

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>	
<b>Held on</b>	<b>24<sup>th</sup> November 2021</b>	
<b>Agenda Item:</b>	<b>7</b>	
<b>Title:</b>	<b>Scottish Government Investment in Health and Social Care</b>	
<b>Summary:</b> The purpose of this report is to provide the IJB with information on the recent funding allocations from the Scottish Government to support the immediate pressures within Health and Social Care, and advise when proposals will be presented for approval on how the recurring elements of funding will be utilised.		
<b>Author:</b>	<b>Lisa Duncan, Chief Finance Officer</b>	
<b>Recommendations:</b>		
<p><b>It is recommended that the Integration Joint Board</b></p> <ul style="list-style-type: none"> <li><b>i. Note the additional investment allocations received;</b></li> <li><b>ii. Note investment proposals are being developed;</b></li> <li><b>iii. Agree on recommended option to approve investment proposals via email correspondence and homologate at the next IJB meeting on the 16<sup>th</sup> February (para 4.15).</b></li> </ul>		
<b>Route to meeting:</b>		
<b>Budget Working Group on 11<sup>th</sup> November 2021</b>		
<b>Directions:</b>		<b>Implications:</b>
1. No Directions Required <input type="checkbox"/>		Financial <input checked="" type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>		HR <input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>		Legal <input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>		Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

## Scottish Government Investment in Health and Social Care

### 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the IJB with information on the recent funding allocations from the Scottish Government to support the immediate pressures within Health and Social Care, and advise when proposals will be presented for approval on how the recurring elements of funding will be utilised.

### 2. RECOMMENDATION

#### 2.1 It is recommended that the Integration Joint Board

- i. **Note the additional investment allocations received;**
- ii. **Note that investment proposals are being developed;**
- iii. **Agree on recommended option to approve investment proposals via email correspondence and homologate at the next IJB meeting on the 16th of February.**

### 3. BACKGROUND INFORMATION

- 3.1 Over the course of last financial year and this financial year, the Scottish Government have been providing additional funding to support the health and social care sector in responding to the pandemic. The remobilisation plans submitted to Scottish Government have provided detailed service delivery plans and the financial impact in remobilising and recovering from the pandemic.
- 3.2 The latest submission included the operational and financial implications in responding to winter pressures. In response to this the Cabinet Secretary for Health and Social Care announced new investment of £300m in recurring funding to the Health and Social Care Sector.
- 3.3 On the 4<sup>th</sup> of November allocation letters were received for the main elements of investment with funding for winter 2021-22 included. A commitment has been made to make funding recurring to support permanent recruitment and longer-term planning. Further detail will be published on the 9<sup>th</sup> of December as part of the Scottish Budget for 2022-23.
- 3.4 The following report will detail the various investment streams and the expected outcome from the additional funding.

### 4. REPORT

- 4.1 This investment is to plan and build resilience into the system through winter and also to ensure sustainability and build on approach to recovery and renewal as set out in the [NHS Recovery Plan](#) and improve social care support. The investment has four key principles:-

- Maximising Capacity
- Ensuring Staff Wellbeing
- Ensuring System Flow
- Improving Outcomes

Funding has been allocated in specific tranches to meet specific pressures that can then be measurable in terms of input and expected outcomes measurable by Key Performance Indicators provided.

### MULTI- DISCIPLINARY WORKING

- 4.2 The Scottish Government requested recruitment commence immediately for 1,000 health care support workers specific focus on Bands 3 and 4, with £15m available for this purpose this financial year 2021-22. These roles are to support hospital services as well as support social care teams to enable discharge from hospital. Within South Ayrshire our allocation of posts to support the community is 9.8WTE, this is after allocation to Acute and Out of Hours services.
- 4.3 A further £20m has been allocated in 2021-22 to enhance MDT's (Multi-Disciplinary Teams). These teams should support with social work and care assessment, hospital to home and rapid response in the community. This funding will be recurrent. Appendix one shows South Ayrshire's allocation of the funding for the 6 month period in 21-22, the expected outcome and the KPIs.

### INTERIM CARE HOME BEDS

- 4.4 Investment of £40m has been provided for 2021-22 and a further £20m for 2022-23 to enable purchase of care to allow people a period of convalescence in an appropriate setting with reablement support. This is to ensure people do not remain in hospital for a period longer than they need. This can include use of self-directed support options as well as short term respite stays. Either option should provide a reablement element with a professionally led rehabilitation programme.
- 4.5 South Ayrshire's allocation for this investment is £1.002m for 21-22, with £0.501m expected in 22-23. Appendix one highlights the allocation, expected outcomes and KPIs.

### EXPANDING CARE AT HOME CAPACITY

- 4.6 Investment of £62m has been allocated to build capacity in care at home community-based services. This is recurring funding to help fulfil unmet need and deal with the current demand and ease pressures on unpaid carers.
- 4.7 This funding has to expand existing services either internally or from commissioning additional hours. As well as expanding existing services, funding should be utilised to invest in preventative supports to prevent care needs from escalating. The use of technology enabled care including equipment and

adaptations should form part of the investment into support health and social care needs.

- 4.8 South Ayrshire's allocation for this investment is £1.002m for 21-22, with confirmation received that this funding is recurring. Appendix one provides detail of expected outcomes and KPI's.

### SOCIAL CARE PAY UPLIFT

- 4.9 Funding of up to £48 million is to be made available to enable employers to update the hourly rate of pay for Adult Social Care staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS Community based health services.
- 4.10 The overall allocation of funding to partnerships will be decided by COSLA at the Settlement and Distribution Group on the 17<sup>th</sup> of November. The current recommended option is that funding is allocated based on actual spend rather than a GAE allocation. Full details will be forthcoming from the Scottish Government in terms of allocation amounts, and what services are included in the scope for the uplift and how this is to be administered contractually.

### STAFF WELLBEING

- 4.11 The Scottish Government recognise the significant importance in the wellbeing of the health and social care workforce and have allocated £4m this year to support with practical needs over the winter to access hot drinks, food and other measures to aid rest and recuperation, as well as additional psychological support. Funding of £2m has been allocated, South Ayrshire's share of this is £0.045m. Representatives from the DMT have been engaged in discussions with staff side how best to use this funding for optimum benefit.
- 4.12 A further allocation of £4m to support primary care and social care workforce was announced on the 2<sup>nd</sup> of November. This is to support all social care services including those delivered through the Independent, Voluntary and third sectors. The allocation has been split by NHS staff £2m and £2m for Integrated Authorities. South Ayrshire's share of this is £0.045m.

### NEXT STEPS

- 4.13 Develop proposals for investment for approval by IJB detailing how the funding will be utilised to achieve the outcomes and meet the KPI's stated.
- 4.14 Calculate the new hourly contract rate for the Adult Social Care services included in scope for the uplift and ensure actual costs to meet the uplift are provided to Scottish Government to inform the funding allocation required. Provide IJB with changes to the contract rate for approval.

## IJB APPROVAL OPTIONS AND RECOMMENDATION

4.15 The next IJB is on the 16<sup>th</sup> of February, this is too late to approve investments that are required to be made at pace and social care uplift expected to be made as close to 1<sup>st</sup> of December as is possible. The following options are to be considered:

- Option 1 - Approve proposals and hourly rates at an arranged Special IJB meeting;
- Option 2 - Approve proposals and hourly rates by correspondence and homologate at meeting on the 16<sup>th</sup> of February

The Budget working group met on the 11<sup>th</sup> of November and have recommended option 2, this will avoid delays in progressing plans to make best use of the funds available this financial year.

## 5. STRATEGIC CONTEXT

5.1 The additional recurring investment is an opportunity to support our Strategic Objectives and financial resources will allow for investment in specific areas to enhance current services in enabling to make a positive impact in our communities and focus on prevention and intervention.

## 6. IMPLICATIONS

### **6.1 Financial Implications**

6.1.1 There are no immediate financial implications in this report, this report sets out investment available and how future proposals will be approved to ensure sound governance around financial matters.

### **6.2 Human Resource Implications**

6.2.1 There are no Human Resource Implications within this report.

### **6.3 Legal Implications**

6.3.1 There are no legal implications within this report.

### **6.4 Equalities implications**

6.4.1 There are no equalities implications within this report.

### **6.5 Sustainability implications**

6.5.1 There is no sustainability implications within this report.

### **6.6 Clinical/professional assessment**

6.6.1 Not applicable

## **7. CONSULTATION AND PARTNERSHIP WORKING**

- 7.1 This report is for information at this stage. Consultation and partnership working with other Ayrshire HSCP's, NHS and South Ayrshire Council will be carried out in development of the investment proposals.

## **8. RISK ASSESSMENT**

- 8.1. The outcomes expected from Scottish Government are based on increasing the workforce both internally and commissioned from providers. There is a risk that there is insufficient workforce in the market to fulfil these obligations and meet these outcomes. This risk has been highlighted in the Strategic Risk Register.

### **REPORT AUTHOR AND PERSON TO CONTACT**

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### **BACKGROUND PAPERS**

*10<sup>th</sup> November 2021*

**Appendix One**  
**Winter 2021-22 System Pressures – additional funding**

<b>Funding Stream</b>	<b>SG Investment £m</b>	<b>SAHSCP Allocation 21-22 £m</b>	<b>Outcome</b>	<b>Key Performance Indicators</b>
Multi-Disciplinary Teams <i>(Recurring)</i>	20	0.501	Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.	<ul style="list-style-type: none"> <li>➤ Significant reductions in delayed discharge and occupied bed days</li> <li>➤ Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.</li> <li>➤ Increase in assessments carried out at home rather than hospital.</li> <li>➤ Evidence of a reduction in the number of people waiting for an assessment.</li> <li>➤ Evidence of a reduction in the length of time people are waiting for an assessment</li> </ul>
Interim Care <i>(Non-Recurring)</i>	40	1.002	More appropriate care and support for people who are unnecessarily delayed in hospital.	<ul style="list-style-type: none"> <li>➤ Number of people delayed in their discharge from hospital.</li> <li>➤ Hospital bed days associated with delays and overall length of stay in hospital.</li> <li>➤ Number of people who have been discharged to an interim care home.</li> <li>➤ Number of people who have moved on from the interim placement by the agreed date for the placement to end.</li> <li>➤ Average length of interim care placements.</li> </ul>

Care at Home Capacity <i>(Recurring)</i>	62	1.554	To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person- centred way.	<p>Reductions in:</p> <ul style="list-style-type: none"> <li>➤ Those waiting for an assessment for care.</li> <li>➤ Those waiting for a care at home service.</li> <li>➤ Unmet hours of care</li> <li>➤ Evidence of the types of services and activity funded, and the number of people supported by these.</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>➤ % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.</li> <li>➤ Evidence of resource to support the use of technology and digital resources.</li> </ul>
<b>TOTAL ALLOCATION</b>	<b>122</b>	<b>3.057</b>		