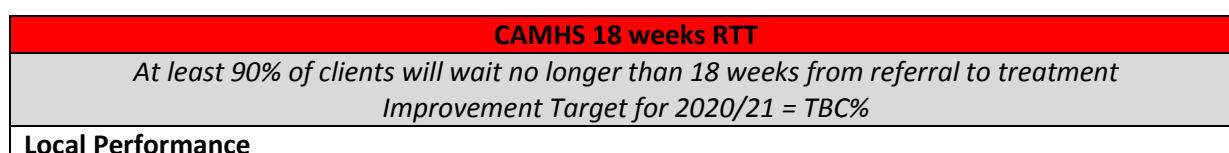
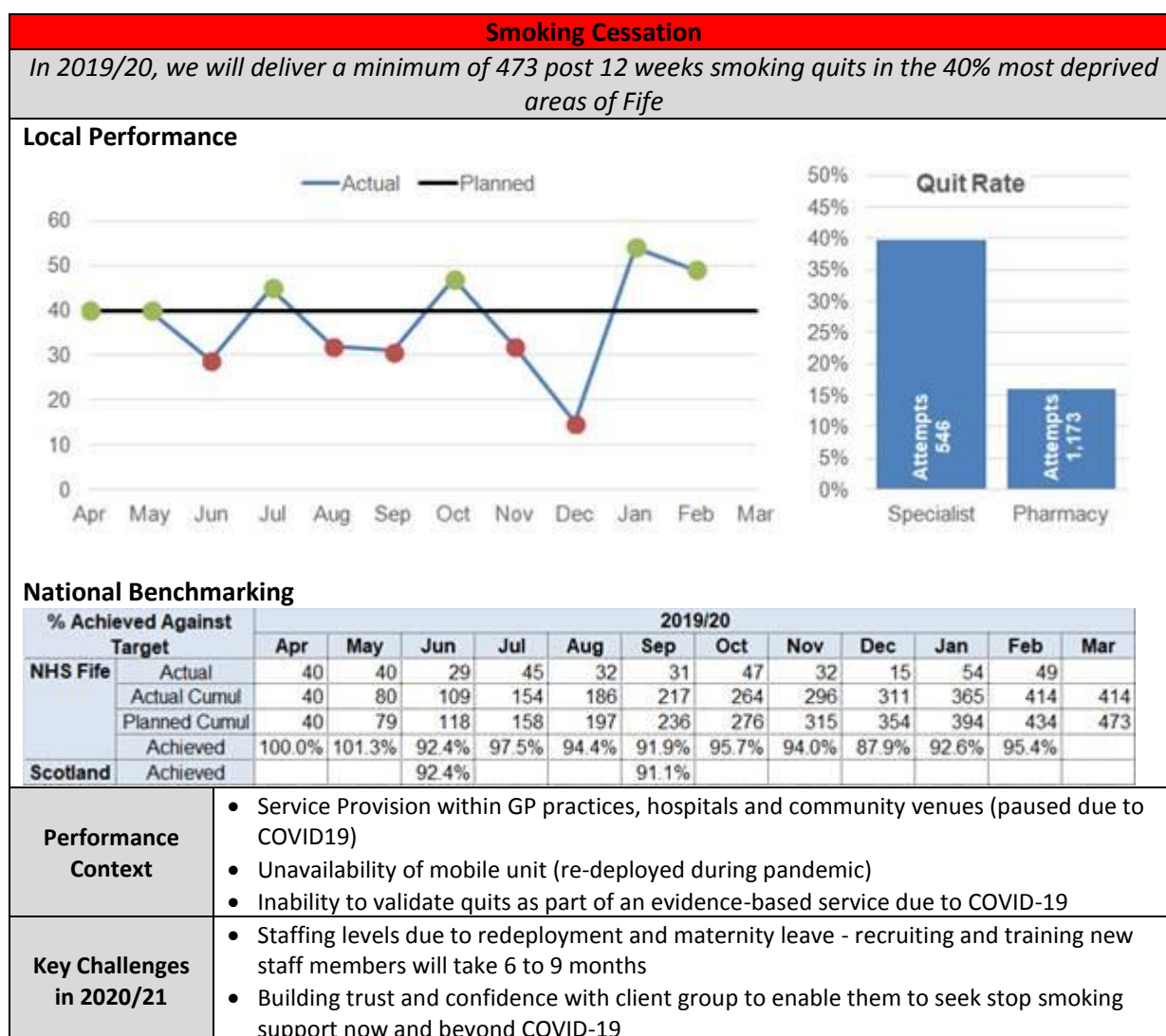
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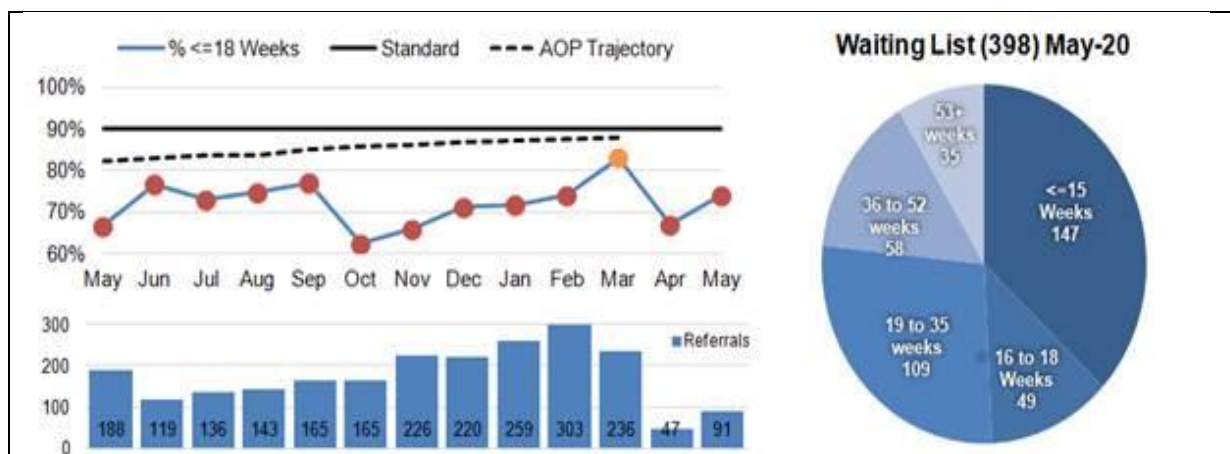
- c. Would these changes be expected to continue into 2021-22?

Yes We intend to continue to explore other ways in which our services can be delivered and to look for opportunities that put our service users at the heart of what we do but also allow us to do so in a more cost effective way.

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.

We do not have future trajectories plotted as standard for our performance indicators. We have however provided current data for three below which we have identified as having been negatively impacted by Covid including the challenges in delivery.





National Benchmarking

Month	2019/20											2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%
Scotland	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%		

Performance Context

- Referrals to Fife CAMHS dropped significantly during April and May as a result of the primary referrers (GP's & Education) restricting their services and therefore making less referrals to CAMHS.
- In addition Fife CAMHS implemented a temporary referral threshold which prioritised the children and young people who presented with the greatest risk and need.
- RTT in April was as a result of reduced referrals and service capacity to work on the longest waits. This had an adverse impact on the RTT figure

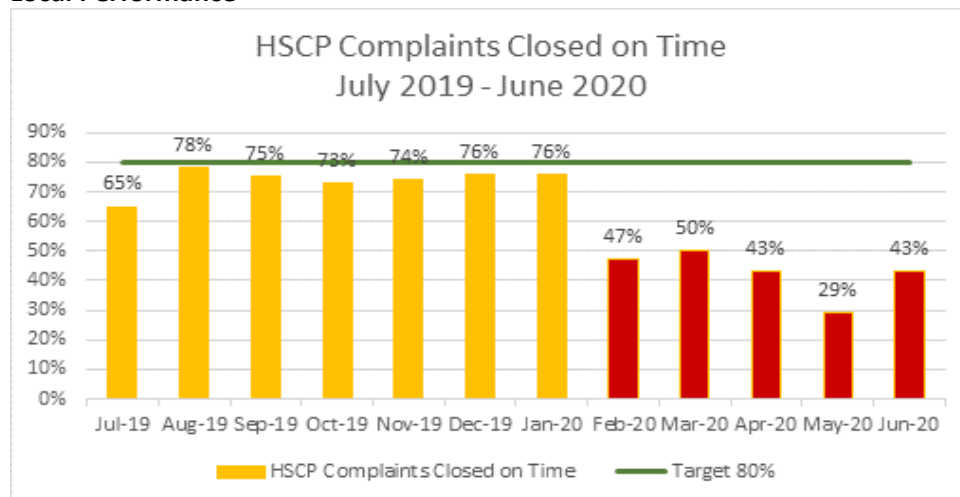
Key Challenges in 2020/21

- Available resource to meet demand
- Impact of COVID-19 relaxation on referrals
- Change to appointment 'models' to reflect social distancing

Complaints

At least 80% of complaints will be responded to within the required statutory timescales

Local Performance



Performance Context

During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety. No legislative changes were introduced to

	complaint procedures or statutory timescales and therefore complaint performance has been measured against the standard criteria and timescales.
Key Challenges in 2020/21	Delays in complaint investigation and resolution over the last few months are primarily due to the necessary reallocation of resources within the Service to enable us to respond effectively to the pandemic.

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.)

Indicator	Recovery predications / actions
Smoking Cessation	<ul style="list-style-type: none"> • It is anticipated that performance would recover over time but does require all aspects of the services to be fully functioning and optimal staffing levels to be in place (minimum return to previous staffing levels but increase in performance would require additional funding). • Full remobilisation of Service provision within GP practices, hospital and community settings (38+ sessions) would require access to accommodation within these settings would be required (or we would need to look at alternative options at additional costs). We were successful in reaching our most vulnerable communities who tend not to access traditional medical venues. To do this we used a mobile unit. The unit has been deployed back to FPDS as part of their COVID response) potentially we would need to replace/ seek an alternative with potential additional costs. • Staffing levels are unstable and would require support to replace to current levels within current funding but to escalate performance would require additional funding. • Community pharmacy stop smoking support potentially may take longer to recover due current restrictions and continued social distancing within their premises • Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID19
CAMHS 18 weeks RTT	<ul style="list-style-type: none"> • Referrals have incrementally increased since June with the service currently receiving approximately 80% of the normal referral numbers. • It is anticipated that referral numbers will increase significantly on the recommencement of school, mid August. The consequence of this will be that clinical activity will be required to focus on urgent presentations and therefore longest waits will increase. • It is projected that Fife CAMHS will show a return to the average RTT (72%) from Sept onwards depending on staff availability. • Capacity to meet demand continues to be the main barrier to improving performance in relation to RTT.
Complaints	<ul style="list-style-type: none"> • Performance has already started to recover, and it is expected that this will continue over the next few months.

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
Total spend on social prescribing	(see below note)

We have various roles/projects within Fife that incorporate 'social prescribing' activities such as Better than Wells project, local area coordinators, diabetes prevention work, connections with public health and community planning partners, General Practice and Mental Health. However it is difficult to assign specific planned expenditure to the social prescribing aspect of those roles, however social prescribing is and will remain a priority for the HSCP.

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	