

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

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

South Lanarkshire Integration Authority

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)	412.241	134.727	546.968	59.501
<b>Changes</b>				
Additional COVID-19 funding for Social Care Services	2.976	0.000	2.976	0.000
Scottish Living Wage Uplift	0.302	0.000	0.302	0.000
Hospice – Loss of Income	0.320	0.000	0.320	0.000
Return of 2019/2020 Bridging Allocation for Covid-19 Prescribing Pressure received in March 2020	(0.429)	0.000	(0.429)	0.000
Other changes	0.000	0.000	0.000	0.000
<b>Sub Total of Changes</b>	<b>3.169</b>	<b>0.000</b>	<b>3.169</b>	<b>0.000</b>
<b>Current budget position</b>	<b>415.410</b>	<b>134.727</b>	<b>550.137</b>	<b>59.501</b>

Please note, with the exception of the funding allocation for the Hospice – Loss of Income, no funding has been made or agreed yet for additional Covid-19 expenditure incurred by NHS Lanarkshire during 2020/2021. It is however anticipated funding allocations will be made later in the year following a review of the Quarter 1 actual expenditure. Please also note the response to question 3 below.

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	59.501	59.501
Community healthcare	188.453	188.773
Family health services & prescribing	164.287	163.858
Social care	134.727	138.005
<b>Total</b>	<b>546.968</b>	<b>550.137</b>

Please note that allocations have not yet been made or agreed for the NHS expenditure on Covid-19 during 2020/2021. These allocations will be made later in the year following a review of the Quarter 1 actual expenditure.

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

The total Covid-19 funding received by the South Lanarkshire IA as at 31 July 2020 is £3.169m. The additional funding has been allocated as follows:

- 1) £2.976m was allocated as a part contribution to the additional social care costs as a result of Covid-19 which are set out in the Lanarkshire Mobilisation Plan and summarised as follows:
  - In respect of the period from April 2020 to June 2020, actual social care costs paid to date totalled £4.958m.
  - The actual payment is stated net after taking into account offsetting savings to 30 June 2020.
  - Accruals for the same period total £1.327m.
  - In respect of the period from July 2020 to March 2021, additional Covid-19 costs are projected to be £17.344m.
  - Total social care costs for 2020/2021 as a result of the Covid-19 pandemic, net of offsetting savings, are therefore, at this stage, estimated to be £23.629m.
  
- 2) The agreement reached with COSLA in respect of the 3.3% uplift to the living wage rate for adult social care workers was that additional funding of 0.8% would be made available in addition to the 2.5% already included in the Local Government Financial Settlement. The additional 0.8% funding totalling £0.302m was therefore allocated to ensure the 3.3% uplift to the Living Wage rate was implemented in full for 2020/2021.

- 3) In line with the national agreement, funding totalling £0.320m was allocated to compensate the Kilbryde Hospice in East Kilbride for the loss of income due to the Covid-19 pandemic.
  - 4) The bridging allocation of £0.429m paid to NHS Lanarkshire in March 2020 was recovered in April 2020. The allocation was necessary to cover the advance demand for prescriptions incurred in March 2020 due to patient concern at the outset of the Covid-19 pandemic. Prescribing activity and costs continue to be closely monitored.
  - 5) In respect of the period from April 2020 to June 2020, additional health care costs as a result of the Covid-19 pandemic total £1.339m. A net overspend of £0.186m is reported in respect of non-Covid-19 health care costs. No offsetting underspends across health care services therefore were available to contribute to the Covid-19 costs. The unfunded balance of additional Covid-19 costs to 30 June 2020 remains at £1.339m. Allocations have not yet been announced for community health care services, pending the review of the Quarter 1 returns by the Scottish Government.
  - 6) On 3 August 2020, a further allocation for social care services was announced by the Scottish Government. The detail of the allocation is still to be confirmed and has not yet therefore been taken into consideration.
5. As a result of the pandemic, please indicate:
- a. The main three areas of additional spending

	April to June 2020 Amount £m	Annual Amount £m
Additional costs for externally provided services. (Note – Eligible claims for sustainability payments are still being received from external social care providers. These costs may therefore increase).	0.919	8.069
Additional staff overtime and enhancements costs	1.235	4.750
Delayed Discharge Reduction - Additional Care Home Beds	0.829	3.576
<b>Three main areas of additional spending – Total</b>	<b>2.983</b>	<b>16.395</b>

Personal Protective Equipment (PPE) costs across social care services are also substantial and totalled £1.515m for the period April 2020 to June 2020. The total cost for PPE for 2020/2021 is projected to be £2.915m.

The Health Board Survey 2020 also highlighted the following:

- Community Assessment Centres for suspected Covid-19 patients were also established by NHS Lanarkshire. A telephone triage hub and two centres were set up. The pan-Lanarkshire costs of staffing these facilities for the first 2 months of 2020/2021 were circa £0.710m plus estates set up costs in 2019/2020. These costs are included in the Lanarkshire Mobilisation Plan.
- Increased costs will also be incurred to support the local teams which have been established to support care homes and to undertake complex tracing from the Test and Protect programme. NHS Lanarkshire have indicated that potentially 75% of cases may fall within this category.
- The need to transform unscheduled care to reduce demand on A & E departments has also been highlighted and is likely to involve additional costs. Addressing the public health impact of the pandemic could also be considerable.

b. The main three areas of reduced spending

At this early stage of the financial year, it is difficult to confirm with certainty specific areas of reduced spending. As highlighted above, offsetting cost reductions have been taken into consideration across both social care services and health care services. These underspends have been accounted for in the Mobilisation Plan Financial Submissions.

Employee costs are the most significant area of expenditure. It may be helpful to note that many existing NHS Lanarkshire and South Lanarkshire Council staff worked remotely during the period of the lockdown. Some existing staff were redeployed from their own normal place of work to fulfil different responsibilities in response to the pandemic.

The financial position continues to be closely monitored to confirm actual underspends and overspends as a result of both Covid-19 and non-Covid-19 factors. As further information becomes available, the year-end projections will be updated.

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)

Additional costs were incurred to increase care home capacity to complement the action taken across Acute Services to rapidly create additional bed capacity in order to address the expected peak of Covid-19 cases from mid-April 2020 through to July 2020. Additional hours were also offered across the Care at Home workforce to mitigate the impact of staff shielding and to maximise capacity. Patients who were medically fit were discharged home or to a care home.

The number of delayed discharges across South Lanarkshire reduced significantly. In order to maintain this improved performance, additional recurring funding would need to be made available.

Telehealth and telecare solutions were rapidly rolled out to promote and extend remote working in particular the use of Near Me (Attend Anywhere). The majority of this service is funded from non-recurring funding. Recurring funding is required to fund this service. South Lanarkshire IA is the lead for this pan-Lanarkshire service.

In order to remobilise services within the community, additional costs are being incurred to respond to the environmental requirements for the safe delivery of health and social care services including the physical distancing. The environmental constraints of buildings will reduce service capacity which will in turn lead to longer waiting times for treatment.

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

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

No. The set-aside budget is notional and will be updated following receipt of the 2018/2019 activity data once it has been validated by the Information Services Division. The complexity in allocating costs contributes to the time lag however the time lag is not a barrier to progressing local plans. These are costed by adopting a “bottom up” approach.

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

Additional costs have been incurred across social care services as a result of the commitment to reduce delayed discharges to create bed capacity across Acute Hospitals. This performance outcome has significantly improved. The part year-effect of this cost is included in the Lanarkshire Mobilisation Plan and is estimated to be £8.069m.

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

South Lanarkshire significantly improved the delayed discharge performance and patients who were medically fit were discharged home or to a care home as soon as practical. Additional recurring funding however would need to be made available to maintain the rate

of discharges. This assumes that it is clinically safe to discharge the patient.

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.

The performance data for the first quarter of 2020/2021 is not yet available. In particular, the information being collated has not yet been validated and does not include South Lanarkshire residents treated in non-NHS Lanarkshire hospitals. The following performance outcome in respect of reducing delayed discharges however is highlighted:

- Referrals from Acute services are steadily increasing. CCAs (post-hospital social care assessments) have increased to pre-April 2020 levels. Equipment referrals have also increased significantly during June 2020. This is primarily due to the complexity of the patients who have attended hospital over the Covid-19 peak period.
- The South Lanarkshire IA has successfully reduced Delayed Discharges during the period from March 2020 to July 2020 in spite of increased referrals from Acute services.
- The success in the reduction of delays has been primarily due to introducing the learning from NHS Tayside in respect of a planned date of discharge across all the care of the elderly wards from the end of May 2020. Each ward has a multi-disciplinary team meeting daily between social work and ward staff where a planned date of discharge is put in place. This has allowed for packages of care and community care assessments and family patient choices to be put in place. Unvalidated local data for 14<sup>th</sup> July 2020 shows double the number of planned discharges as clinically ready discharges. Across Lanarkshire, plans are also in place to roll out the learning from NHS Tayside on the Planned Date of Discharge approach, which commenced in University Hospital Hairmyres located in South Lanarkshire to good effect, with the roll out at University Hospitals Monklands and Wishaw starting in August 2020. It is anticipated this approach will continue to have a significant positive impact on performance.
- A small number of interim placements and intermediate care beds have also been made available in the local authority residential care home to allow for additional rehabilitation which has led to a reduction in care packages or stopped the package altogether.
- It should be noted that in part the success in reducing delayed discharge bed days can be attributed to a reduction in referrals from Acute services as a result of the significant decrease in the number of admissions. From April 2020, admissions have steadily increased with a subsequent increase in referrals however the improved delayed discharge

performance has been maintained. This further demonstrates the success in managing delays and bed days across South Lanarkshire.

- As highlighted above, additional recurring funding requires to be made available to sustain this significantly improved performance outcome.
- While the validated quarter 1 data is awaited, it is known that a range of service waiting times have been negatively impacted on by the pandemic, including Allied Health Professional Services. A recovery planning process is in place to build the recovery of these services, but it may take to the end of the financial year and beyond to recover to pre-Covid-19 performance levels. Services are being asked to complete trajectories for the next six months with an indication of when performance will be fully recovered and the proportion of appointments which will be face to face/telephone/Near Me. That said, a range of positive work accelerated through the pandemic will continue with the aim of increasing service capacity, which will hopefully speed the recovery process.

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.)

Following a whole-system visit to NHS Tayside pre-Covid-19, plans have been developing to roll out the Planned Date of Discharge methodology across the Lanarkshire hospital sites. This commenced in University Hospital Hairmyres and has shown strong success in reducing delayed numbers and improving flow. A whole-system project board is now in place to build on the local learning and roll out this way of working across the other two hospital sites, starting incrementally in August 2020.

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.

Ref.	Social Prescribing Programmes in Lanarkshire	Planned expenditure in 2020-21
1.	<p><b>Community Link Worker Programme (Pan-Lanarkshire)</b></p> <p>Lanarkshire have employed 2 Community Link Worker (CLW) Coordinators (Band 6/1WTE) and were in the process of recruiting 18 Generalist Community Link Workers (Band 4/1WTE) when lockdown started. The Coordinators have been deployed elsewhere to support the pandemic response. It is hoped that interviews will take place in September/October 2020 with a view to post-holders taking up their appointments from October/November 2020. There were also plans to recruit 10 Welfare Advice Officers to be hosted within partner</p>	To be confirmed.

	<p>agencies (£0.450m was earmarked for this) however it is uncertain if this initiative will occur in 2020/2021 as it needs to complement the generalist CLW arrangements.</p> <p>It is therefore difficult to state what the specific overall spend will be in 2020/2021.</p>	
2.	<p><b>Primary Care Mental Health and Wellbeing Service – Community Connector Test of Change (Pan-Lanarkshire)</b></p> <p>The Community Connector role will be based within the Primary Care Mental Health and Wellbeing Service which is under development. This will enable the provision of a stepped/match care response (clinical &amp; non-clinical) to individuals experiencing mild to moderate mental health problems of a short-term nature. The Community Connector role will provide comprehensive knowledge, awareness and liaison with the key mental health supports and/or social prescribing resources available in the locality to ensure ease of access to and connection with these resources. This in addition to having an awareness of non-mental health specific community available resources and how the individual can best be linked into them will support engagement, recovery and or self-management of the individual's mental health and wellbeing.</p> <p>2 WTE staff seconded from LAMH for 6 months at a cost of £0.028m. The project has been paused during the pandemic.</p>	£0.028m
3.	<p><b>Primary Care Mental Health Liaison Nurses in GP Practices (Pan-Lanarkshire)</b></p> <p>This service is available in 28 practices across Lanarkshire to date with a plan to give all practices access to the service by 2022.</p> <p>The aim of the service is to improve the interface between primary care and community mental health services by providing a practice based, timely response to individuals experiencing mild mental health difficulties of a short-term nature. The Mental Health Liaison Nurse provides advice and support to the practice team in responding to individuals experiencing mild to moderate mental health problems which require clinical triage and/or assessment, social prescribing, supported self-help and brief psychosocial interventions to the people referred to them by the practice team.</p> <p>14 WTE staff at a cost of approx. £0.500m. The majority of the service is provided via telephone which has continued during the pandemic with the additional mode of delivery now including Near Me consultations. Face to face consultations for individuals which require this level of clinical intervention has also continued during the pandemic within the GP practices.</p> <p>The funding route via the Scottish Government Action 15 funding means that staff costs only are covered and programme delivery, IT costs, etc., will require to be accessed from elsewhere. This has highlighted a challenge in securing sufficient funds to ensure these posts can be adequately</p>	£0.500m

	utilised and deliver social prescribing programmes and options.	
<b>4.</b>	<p><b>Well Connected (Pan-Lanarkshire)</b></p> <p>This social prescribing model is delivered by a range of partners and is well embedded within core service delivery. The Well Connected Programme enables people to take part in and benefit from activities and services that will improve well-being. People who have participated in the programme have benefited from a range of outcomes including:</p> <ul style="list-style-type: none"> <li>▪ Improved self-confidence and self-esteem</li> <li>▪ Reduced feelings of stress</li> <li>▪ Help with the problems that cause low well-being such as money worries, loneliness and unemployment</li> <li>▪ Participated in arts, leisure, education, volunteering, sports and other activities</li> </ul> <p>As this work is embedded the costs are shared by partners through mainstream budgets and the only specific costs may be the occasional printing of leaflets.</p>	N/A
<b>5.</b>	<p><b>Green Health (Pan-Lanarkshire)</b></p> <p>Lanarkshire are one of four Local Green Health Partnerships, a Scottish Government and partners Our Natural Health Service pilot. There are a number of social prescribing initiatives being delivered as part of this work.</p> <ul style="list-style-type: none"> <li>▪ Green health volunteering. A Green Health Portal has been established to link people with opportunities to be active outdoors or to volunteer. A part-time Development Officer has been employed with funding of £0.022m. The post is hosted within the Third Sector interface in South Lanarkshire.</li> <li>▪ A growing initiative is delivered by Clydesdale Community Initiative and funded from partnership funding of £0.036m as part of the pilot.</li> <li>▪ Get Walking Lanarkshire is an infrastructure of health walks that trains and utilises volunteer walk leaders. This is hosted within both the local authorities and is funded through a package of external and local partner funding. The total 2020/2021 expenditure is still to be confirmed but is estimated to be £0.070m. This will include an Assistant Co-ordinator post which will be recruited in year (Annual cost - £0.040m).</li> <li>▪ A Green Health Manager (Band 7 1WTE) works to support the entire Green Health programme. Some of the post holder's time also supports social prescribing outcomes.</li> </ul>	<p>£0.022m</p> <p>£0.036m</p> <p>£0.070m</p>
<b>6.</b>	<p><b>Weigh to Go (Pan-Lanarkshire)</b></p> <p>The Weigh to Go (WtG) programme was developed in response to the Scottish Government's requirement for Health Boards to offer services that aimed to 'reduce overweight and obesity in the adult population'. People with a BMI of 25 to 35kg/m<sup>2</sup> were to lose at least 5% body weight for cardiovascular disease and metabolic risk reduction. WtG is delivered by North Lanarkshire Culture and Leisure and South Lanarkshire Leisure and Culture through a partnership with</p>	To be confirmed.

	<p>NHSL.</p> <p>WtG clients are self-selecting and register for the free programme at a local leisure centre. There are generally around 30 classes running each week in leisure facilities in North &amp; South Lanarkshire. Originally WtG was a 10 week programme, but this was extended to 15 weeks in 2015, as the interim evaluation suggested this would improve weight loss. Each session comprises 45 minutes of learning about healthy eating/diet/behaviour change (supported by written information), and 45 minutes of physical activity.</p> <p>The programme has been paused since March 2020 and it is not clear when the service will resume given the restrictions on group work. It is not therefore possible to estimate costs for 2020/2021 at this stage.</p>	
<b>7.</b>	<p><b>Locator (Pan-Lanarkshire)</b></p> <p>Both VANL and VASLan (Third Sector Interfaces (TSI) in Lanarkshire) host Locator Directories which connect people to a range of supports available via third sector community groups and organisations. This is actively promoted across the Health and Social Care partnership and other Community Planning Partners. As this is embedded as core business for the TSIs there are no specific costs associated with this.</p>	N/A
<b>8.</b>	<p><b>Scotland's Service Directory (Pan-Lanarkshire)</b></p> <p>This national directory of quality assured front-facing services is promoted and supported locally. A free allocation of national resources (posters and leaflets) was provided this year. No costs will be incurred.</p>	N/A
<b>9.</b>	<p><b>Apps (Pan- Lanarkshire)</b></p> <p>My Life My Money is an app that directs people to a range of supports in support of welfare and financial security. As the app was developed in 2019/2020 there is only a monthly maintenance cost of approximately £27 per month associated with it in 2020/2021.</p>	Minimal
<b>10.</b>	<p><b>Active Travel (Pan-Lanarkshire)</b></p> <p>As part of the Tier 1 Universal Services level of support that is being offered by the Lanarkshire Weight Management Service (LWMS), and to support the outcomes of the Health Promoting Health Service Framework, a programme of work is underway to support walking, wheeling &amp; cycling for recreation, health &amp; wellbeing and travelling. This work will include developing a series of Active Travel Action Plans, engaging with the public through a range of activities designed to increase the number of active travel journeys for commuting and business travel and promoting existing active travel initiatives. Work will include bike hire schemes, active travel hubs and securing funding for active travel infrastructure such as safe active travel routes, sign-posting and bike shelters. Work will also include led walk and cycle groups as well as promotions, awareness raising</p>	£0.043m

	<p>and educational activities for active travel. This work will be delivered by 2 post holders as follows:</p> <ul style="list-style-type: none"> <li>• Physical Activity for Health &amp; Active Travel post Band 6 (1WTE post). Circa £0.043m in 2020/2021</li> <li>• Active Travel Engagement Officer Band 5 (0.5WTE). There are costs each year for 3 years but there are no cost in 2020/2021 due to a funding agreement with Sustrans.</li> </ul>	
<b>11.</b>	<p><b>Physical Activity Prescription (South Lanarkshire)</b></p> <p>Physical Activity Prescription provides a pathway from General Practice into a range of physical activity options being delivered within the community and is a collaboration between South Lanarkshire Health and Social Care Partnership and South Lanarkshire Leisure and Culture.</p>	£0.010m
<b>12.</b>	<p><b>Active Health (South Lanarkshire)</b></p> <p>Active Health in South Lanarkshire provides pathways into tailored physical activity for people who have health conditions from health care professionals. This is delivered in collaboration between South Lanarkshire Health and Social Care Partnership and South Lanarkshire Leisure and Culture.</p>	£0.040m
	<b>Total spend on social prescribing</b>	<b>£0.749m</b>

## 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>	