

Integration Joint Board

Date of Meeting: 27 November 2019

Title of Report: Looking ahead to the Scottish Government - Health Budget 2020-21: When is Hospital bad for your health?

Presented by: Charlotte Craig

The IJB is asked to:

- Note the content of the report
- Consider the national context

1. EXECUTIVE SUMMARY

- 1.1 In recent years the focus of Health and Sport Committee pre-budget scrutiny has been Integration Authorities (IA). The Public Bodies (Joint Working) (Scotland) Act 2014 required local authorities and NHS Boards to form partnerships called integration authorities by 1 April 2016.
- 1.2 IA budgets totalled £8.9 billion in 2018-19, of which £6.3 billion was delegated from the NHS Budget, almost half of the total health and sport budget. The Committee agreed to maintain a continued focus in the pre-budget scrutiny for 2020-21 particularly in light of concerns raised by the committee on the progress of integration.
- 1.3 This report gives a focus to budget setting, acute and community care and the requirement to transfer care reducing unscheduled care and admissions and ensure patient needs are met in other more appropriate areas of the NHS.
- 1.4 To enable this leadership and financial management of the IJB budget remain paramount and engagement with the public must become a key focus to truly transform services.

2. INTRODUCTION

Chief Officers and senior staff from a number of IJB's gave evidence to the report on each of the areas of challenge identified. Supporting statements highlight where challenges and improved communication can be easily met and where there are genuine and complex problems.

3. DETAIL OF REPORT

This report highlights the key points made under each of the headings within the Scottish Governments report.

3.1 Budget Process

The budget setting process covers two elements:

1. Health care
2. Social care

The partners decide how much is required to deliver the delegated services and how much each partner will contribute to these costs.

In the Review of the Process of Integration there was some concern highlighted nationally on the timeliness of the confirmation of budgets to IJB's. Chief Officers/IJB's identified that it would not be problematic to share financial information with the Scottish Government with the option of permitting more informed parliamentary scrutiny.

The recommendation is that Scottish Government work with IA's to deliver a more timely release of information on agreed budgets.

3.2 Link between budgets and outcomes

The Scottish Government have highlighted the importance of linking expenditure to outcomes with an opportunity to establish the value of expenditure on services in terms of people experience of care. Some work is currently being undertaken with the Chief Finance Officers network on linking budgets to outcomes.

Chief Officer feedback was that while there was a clear advantage to developing an outcome based model the implementation of such would be challenging. This was reiterated by other IJB's citing it was almost impossible to identify a cause and effect model.

The Scottish Government referenced the statutory duty required by IA's to develop a strategic commissioning plan to enable a better level of outcomes based reporting. The recommendation made was that the IA's would welcome guidance on reporting and an outline of the support available.

3.3 Delayed Discharge

The section on delayed discharge outlines both what is considered delayed discharge, case studies on the impact of delayed discharge and recent statistical evidence.

Nationally there has been a 6% increase in delayed discharge. It highlighted further localised information on waiting times for allocation to care at home especially where identified need was high or specialised or availability of care home accommodation.

Comment was made that while there is still delayed discharge the performance in managing this may have already been realised with a view that the strategic focus should "move away from the back door to the front door" that is preventing admissions.

3.4 Intermediate Care

Intermediate care is utilised as a step up-step down approach primarily to support discharge from hospital where needs are still identified as requiring high levels of care, not necessarily in an acute environment.

Intermediate care is not a final destination for people and the challenges of fulfilling social care packages remain the same in this environment. This type of care is also not used nationally as a model.

A request was made that the Scottish Government advise of intermediate care is an appropriate approach to caring for vulnerable people and if so should it be implemented across the country. A further request was made on data available and intent to publish.

3.5 Unplanned Acute bed days

Effective integrated services would seek to reduce the number of unplanned acute bed days and preventing admission.

Chief Officers and IJB's noted the requirement to change the models of care with both Aberdeen and West Lothian particularly citing the requirements of individuals with dementia. Further case study information is provided on end of life care.

There was a noted requirement to look at a whole system approach as to how we have fitter adults therefore negating the need for care and a recognition that at current levels demand could not be sustained.

3.6 Housing adaptations

Chief Officers were asked to respond on whether there was still any barriers to the timely provision of housing adaptations and that budget remained a challenge as the social care budget is reduced.

It was highlighted that this is a key area in ensuring a timely discharge from acute services and as such funding requirement was key and also that it is only one of a number of key areas.

3.7 Changing perceptions

Chief Officers highlighted a clinician will only recommend "a transfer of care if they see alternative safer models of care", indeed if a referral to hospital is to be avoided then the alternative must be safe.

In transforming services it was volunteered that there required to be "bigger national messages to bring the public with us in relation to what is required to take the next big steps".

3.8 Transformation of services

This section uses the MSG indicators to measure the shift in the balance of care with the report requesting that the committee is kept informed.

It highlights that benefits in approaches to care are consistent with reduction in budget requirement with less time spent in hospital.

Recommendations are the focus on the "front door" and preventing admission with emphasis on preventative medicine, GP's working with care homes and district nurses in the community reducing heavy reliance on acute services.

Further recommendations are made on communicating to GP's around alternatives to hospital referral, co-working when multiple IJB's utilise a hospital to reduce unplanned admissions and an increase in health education and awareness with the aim of informing the public to reduce unnecessary calls and visits.

There is a clear leadership role for the Chief Officer to lead and engage with both partners, Scottish Government and the wider community. A shift in public perception and expectation is required.

3.9 Set Aside Budget

Set aside budgets are highlighted as continuing to be problematic with the Scottish Government seeking resolution by the end of the year with clear reporting of sus released on a quarterly basis.

Set aside budgets are not used in Argyll & Bute.

3.10 Leadership and Cultural Change

This is identified as a key area with the report stating that they do not believe that effective leadership is in place across all 31 IA's to deliver the required change in relationships and ultimately the tytransformational change required. Audit Scotland also identified that a lack of collaborative leadership and cultural differences are affecting the pace of change. Audit Scotland also noted a high turnover at senior level, dual roles and lack of support services.

In respect of the budget there are concrete example where integration is working but other where the budget has failed to lose its separate identities and become partnership funding. Scottish government is unclear as to why this is taking so long and identified some scepticism as to the attention being diverted to this area.

Final recommendation is that the current indicators do not measure this and the Scottish Government identify a set of leadership indicators requiring boards to demonstrate achievements and progress.

4. RELEVANT DATA AND INDICATORS

As referenced p36-48.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This document outlines the key challenges in the shift in the balance of care for Integration Authorities and supports key actions points to address this.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

This report offers supporting narrative for the budget process

6.2 Staff Governance

Report for review no impact at this time

6.3 Clinical Governance

Consideration should be given to this report.

7. PROFESSIONAL ADVISORY

Consideration should be given to this report

8. EQUALITY & DIVERSITY IMPLICATIONS

No direct equality and diversity implications from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not applicable

10. RISK ASSESSMENT

Report should be considered on review of strategic risks and the delivery of the Strategic Priorities for Argyll & Bute.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The report highlights the benefit of public and user involvement and the requirement to harness this for transformation.

12. CONCLUSIONS

The IJB is asked to note the report and consider the narrative and implications for change of practice which supports timely discharge from hospital care, the transfer of care to the community setting or having issues addressed in other more appropriate areas of the NHS, preventing admission.

Leadership and financial management remain a priority and the level of engagement with the public must become a key focus.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Author Name Charlotte Craig
Email charlotte.craig@argyll-bute.gov.uk