south ayrshire
health & social care
partnership

Meeting of South Ayrshire Health and Social Care Partnership **Held on**	**Integration Joint Board** **16th February 2022**
Agenda Item:	**Item 6**
Title:	**Investment Proposals in Health and Social Care**

Summary: To provide the IJB with investment proposals from the funding allocated by the Scottish Government to provide an immediate response to winter pressures this financial year and recurring investment to support the longer-term pressures recognised in Health and Social Care.

Author:	**Lisa Duncan, Chief Finance Officer**

It is recommended that the Integration Joint Board:

i. Note the funding allocations from Scottish Government detailed at Appendix 1 and Appendix 2;
ii. Note the previously-agreed IJB Winter Investment Proposals report at Appendix 3;
iii. Approve (retrospectively) the investment proposals which were delegated to the IJB Chair and Vice Chair and agreed by them in December 2021 (Appendix A); and,
iv. Note that the investment proposals to Council staffing were approved by Council's Leadership Panel on the 18th Jan 2022.

Route to meeting:

Strategic Planning Advisory Group on 14th Dec 21
Council's Leadership Panel on 18th Jan 22

Directions:		**Implications:**	
1. No Directions Required	☐	Financial	☒
2. Directions to NHS Ayrshire & Arran	☐	HR	☐
3. Directions to South Ayrshire Council	☐	Legal	☐
4. Directions to both SAC & NHS	☐	Equalities	☐
		Sustainability	☐
		Policy	☐
		ICT	☐

Investment Proposals in Health and Social Care

1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide the IJB with investment proposals for review and approval to support the immediate pressures within health and social care allocating the recurring funding received from the Scottish Government.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

i. Note the funding allocations from Scottish Government detailed at Appendix 1 and Appendix 2;
ii. Note the previously-agreed IJB Winter Investment Proposals report (Appendix 3);
iii. Approve (retrospectively) the investment proposals which were delegated to the IJB Chair and Vice Chair and agreed by them in December 2021 (Appendix A); and,
iv. Note that the investment proposals to Council staffing were approved by Council's Leadership Panel on the 18th Jan 2022.

3. BACKGROUND INFORMATION

3.1 On the 5th of October 2021, the Cabinet Secretary announced new recurring investment of £300m to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across health and social care systems. This announcement was followed up by a letter form NHS Scotland Chief Operating Officer and the Director of Mental Wellbeing and Social Care, detailing the winter planning investment for health and social care included in Appendix one.

3.2 This investment is to plan and build resilience into the system through winter and beyond 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

3.3 On the 4th of November a funding allocation letter was received from the Scottish Government detailing the specific IJB allocations of Winter Pressures Funding to the meet the four key principles above. The funding allocation has been split into specific tranches that can be measurable in terms of input and expected

outcomes measurable by Key Performance Indicators. Letter is included in Appendix 2.

3.4 The allocation in the letter is for 2021-22 only, with further detail on the recurring funding to be set out as part of the Scottish Budget for 2022-23 to be announced on the 9th of December.

3.5 At the Chief Finance Officers Network meeting on the 23rd of November, the Scottish Government advised that the funding for additional care at home capacity and multi- disciplinary teams included in the letter is for 6 month period, the recurring nature to be used for planning purposes should reflect 12 months of the allocation. On the basis we have based the following investment proposals.

3.6 The funding proposals in this paper refer to the allocations as noted in the table below. On a recurring basis the investment is £4.110m and this amount is used to plan the longer term needs of the service to improve system flow, build capacity and improve outcomes for the people of South Ayrshire in line with our strategic priorities set out in our Strategic Plan 2021-31.

Area	Allocation	Scottish Government Allocation (£m)	Funding Status	South Ayrshire 21-22 (£m)	South Ayrshire 22-23 (£m)
Winter 21/22 Funding	Interim Care Beds	40.282	Non Recurring	1.002	0.501
	Care at Home Capacity	61.563	Recurring	1.554	3.108
	Multi-Disciplinary Teams	101.845	Recurring	0.501	1.002
			TOTAL	**3.057**	**4.611**

4. STRATEGIC PLAN

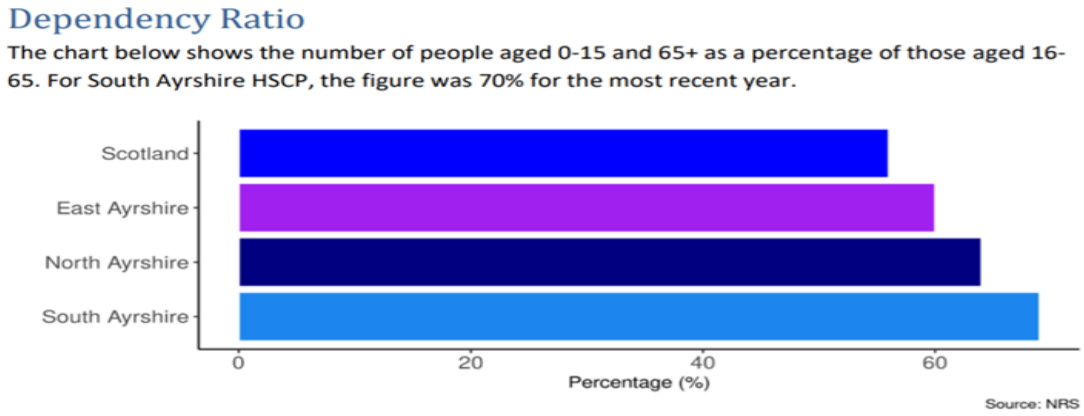
4.1 South Ayrshire Health and Social Care Partnership launched their Strategic Plan for the period 2021-2031 in June 21, setting out our vision:-

"Empowering Communities to start well, live well and age well."

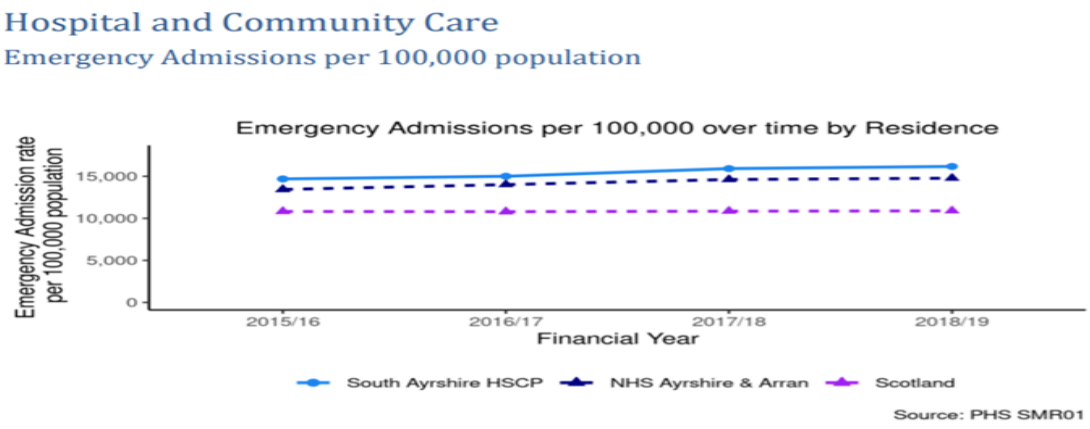
In order to achieve this vision, we have the following strategic objectives.

4.2 The above strategic objectives and vision was further supported by the development of our wellbeing pledge in partnership with Voluntary Action South Ayrshire (VASA) with the aim of forging a better relationship between our services and the community to improve wellbeing. This year we invested £0.100m in community initiatives to improve health and wellbeing.

4.3 South Ayrshire, like Scotland overall, is an ageing population but South Ayrshire also has a very high Dependency Ratio (the ratio of dependent children and older people on the working age population). This effects the supply of working age population in the area further compounding the workforce challenges within health and social care.

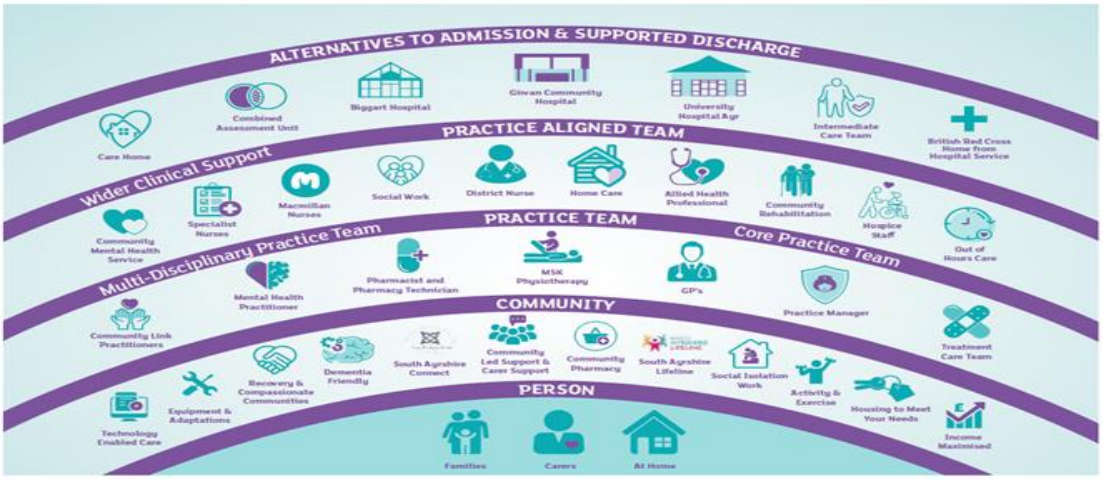


4.4 South Ayrshire also has significantly higher rates of hospital admissions than Scotland, this can be a direct effect of an ageing population.



4.5 Our HSCP Strategic Plan set out our core approach to provision of care for supporting adults and older people with complex needs is represented in a visual diagram below. In South Ayrshire, we take an approach to adult and older people's services that is person-centred, empowering and builds on the existing strengths of the individual and the community. We promote independent living, choice and control, and aspirational support instilling an enablement and 'Home First' ethos led by our professionals (including social work and the Allied Health Professions).

4.6 Our services are organised along local boundaries and through our "Team around the Practice" approach we are committed to delivering the right care in the right place, as described in the Older People and Adults with Complex care needs model diagram below. The teams around the practice are multidisciplinary in nature, provide anticipatory and preventative care, ensures people are seen by the right person timeously and promotes early intervention and self-management.



Model of Care for: Older People & Adults With Complex Care Needs

4.7 The overall budget for the HSCP's adult and older people's services is £66.850m, with spend targeted according to need and in line with our Strategic Plan. To continue delivering high-quality services and move further towards the model of care set out above, there are a range of existing specific investments and improvement programmes in place, to complement and transform our routine business.

This existing investment programme is summarised below and is grouped according to the main locus of support as set out in our overall Older People and Adults with Complex Care approach:

Investment Area	Investment	Outcome
Alternatives to Admission and Supported Discharge	**1,934,000**	
Adults with Incapacity	104,000	Expand existing MHO capacity to increase support to adult concerns, AWI cases in relation to Delayed Discharges, additional capacity will also allow for release of existing social workers to undergo MHO training
Reablement team	1,005,000	Expand existing service by 66% , to reduce acute and hospital pressure, supporting a discharge to assess model. The reablement team will work with the hospital team to get service users out of hospital quicker and enable them to live as independently as possible.
Care home placements	200,000	Temporary investment to increase care home capacity to support timely discharge until reablement team is at capacity.
Resources to review community care packages	125,000	Timely review of older people care packages ensuring care needs are met and where appropriate reduce care allowing for release of care capacity to support delays in hospital or community .
Biggart Hospital	500,000	Temporary investment to support additional beds that remain open due to lack of capacity in the community to support rehabilitation and community care
Practice Aligned Team	**884,880**	
District Nursing	100,000	Resources approved to be invested in district nursing capacity following full review of the current structure and assessment of community need.
Frailty Support	143,000	Additional Occupational Therapists to support frailty need in the community linked to GP Practices
Creation of an Information Systems team including operating costs of Carefirst and CM2000	319,000	Operational costs to support CM2000 an electronic scheduling system to optimise rostering and provide performance information to understand care at home delivery. Creation of an information systems team to maintain , develop and implement new processes on Carefirst, providing valuable reports to understand business operations. Creation of a new data analyst post specific to delayed discharges, analyse data for various sources for management decision making purposes
Rehabilitation Support	322,880	Additional Allied Health Professionals ie. Occupational Therapists, Physios, Speech and language therapists and dieticians to support increase in demand from frailty supporting early intervention and prevention as well as recovery and rehabilitation support
Practice Team	**96,984**	
GP Support for Mental Health	96,984	Additional Self Help Workers and Mental Health Practitioners to support GP practices to meet needs of increasing referrals providing early intervention support.
Community	**100,000**	
Wellbeing Pledge	100,000	Funding provided to local community groups to strengthen and build on significant covid response, providing funding to local groups to continue to meet needs within localities, offer early intervention supports.
Home	**1,289,957**	
Mobile responder service	100,000	Expand existing service to provide a timely response to alerts and provide capacity to enable transfer of care from hospital back to home
Care Home provision	1,049,957	Investment in purchased care at home, increasing capacity by 15% to reflect increase in demand and provide capacity in the community to reduce unnecessary delays in hospital.
Community Mental Health Nurses	80,000	Additional mental health nurses in the community to support elderly referrals to avoid unnecessary admissions to hospital , supporting care home residents and those at home to remain in the community with the right supports
Technology Enabled Care	60,000	Investment in home pods in the community to support health and care needs at home for specific service users

The HSCP also recently invested £316,104 to upgrade our in-house Care at Home staff to reflect the increase in complexity in managing higher levels of need in the community. This should also promote retention of staff and make the role more attractive for applicants.

4.8 The additional funding allocation will allow the partnership to further enhance our community-based services and strengthen the teams around the practice,

delivering the right care in the right place. The adult and older people operational plan has been developed aligned to the Strategic Plan, as part of this development a number of reviews of services have been undertaken, this has provided valuable information in understanding our services and supports the direction we are taking in the following investment proposals.

INVESTMENT PROPOSALS

4.9 Full details of proposals and key performance indicators are provided in Appendix A, detailing expected outcomes and how investments align to the HSCP Strategic priorities and the key performance indicators set by Scottish Government to measure outcomes following investment.

Alternatives to Admission and Supported Discharge

4.10 In order to support hospital discharge and provide an alternative to admission to hospital, investment of £0.991m is proposed to strengthen the hospital team investing in practitioners both in health and social care to support timely transfer from hospital and co-ordinate referrals with intermediate care team, community rehabilitation team, reablement and care at home teams. Included in this investment is resources allocated to commissioned interim cares services, where alternatives to hospital admission have been identified as meeting the service users needs, this could be either from care homes or community services to provide rehabilitation and convalescence in the community rather than in a hospital setting.

Practice Aligned Team

4.11 To ensure people receive the right care in the right place and receive specialised services specific to their needs in the local area, and compliment the "Team around the Practice" approach. Investment in these services is critical to supporting social and health care needs at home and in the community. Investment of £1.834m is proposed within care at home to provide additional capacity to ensure care needs are met at home, reducing delayed transfers of care and providing additional mobile attendant capacity to support calls arising from community alarms.

A further investment of £0.256m is proposed within the AHP workforce to provide additional rehabilitation capacity within the community from a specialised workforce of Physiotherapists, Occupational therapists and speech and language therapists complementing the existing investment and creating teams in localities to work collaboratively with health and social care colleagues to improve outcomes of service users.

Additional capacity with the community nurses is essential to provide a hospital at home service, avoiding unnecessary admissions to hospitals and ensuring the right care is delivered in the right place. Investment of £0.406m is required within community nursing to ensure capacity and alignment of services within localities.

Practice Team

4.12 GP practices are often the first contact for universal services for adults. Over the last few years investment has been made to build multi-disciplinary teams (MDT's) around GP practices to ensure people can receive care from the right people from the GP practice in their locality. MDT's in the practice and aligned to the practice include Pharmacotherapy, Community Treatment and Care, MSK Physiotherapy, Mental Health Practitioners, Community Link Practitioners and OT's. This allows the GP as an expert medical generalist to support the most complex and acute patients by ensuring good triaging and routing patients to the most appropriate clinician. Investment of £0.511m in nurses, dietetics and OT's to provide supports and early intervention approaches in the community to reduce care needs escalating and unscheduled admissions to hospital.

Community

4.13 Communities, people live in neighbourhoods and villages and our approach seeks to maximise the capacity within communities to ensure people receive the right care in the right place and the right time. Investment of £0.250m is proposed to commission services to support unpaid carers and provide additional resources to community groups to develop or enhance existing services that are providing low level preventative supports in their local areas. This investment will further our offer of supports to carers to enable them to remain in their caring role whilst receiving supports in the community.

4.14 Technology enabled care has become more advanced in recent years resulting opportunities in development and delivery of digital solutions to support health and social care needs. Investment in technology enabled care and the anticipated revenue costs in transitioning from analogue to digital have been estimated at £0.363m, this includes proposal to recruit a Digital Planning Officer, this post will be essential in assessing what is available in the market place to support our digital offer to support service users and provide early intervention support in the communities.

Summary

4.15 Appendix A summaries the investment proposals for approval alongside anticipated outcomes and Key performance Indicators that will be monitored and measured following investment.

5. STRATEGIC CONTEXT

5.1 The report outlines how the investment used will be allocated to focus on prevention and tackling inequalities and how we will work together to provide the right care in the right place.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 The financial investments and resources allocation from the Scottish Government are stated in the report, these invest proposals are subject to approval by the IJB. Thereafter proposals of individual elements in relation to workforce or commissioning will follow the governance processes within each partner organisation.

6.2 Human Resource Implications

6.2.1 There are opportunities in creating additional workforce in both NHS and South Ayrshire Council. Requests for new posts or recruitment to existing generic roles will be subject to vacancy management and scrutiny within each partner organisation.

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 has been developed with the community care and health senior management team and has been informed by Adult and Older People Service Plan and the various service reviews underpinning this plan.

8 RISK ASSESSMENT

8.1 The investments proposed rely heavily on being able to recruit to specific posts in order to increase capacity and have the right skilled professionals in the right roles to provide more care and support in the community and provide early intervention support. The supply of the workforce within Health and Social Care has been recognised nationally as an issue, and within our Risk Register has been highlighted as high.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

Appendix 1 and 2

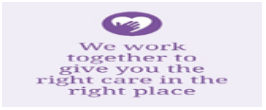
Refer to PDF – Item 6. Appendix One
Refer to PDF – Item 6. Appendix Two

Appendix 3

Refer to PDF – Item 6. Appendix Three

13th December 2021

APPENDIX A

Investment Area	Investment Proposal Description	Proposed Investment	Outcome	KPI's	Link to HSCP Strategic Objectives
Alternatives to Admission and Supported Discharge					
Hospital at Home	Investment in practitioners and business support to support Ayr Hospital hospital at home model, manage interim care beds, links in with community rehab and ICT team	£0.384	**Multi Disciplinary Working** - dedicated hospital to home teams, support social care assessments and augment hospital to home	1 to 4	
Discharge without Delay	Investment in social work support at hospital to support discharge without delay, increase capacity and co-ordinate services with ICT, Community rehab and care at home	£0.105	**Multi Disciplinary working** - resources for social work to support complex care assessments and reviews	1 to 4, 5 to 9	
Interim Care	Investment in commissioning 13 care home beds across localities to support interim beds. Managed and monitored by the Hospital team to support discharge without delay	£0.502	**Interim Care** -More appropriate care and support for people who are unnecessarily delayed in hospital.	5 to 9	
Practice Aligned Team					
Care at Home	Investment in existing care at home services both internal and external, increasing capacity to provide flow from hospital and reablement services, including resources allocated to Out Of Hours and Mobile attendants to provide round the clock access to support. Additional capacity will ensure service users receive timely care in the right place, and avoid length delays in hospital	£1.145	**Expand Care at home capacity** - existing services should be expanded	1 to 5, 10 to 13	 
Care at Home	Additional supervisory capacity to manage systems and care at home services including business support, quality assurance and officers to monitor care and data systems essential to capture activity to continually improve standards	£0.689	**Expand Care at home capacity** - existing services should be expanded	1 to 5, 10 to 13	 
Community AHP	Additional Physios, OTs, SLT and HSCW aligned to localities to provide a rehabilitation service, enabling discharge from hospital and recovery at home or in a homely setting. Working alongside hospital teams and Multi Disciplinary Teams to embed good practice and clear referral practices	£0.256	**Expand Care at Home Capacity** - support a range of preventative and proactive approaches rehabilitation	1 to 5, 10 to 13	 
Community Nursing	Additional community nurses and a clinical nurse manager resource to build capacity in the community supporting to provide services that would otherwise be delivered in hospital, team will focus on anticipatory care avoiding unnecessary hospital admissions	£0.406	**Multi Disciplinary Working** - dedicated hospital to home teams, support social care assessments and augment hospital to home	1 to 5, 10 to 13	 

Investment Area	Investment Proposal Description	Proposed Investment	Outcome	KPI's	Link to HSCP Strategic Objectives
Practice Team					
Enhanced Locality MDT Workforce	Community Treatment Assessment Centre nursing resource, to provide hospital services in the locality linked to GP service	£0.107	**Expand Care at Home Capacity** - support a range of preventative and proactive approaches rehabilitation, re-enablement and community based support	1 to 4, 10 to 13	 
Enhanced Locality MDT Workforce	Additional Primary Care Dietetics to provide capacity in supporting people in their locality and enhancing preventative approach to avoid care needs escalating	£0.106	**Expand Care at Home Capacity** - support a range of preventative and proactive approaches rehabilitation, re-enablement and community based support	1 to 4, 10 to 13	 
Enhanced Locality MDT Workforce	Additional Occupational Therapy support to provide early intervention and prevention to frailty to avoid and reduce care needs escalating	£0.298	**Expand Care at Home Capacity** - support a range of preventative and proactive approaches rehabilitation, re-enablement and community based support	1 to 4, 10 to 13	 
Community					
Enhance Community Supports	Commission services from third, independent and other sector organisations to provide supports to carers and alternative support to traditional services allowing greater choice and control to meet health and social care needs in the community	£0.250	**Expand Care at home capacity** - enabling unpaid carers to have breaks	1 to 4	 
Technology Enabled Care	Invest in technology enabled care to provide early intervention support and support people in their homes, this includes resources to understand the needs of the end user and how these can be met from the various technology options	£0.363	**Expand Care at home capacity** - Increase use of community equipment and Technology Enabled Care (TEC) where appropriate supporting prevention and early intervention	14,15	 
	Total Investment	**£4.611**			

No.	Key Performance Indicator
1	Number of people delayed in their discharge from hospital.
2	Number of people who have been discharged to an interim care home.
3	Number of people who have moved on from the interim placement by the agreed date for the placement to end.
4	Average length of interim care placements.
5	Significant reductions in delayed discharge and occupied bed days
6	Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
7	Increase in assessments carried out at home rather than hospital.
8	Evidence of a reduction in the number of people waiting for an assessment.
9	Evidence of a reduction in the length of time people are waiting for an assessment.
10	Reduction in those waiting for care
11	Reduction in those waiting for a care at home service.
12	Reduction in unmet need
13	Evidence of the types of services and activity funded, and the number of people supported by these.
14	% increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
15	Evidence of resource to support the use of technology and digital resources.