Budget Scrutiny: Integration Authorities

The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government's budget. The following questions are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

1. **Which integration authority are you responding on behalf of?**
   Edinburgh Integration Joint Board

2. **Please provide details of your 2016-17 budget:**

	£m
Health board	318.1
Local authority	185.2
Set aside budget	93.1
Total	**596.5**

3. **Please provide a broad breakdown of how your integration authority budget has been allocated across services, compared with the equivalent budgets for 2015-16.**

	2015-16 Outturn £m	2016-17 Anticipated spend £m
Hospital	110.4	110.0
Community healthcare	110.9	106.9
Family health services & prescribing	149.3	150.2
Social care	227.4	235.2
Total	**598.0**	**602.3**

The table above compares the actual spend for last financial year with the anticipated spend for this year. The difference of £5.8m is the IJB's share of the £20m deficit in the NHS Lothian financial plan submitted as part of the Local Delivery Plan in May 2016. The actual budget offer from NHS Lothian is £596.5m as per table in 2 above.

It should be noted that, despite the welcome introduction of the social care fund, the total monies available to the IJB are potentially less than the actual spend in 2015-16, reflecting the financial pressures we are facing.

4. **The 2016-17 budget allocated £250m for social care. Please provide details of the amount allocated to your integration authority and how this money has been utilised.**

	Growth £m	Pressures £m
Demography - learning disabilities	2.4	
Demography - older people	3.5	
Charging thresholds	0.5	
Service redesign	3.7	1.3
Implementation of living wage		8.8
Available funding	**10.1**	**10.1**

Budget setting process

5. **Please describe any particular challenges you faced in agreeing your budget for 2016-17**

We are yet to formally accept the delegated budgets proposed by NHS Lothian (NHSL) and the City of Edinburgh Council (CEC), however are proceeding on the basis that the outstanding issues will be resolved. Specifically these are:

- **NHSL** – this offer is based on a financial plan which is out of balance by £20m, with the IJB's share of this gap being £5.8m. The places NHS Lothian i a position where it cannot currently deliver services within the funding directed by the IJB making it difficult for the IJB to accept. We continue to work with NHS Lothian to identify how this deficit is bridged.

- **CEC** – the offer fails the "Swinney test" (designed to ensure that ministerial expectations in relation to the use of the Social Care Fund are met) by a material distance. We are working with colleagues from Scottish Government and CEC to resolve.

In addition to these material issues there are a number of points we would like to bring to the committee's attention:

- In 16/17 the IJB budget setting process was led by CEC and NHSL who determining the level of funding to delegate. Whilst we recognise that approach was the most appropriate at the time we would expect to see more recognition of IJB financial plans in the process for 17/1;
- Lack of reliable, easily available information on which to base a "fair" methodology for allocating pan Lothian NHS budgets between 4 IJBs was problematic. This is particularly true for budgets for "set aside" services. Whilst we are undertaking further work in this area for 17/18 we have some way to go before determining a workable solution ;
- Timescales of council and NHS budget setting processes are not currently well aligned;
- NHS financial planning process did not conclude until May 2016, the date at which financial plans had to be submitted to the Scottish Government;
- Emphasis on a 1 budget settlement does not support IJBs develop a financial framework to support the 3 year strategic plan;
- Whilst we welcome the additional funding via the social care fund, the associated conditions and prevailing financial climate have made it difficult to sufficiently resource the support required to full pump priming of change;
- The inherent financial pressures in the system mean that, despite the social care fund investment referred to above, we still have a significant savings target; and
- Managing the reductions required in substance misuse service delivery because of budget reductions while achieving an increased focus on recovery focused services.

6. In respect of any challenges detailed above, can you describe the measures you have put in place to address these challenges in subsequent years?

A number of these actions are reference in the answer to question 5 above. The key continues to be working closely with our partners as the IJB develops. Other actions include:

- Formal agreement in place between the IJB, CEC and NHSL which outlines how we will work together;

- Establishment of a quarterly forum where key issues can be raised and resolved, including areas of contention;

7. When was your budget for 2016-17 finalised?

See response to question 5 above. The budget is yet to be finalised.

8. When would you anticipate finalising your budget for 2017-18?

We don't as yet have an agreed timetable but it will be dependent on the overall SG NHS budget setting.

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan:

- The closure of Liberton hospital and consequent reprovision of services in the community to prevent admission and facilitate timely discharge. This will include increasing support at home through new domiciliary care contracts and re-balance investment within the whole system to reflect this.;
- The introduction of a rapid response function for older people to support the reduction in the number of inpatient beds in the new Royal Edinburgh Hospital; and
- In line with the modernisation of learning disability services the closure of Murray Park will result in a shift from hospital to community based care.

10. What efficiency savings do you plan to deliver in 2016-17?

The agreed savings programme totals £22.2m. A further £5.8m (which represents the IJB's share of the NHSL financial plan gap) of either cost reductions or additional income would be required to deliver a break even position.

Whilst the IJB has responsibility for the full £22.2m, an element of which will be operationally delivered either through NHSL or one of the other Lothian partnerships. This applies where services are hosted (either by NHSL or one of the other Lothian IJBs) and for set aside services, managed on our behalf by NHS Lothian: in total this accounts for savings of £1.2m, leaving EHSCP with responsibility for delivering savings of £20.9m on behalf of all 4 IJBs.

To support delivery, a programme has been developed which is considered to be achievable although, at this stage, some of the underpinning business cases have still to be completed. The schemes identified are summarised in table 4 below:

	£k
CEC health and social care transformation programme	4,137
Transformation: organisational review	5,808
Contract management	1,400
Minor CEC schemes	130
Non recurring contribution to offset slippage	3,543
Service reviews (sexual health, rehabilitation, continence, HBCCC)	990
Prescribing	1,898
Reduction in management costs	400
Supplementary staffing	1,000
General Medical Services running costs	250
Edinburgh Drug and Alcohol Partnership	1,380
Total identified	**20,936**

11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)

Conversations continue with both NHSL and CEC but there are no further decisions on delegations as yet.

Performance framework

12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes

The Performance Monitoring Framework identifies which of the nine national outcomes link to each of the six health and social care priorities identified locally. Further, the nine national outcomes are mapped to the 23 national health and wellbeing indicators. These are listed in the table below.

(b) If possible, also show how your budget links to these outcomes

National Outcome	Indicators	2016-17 budget
People are able to look after and improve their own health and wellbeing and live in good health for longer.	• Percentage of adults able to look after their health very well or quite well. • Premature mortality rate. • Rate of emergency admissions for adults - SMR01 • Rate of emergency admissions for adults - SMR04	N/A

National Outcome	Indicators	2016-17 budget
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	• Percentage of adults supported at home who agree that they are supported to live as independently as possible. • Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. • Premature mortality rate. • Rate of emergency admissions for adults - SMR01 • Rate of emergency admissions for adults - SMR04 • Rate of emergency bed days for adults. • Readmissions to hospital within 28 days of discharge • Proportion of last 6 months of life spent at home or in community setting. • Falls rate per 1,000 populations in over 65s • Percentage of adults with intensive needs receiving care at home • Number of days people spend in hospital when they are ready to be discharged • Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency • Percentage of people admitted from home to hospital during the year, who are discharged to a care home • Percentage of people who are discharged from hospital within 72 hours of being ready • Expenditure on end of life care.	N/A

National Outcome	Indicators	2016-17 budget
People who use health and social care services have positive experiences of those services, and have their dignity respected.	• Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. • Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. • Percentage of adults receiving any care or support who rate it as excellent or good • Percentage of people with positive experience of care at their GP practice. • Readmissions to hospital within 28 days of discharge • Proportion of last 6 months of life spent at home or in community setting. • Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. • Number of days people spend in hospital when they are ready to be discharged • Percentage of people who are discharged from hospital within 72 hours of being ready • Expenditure on end of life care.	N/A

National Outcome	Indicators	2016-17 budget
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	• Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life • Rate of emergency admissions for adults - SMR01 • Rate of emergency admissions for adults - SMR04 • Rate of emergency bed days for adults.* • Falls rate per 1,000 populations in over 65s • Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. • Number of days people spend in hospital when they are ready to be discharged • Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	N/A
Health and social care services contribute to reducing health inequalities.	• Premature mortality rate. • Rate of emergency admissions for adults - SMR01 • Rate of emergency admissions for adults - SMR04 • Rate of emergency bed days for adults.	N/A
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.	• Percentage of carers who feel supported to continue in their caring role.	N/A

National Outcome	Indicators	2016-17 budget
People who use health and social care services are safe from harm.	• Percentage of adults supported at home who agree they felt safe • Rate of emergency admissions for adults - SMR01 • Rate of emergency admissions for adults - SMR04 • Rate of emergency bed days for adults. • Readmissions to hospital within 28 days of discharge • Falls rate per 1,000 populations in over 65s • Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. • Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	N/A
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	• Percentage of staff who say they would recommend their workplace as a good place to work.	N/A

National Outcome	Indicators	2016-17 budget
Resources are used effectively and efficiently in the provision of health and social care services.	• Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. • Readmissions to hospital within 28 days of discharge • Proportion of last 6 months of life spent at home or in community setting. • Falls rate per 1,000 populations in over 65s • Number of days people spend in hospital when they are ready to be discharged • Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency • Percentage of people who are discharged from hospital within 72 hours of being ready • Expenditure on end of life care.	N/A

Delayed Discharges

In relation to delayed discharge the Committee is interested in three areas. The extent to which the IJB is able to direct spending, how much money is available to tackle delayed discharge and how well it is being spent to eradicate the problem.

1. **As an Integrated Authority what responsibility do you have for tackling the issue of delayed discharges?**

   Our view is that delayed discharges are best tackled by collaboration between secondary and primary health care, council services, the 3rd sector and independent providers. This approach is supported by a range of evidence. As such we have established a number of workstreams under the governance of the IJB and the Edinburgh Health and Social Care Partnership which take a system wide approach to minimising delays.

2. **What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?**

   We see this as fully being within the remit of the IJB. It does however have to be recognised that unwinding previous funding agreements without causing instability elsewhere in the system is a challenge.

3. **How much was spent in 2015-16 on tackling delayed discharges? If necessary this answer can be based on your shadow budget for 2015-16.**

   Whilst we clearly have a focus in minimising delays, this is part of a wider effort and investment to ensure appropriate flow throughout the system. It is not therefore possible to separate the costs associated with tackling delayed discharges. A major tenet of our efforts to reduce delays is the comprehensive restructure of the Health and Social Care Partnership.

4. **What is the total funding (in 2016-17) you are directing to address the issue of delayed discharges? Please provide a breakdown of how much money has been received from each of the following for this purpose:**

   a. **NHS board**
   b. **Local authority**
   c. **Other (please specify)**

   See answer to question 3 above. The funding received directly from the Scottish Government to reduce delays is the only specifically identified funding source.

5. **How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16? How will the additional funding be spent in the current and next financial years?**

   Investments included: step down beds; health care workers; increased capacity in home care services; refocused discharge procedures; an demand management.

6. What impacts has the additional money had on reducing delayed discharges in your area?

See previous answers.

7. What do you identify as the main causes of delayed discharges in your area?

It is well recognised that the changing demography (an increasingly elderly and frail population) is putting pressure on a range of health and social care services through increasing overall demand. This is exacerbated by difficulties in recruiting care workers, which continues to be a concern.

Investment to expand the options for service delivery, for example step down and extra supported housing.

8. What do you identify as the main barriers to tackling delayed discharges in your area?

Key barriers include:

- A lack of ability to pump prime (double run) community investment to support bed closures;
- In Edinburgh this is exacerbated by a difficulty in recruiting appropriate staff given the full employment levels in the city;
- Rising expectations from the public, especially the demand for choice in care home provision;

9. How will these barriers to delayed discharges be tackled by you?

We have implemented a wide range of measures including:

- Moving the focus to locality based services, including merging hospital and community care teams under single management;
- Increasing packages of care;
- Increasing care home provision for people with challenging behaviour;
- Improved discharge and triage functions;
- Establishment of a flow programme board with a work programme shared across sectors and chaired by the Chair of the IJB;
- Undertaking a whole system self assessment to ensure any process and/or behaviour factors are identified and tackled; and
- Commissioning of a system wide capacity planning exercise including analysis of data which demonstrates both unmet and unmatched need.

10. Does your area use interim care facilities for patients deemed ready for discharge?

Yes. We currently have 1 such facility and have plans to develop similar services across the city. This will be dependent on identifying capital funding.

11. If you answered yes to question 10, of those discharged from acute services to an interim care facility what is their average length of stay in an interim care facility?

64 days

12. **Some categories of delayed discharges are not captured by the integration indicator for delayed discharges as they are classed as 'complex' reflecting the fact that there are legal processes which are either causing the delay (e.g. application for guardianship orders) or where there are no suitable facilities available in the NHS board area. Please provide the total cost for code 9 delayed discharges for 2015-16? What is your estimate of cost in this area in the current and next financial years?**

    As above, we do not hold information in this way.

Social and Community Care Workforce

In relation to the social and community care workforce the Committee is interested in the recruitment of suitable staff including commissioning from private providers and the quality of care provided.

1. **As an Integrated Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people?**

The IJB has complete responsibility for the older people's services delivered through the Health and Social Care Partnership. This is being addressed as part of the ongoing restructuring and the shift to a locality structure

2. **Are there adequate levels of these social and community care staff in your area to ensure the Scottish Government's vision of a shift from hospital based care to community based care for older people is achieved? If not, please indicate in what areas a shortage exists.**

There are shortages in certain areas (GPs and district nursing for example). We will explore some skill mix solutions to this as the integrated teams are further developed. Additionally we lack the ability to compete with salary levels of tehr employers when attracting care workers.

3. **Other than social and community care workforce levels, are there other barriers to moving to a more community based care?**

The main barriers are capacity in intermediate step down facilities, extra care housing and the need to expand the inclusion of tele-care and tele-health in support plans. This is exacerbated by lack of funding to pump prime change.

4. **What are the main barriers to recruitment and retention of social and community care staff working with older people in your area?**

See answer to 2 above.

5. **What mechanisms (in the commissioning process) are in place to ensure that plans for the living wage and career development for social care staff, are being progressed to ensure parity for those employed across local authority, independent and voluntary sectors?**

We have introduced new contracts to meet hte living wage and to update controls over contractual expenditure.

6. **What proportion of the care for older people is provided by externally contracted social and community care staff?**

75%

7. **How are contracts monitored by you to ensure quality of care and compliance with other terms including remuneration?**

We have well established contract monitoring team and arrangements in place. This includes a risk based contract monitoring framework with key performance

indicators embedded in contracts and monitored by contract lead officers. Quality assurance officers monitor direct service delivery and deal with issues and complaints that arise from service users and family carers.