

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?

Dundee

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

	£m
Health board	149*
Local authority	79
Set aside budget	21
Total	249

* Includes £11.7m of Partnership funds allocated by Scottish Government (Integrated Care Fund/Delayed Discharge/Integration Funding)

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.

£m	2015-16	2016-17
Hospital	28	28
Community healthcare*	46	52
Family health services & prescribing	77	78
Social care	79	79
Total**	230	237

* Not like for like comparison due to effect of hosting arrangements across the 3 Tayside Health and Social Care Partnerships

** Excludes allocation of Partnership funds as noted above as not fully allocated across services

- 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.**

Dundee Health & Social Care Partnership's allocation is £7.65m in total. The first tranche of this funding (£3.85m) is being used to meet demographic pressures within social care, support innovation and change in the delivery of integrated health and social care services, and to fund the reduction in income from social care charges following the changes to the charging "buffer" as set out by the Scottish Government. From the second tranche of £3.8m, £2.115m has been set against existing Dundee City Council social care pressures as per the agreement between COSLA and the Scottish Government. The balance has been set aside to fund the cost of implementing the Living Wage for social care staff within contracted services.

Budget setting process

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

The continuing restrictions on public sector funding have resulted in real challenges in agreeing a delegated budget which is adequate for the partnership to deliver its ambitions as described in its Strategic and Commissioning Plan. Despite these challenges, and given the local government budget setting timescales, the budget for delegated services from Dundee City Council was almost completely agreed prior to the 1st April 2016.

The budget for delegated services from NHS Tayside has been more challenging for a number of reasons. Given the budget setting timescales within the NHS are different, within Tayside, the three local integration authorities were unable to achieve any meaningful dialogue with NHS Tayside until around February 2016 with regards to the budget process. This was in part due to the complications NHS Tayside faced in disaggregating a wide range of services which were delivered on a Tayside wide basis. This also led to additional complications in refining service budgets which were to be hosted by individual integration authorities on behalf of the other authorities across Tayside. The process of identifying the value of the large hospital set aside was also not fully developed and understood sufficiently prior to the start of 2016/17.

However of great significance to the budget setting process was, and remains the overall financial position of NHS Tayside for 2016/17 and the resultant unprecedented level of savings and efficiencies required to bring expenditure in line with budgeted resources. Given the proximity to the start of the financial year and the lack of a fully developed savings plan for delegated services, the IJB was not in a position to fully sign off and accept the budget from NHS Tayside for delegated services from 1st April 2016.

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?

Dundee IJB has a developing local Transformation Programme which draws on the organisational transformation programmes being progressed by both Dundee City Council and NHS Tayside in addition to the development of local service redesign and change initiatives identified through Dundee Health and Social Care Partnership. This will provide efficiencies in the current and future years and sets out a direction of travel and infrastructure to support the future challenges of continuing restricted public sector funding.

Early dialogue with NHS Tayside and Dundee City Council in relation to the financial planning assumptions and budget setting process is key and some initial discussions have taken place with more formal meetings to be scheduled over the coming months.

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

Dundee IJB signed off its budget for delegated services following the completion of the due diligence process and the presentation of a Transformation Programme at its meeting on the 28th June 2016. A small number of outstanding budget issues remain under discussion.

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

The Integration Scheme sets out that NHS Tayside and Dundee City Council must confirm the actual budget requisition made to them by the IJB on the day following the date on which the Council Tax is legally required to be set in March.

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:

Shifting resources to invest in health inequalities by, for example:

- Developing a health inequalities framework that directs current resources towards the interventions and actions that are most likely to deliver improvement.
- Identifying areas where the take up of health initiatives are low and support approaches to improve access and take up.
- Enhancing the skills of staff across the Partnership to adopt a social prescribing approach to support individuals.

Investing in or redirecting existing resources to scale up well evidenced, early intervention and prevention approaches by, for example:

- Continuing to evaluate current approaches to early intervention and prevention and invest in models which increase capacity.
- Embedding health checks as a means to engage people in the health and wellbeing agenda, to increase self care, and avoid longer term ill-health.
- Continuing to develop and increase the capacity and early intervention of money advice services to support prevention.

Allocating resources to implement locality plans by, for example:

- Providing a Community Fund for the implementation of the eight locality plans.
- Further developing inclusive communication initiatives which resonate across all care groups, young and old.
- Working with current community facilities to develop a range of leisure and social activities including drop in centres for those with additional support needs.

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

Efficiency savings will be achieved through implementing a number of service changes which are consistent with the direction of the IJB's Strategic and Commissioning Plan and are reflected in the IJB's Transformation Programme. This includes developing and enhancing new models of support, reviewing pathways of care, investing in early intervention and prevention and managing our resources effectively through more efficient deployment of the integrated health and social care workforce and more effective commissioning of services.

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

No

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

(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.	<p>National Indicator 2: % of adults supported at home who agree they are supported to live as independently as possible</p> <p>National Indicator 12: Emergency Admission Rate (per 100,000 people aged 18+)</p> <p>National Indicator 13: Rate of emergency bed days for adults (per 100,000 people aged 18+)</p>	Breakdown of budget to this level not available.

National Outcome	Indicators	2016-17 budget
<p>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.</p>	<p>National Indicator 2: % of adults supported at home who agree they are supported to live as independently as possible</p> <p>National Indicator 18: % of adults with intensive care needs receiving care at home</p> <p>National Indicator 15: Proportion of last 6 months of life spent at home or in a community setting</p> <p>National Indicator 19: Number of days people spend in hospital when they are ready to be discharged</p> <p>National Indicator 22: % of people discharged from hospital within 72 hours of being ready</p>	

National Outcome	Indicators	2016-17 budget
<p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p>	<p>National Indicator 4: % of adults supported at home who agree their health and care services seem to be well co-ordinated</p> <p>National Indicator 5: % of adults receiving any care or support who rate it as excellent or good</p> <p>National Indicator 6: % of people with positive experience of accessing their GP practice</p> <p>National Indicator 12: Emergency Admission Rate (per 100,000 people aged 18+)</p> <p>National Indicator 17: Proportion of care services graded 'good' or above in Care Inspectorate Reports</p>	
<p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p>	<p>National Indicator 7: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life</p> <p>National Indicator 15: Proportion of last 6 months of life spent at home or in a community setting</p> <p>National Indicator 22: % of people discharged from hospital within 72 hours of being ready</p>	

National Outcome	Indicators	2016-17 budget
Health and social care services contribute to reducing health inequalities.	<p>National Indicator 2: % of adults supported at home who agree they are supported to live as independently as possible</p> <p>National Indicator 12: Emergency Admission Rate (per 100,000 people aged 18+)</p> <p>National Indicator 13: Rate of emergency bed days for adults (per 100,000 people aged 18+)</p>	
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.	<p>National Indicator 8: % of carers who feel supported to continue in their caring role</p> <p>National Indicator 18: % of adults with intensive care needs receiving care at home</p>	
People who use health and social care services are safe from harm.	<p>National Indicator 9: % of adults supported at home who agree they felt safe</p> <p>National Indicator 14: readmission to hospital within 28 days (rate per 1,000 discharges)</p> <p>National Indicator 16: Falls rate per 1,000 population in over 65's</p>	

National Outcome	Indicators	2016-17 budget
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.	Local indicators currently being developed.	
Resources are used effectively and efficiently in the provision of health and social care services.	<p>National Indicator 12: Emergency Admission Rate (per 100,000 people aged 18+)</p> <p>National Indicator 19: Number of days people spend in hospital when they are ready to be discharged</p> <p>National Indicator 20: % of health and care resources spent on hospital stays where the patient was admitted in an emergency</p>	

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?

The Partnership has taken a collective responsibility for responding to delayed discharges over the last 10 years. There is an established Health and Social Care delayed discharge management group (Home and Hospital Transition Group) which meets regularly to consider the reasons for delays and develop strategic actions to address these. This group has developed an improvement plan which will be signed off at the Integrated Joint Board. Regular performance reports will be presented at the IJB and will include information relating to delayed discharge.

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

The delayed discharge funds allocated by the Scottish Government will be managed through the management group described above. This has a representative membership, including acute colleagues.

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.

Delayed Discharge Funding from Scottish Government in 2015/16 amounted to £930k plus £144k brought forward from 2014/15 – total specific funding of £1074k – these additional funds were used as detailed in 7.

In addition to this, the Partnership has used a significant portion of the Health and Local Authority budgets along with an element of Integrated Care Fund to support tackling delayed discharge, including (but not restricted to) investment in care home placements, homecare, mental health officers, early intervention and prevention services, step down accommodation facilities, specialist care packages, enablement, community nursing, allied health practitioners, etc. This is a fundamental strategic priority of the Partnership and the specific additional financial investment from core budgets is difficult to accurately quantify.

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) £930k Delayed Discharge Fund from Scottish Government

As per above, the specific total funding for 2016/17 to address delayed discharges is difficult to accurately quantify, other than the dedicated Delayed Discharge Fund from Scottish Government (£930k pa)

5. How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16?

Please see answer 7 below.

How will the additional funding be spent in the current and next financial years?

The Dundee Partnership will primarily retain the fund as a bridging change fund over the next two years to progress the current tests of change and introduce a small number of new tests of change. Included within the current spend are increases in care home placements and an increase in care at home services. These will continue. The Home and Hospital Transition Group will maintain an oversight of the use of the resource and make decisions as to the mainstreaming of projects, and further investment and/or disinvestment in projects as required.

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

The Discharge Monies have supported the Dundee Partnership to further develop a number of initiatives that have contributed to enabling citizens of Dundee to be supported at home, but when people do have to go to hospital they are only there as long as they need to be. Progress against each of the projects is below.

Care at Home Service, Home Care and Resource Matching Unit: - The Resource Matching Unit is now established and along with the increase resource provision has increased capacity and efficiency of the care at home service. This has contributed to the reduction in number of delays due to patients awaiting a care package.

Additional Care Home Placements: - The Discharge Monies funded an additional five Care Home placements which generated additional capacity within the service.

Dundee Smart Flat and Step Down Housing Service: - The Discharge Monies enabled upgrade of a demonstration flat into a step down and rehabilitation resource which was launched in June 2016. In addition to this, step down housing resources have been developed as a partnership with Housing Associations. Already the step down resource has contributed to people being discharged when they are ready and contributes to our strategic intention to increase availability of step down resources.

Discharge Management Team and Integrated Discharge Hub – The increased AHP and Nursing input into the Discharge Team has increased its capacity to coordinate discharges and contribute to the development of an Integrated Health and Social Care Discharge Hub. An integrated Social Work and Health Discharge Hub was implemented on 3rd December 2015. This Hub has established a single route for referrals, reduced duplication between social work and health teams and established a shared ethos on person centered discharge planning within a multi-disciplinary team approach.

Increased Social Work Occupational Therapy Service and Equipment - A single shared pathway across Health for accessing equipment and adaptations was implemented during 2015. This has greatly reduced duplication, reduced delays due to awaiting equipment/ adaptations and with the increased Social Work Occupational Therapy resource, has meant that discharge assessments are completed within 24 hours of request. Equipment is then delivered within 24 hours of an equipment prescription.

Increased MHO Availability – The additional hours to the MHO Service has significantly increased capacity of the MHO Service to respond to requests for Guardianship reports. This has resulted in a timely completion of reports and reduction in waiting time for an MHO.

Community Nursing Backfill – The additional funding to the Community Nursing Service has increased capacity of the service to improve communication and person centered care at point of discharge where Patients require ongoing support from the service.

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

There are three key areas for delays:

- The time taken to assess, agree and identify care home placements. We are developing a 'step down to assess' facility and will test the impact of this over the next six months.
- The availability of specialist adult care placements (Complex delays). We have a strategic commissioning programme in place which will develop a range of new adult accommodation placements over the next five years.

(Adults with Mental Health problems; Adults with Physical Disability needs; Adults with Learning Disabilities and/or Autism).

- Over complex needs such as Guardianships; adapted Housing etc. We have utilised the available resources to invest in additional MHO's; OT's and step down Housing.

Dundee currently has no significant delays resulting from the availability of Care at Home services.

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

There are a number of redesign programmes which address both the improvement in discharges and the reduction in admissions to hospital. As described the reasons for delay in Dundee primarily relate to adults delayed for 'complex' reasons and as such the bed days lost tend to be lengthy. While every effort is made to progress to current accommodation, where a more custom designed solution is required the timing is linked to development programmes.

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

We have in place a five year strategic development programme which makes use of forward planning/demographic information.

Our improvement plan describes our actions to address other areas of delay.

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

Yes. The partnership has an intermediate care until provided within a Nursing Care Home. The unit was established approximately six years ago.

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?

There are 23 intermediate care beds in the Bluebell Unit. In addition, the unit will support the new 'step down to assess' step down beds for completion of S/W.

The average LOS in the unit for the intermediate care patients is 23 days – (last 6 months).

- 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?**

Notional cost in 2015/16 was £1,000,200 (based on notional bed rate).

We are unable to estimate the cost in current and next financial year at this stage.

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?**

IJB has responsibility for the planning and operational deployment of staff working with older people.

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.**

In general no difficulties in recruiting to social care posts, issues with recruitment of OT's, MHO's and Team Managers.

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

To create joint posts within IJB, requires 2 separate job descriptions to be developed, 2 different evaluation processes, with 2 sets of terms, conditions and pay scales. Risk of equal pay issues remain.

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

As 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?**

The Council is a living wage employer. In relation to staff employed by organisations the partnership contracts with to provide health and social care, arrangements are already in place through various mechanisms to ensure payment of a living wage to employees in social care from the 1st October 2016. These include the National Care Home Contract and locally through a recently re-tendered external home care service. Work is ongoing locally to agree how this will be extended to other service providers not already covered with consideration being given to also recognising those more progressive providers who are already living wage employers through consideration of fair working practices. The partnership is committed to paying the living wage as outlined in the Scottish Government's policy.

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

For residential care, around 85-90% of care is provided by private and voluntary sector organisations.

For care at home services, around 45-50% of care is provided by external service providers.

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

A robust contract monitoring process has been embedded within the social care contracting process for a number of years which has evolved to meet the challenges of national policy drivers such as Self Directed Support. A dedicated social care contracts team works alongside designated contract lead officers and in partnership with care providers to ensure contract compliance. The service also considers external scrutiny reports of services with the particular attention paid to Care Inspectorate reports and feedback and works closely with care providers to ensure standards are improved or maintained at an acceptable level.