



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATED CARE FUND – INVESTMENT STRATEGY

PURPOSE OF REPORT

1. This report sets out our broad strategy for investing the change funds passed to the IJB to support the redesign of health and social care services.

COMPETENCE

2. There are no legal or HR matters arising from the paper. The financial investment proposals are set out in the detail.

SUMMARY

3. The integration of health and social care is a flagship Scottish Government policy which has received significant backing in the context of the Scottish budget. As part of the 2015/16 settlement, Ministers top-sliced core NHS funding to ensure that resources were passed to IJBs for investment in primary and community care and to support the process of delivering more sustainable community based health and social care services.
4. There are a number of specific funds that have been delegated to the IJB to support the transformation of services. When the IJB Strategic Plan was agreed in March 2016, our investment strategy focused on three broad areas: mental health redesign (to support short-term double running costs), intermediate care (the absence of which was contributing to delayed discharges and which had been picked up as part of the joint inspection), and the redesign of the residential estate in Lewis (to boost long-term care capacity as part of a move to a mixed economy of care). This paper seeks to provide an update on our investment plans against these priorities.
5. In addition to the change funds, during 2016/17, the IJB did not use its full allocation of resource passed to it by the Comhairle. This was a result of higher-than-anticipated care home income and because service redesign opportunities (in homecare in particular) had freed-up resource for subsequent investment. This resulted in an underspend of circa £1.2m. We are now looking to invest some of that resource in two areas: in service redesign that supports our transformational programmes; and in apprenticeship schemes that secure our future workforce. We also intend to hold some of the resource in reserve to provide some protection against the cost of increasing service pressures.

RECOMMENDATIONS

6. It is recommended that the IJB:
 - a. Agrees to the investment plan set out at Annex 1.

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Chief Officer, Health and Social Care
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BACKGROUND

7. The integration of health and social care is a flagship Scottish Government policy which has received significant backing in the context of the Scottish budget. As part of the 2015/16 settlement, Ministers top-sliced core NHS funding to ensure that resources were passed to IJBs for investment in primary and community care and to support the process of delivering more sustainable community based health and social care services.
8. There are a number of change funds that have been delegated to the IJB for the purposes of long-term investment:
 - The Integrated Care Fund – £640k of baselined funding to support the implementation of the strategic plan.
 - Delayed Discharge Fund - £192k of baselined funding to address delayed discharge by delivering quality care and supporting people at home or in a homely setting.
9. When the IJB Strategic Plan was agreed in March 2016, our investment strategy focused on three broad areas: mental health redesign (to support short-term double running costs), intermediate care (the absence of which was contributing to delayed discharges and which had been picked up as part of the joint inspection), and the redesign of the residential estate in Lewis (to boost long-term care capacity as part of a move to a mixed economy of care).
10. This led to a number of investment proposals being agreed by the IJB in December 2016:
 - **Community Equipment Store.** This involved £110k per annum ongoing commitment to the maintenance of the community equipment store, thereby ensuring faster response times for people with assessed needs (both community based and delayed in hospital)
 - **Long-term Care.** An ongoing cost in respect of the expansion of long term care beds (via the development of respite beds in Bethesda). This cost has been met until 2018/19, at which point a part year cost of £164k will be required and going forward £365k will be found from the baselined Integrated Care Fund. In addition, to boost core capacity, the four remaining external care home beds in Blar Buidhe and Leverburgh were targeted at a cost of £120k per annum.
 - **Intermediate Care.** A three year investment of £250k per annum to support bed based reablement (step-up/step-down), which thereafter would be subsumed within the redesign of Residential Care in Lewis.
 - **Mental Health Redesign.** This involved a £45k one year commitment to a mental health redesign programme manager, £250k per annum for two years to support double running costs which could emerge as a result of disinvestment from hospital wards, and baselined £250k per annum to support the transition of Clisham ward patients to long-term care.

Proposed Investment	2015/16	2016/17	2017/18	2018/19	2019/2020	2020/21
	£'000	£'000	£'000	£'000	£'000	£'000
Respite Beds	931	-	-	164	365	365
Community Equipment Service	-	24	110	110	110	110
Intermediate Care	-	-	250	250	250	-
Mental Health Redesign Programme Manager	-	11	34	-	-	-
Mental Health Redesign	-	-	250	250	-	-
Dun Berisay Flats	-	-	250	250	250	250
Four additional Care Home Beds	-	30	120	120	120	120
Total Investment	931	65	1,014	1,144	1,095	845
Available Funding	931	832	832	832	832	832
Funding Remaining	-	767	(182)	(312)	(263)	(13)
Funding Reserves	-	-	585	273	10	(3)

11. In addition to the investments made from the specific change funds, wider redesign initiatives have opened up opportunities for reinvestment, not least because of the redesign of the homecare service and the Mobile Overnight Support Service. This allowed investment to be targeted at future reforms, such as the development of emergency social care capacity out of hours.

REPOSITIONING OUR BASELINED INVESTMENT

12. Over the course of 2016/17 and into 2017/18, we have been putting arrangements in place to deliver on these proposals. The Community Equipment Store is functioning well and has benefited from stability of investment: it has allowed us to retain core capacity in the community and supported wider reforms around delayed discharge. The expansion of long-term care has now been maximised locally and provides us with additional community capacity as we continue to reduce the number of people delayed in hospital. The mental health redesign is now firmly underway, with the programme manager in place and the transitional monies beginning to be allocated to backfill ward staff as we recruit to community positions.
13. The intermediate care service has taken some time to develop, not least because of registration complications with the Care Inspectorate; however, the social care posts that underpin the service will shortly go out to advert. In order to bring the intermediate care service fully into being, a number of planning decisions have been made which moved away from the original proposal to develop the site in Keith Street. The service will now be based in the HHP sheltered housing complex behind Dun Berisay (given its proximity to the care home) before it transitions to the new campus being proposed as part of the wider redevelopment of residential care in Lewis. In addition, the rehabilitation element of the service model will be AHP-led rather than nursing-led, following agreement between the Nurse Director and the Head of Locality Services. As such, it is proposed that £31k of the liberated £104k originally earmarked for the development of emergency social care capacity within the redesign of urgent care be invested into the intermediate care service instead. This would lock-in and baseline funding for our intermediate care service into the future.

IJB RESERVES

14. In addition to the programme of investment outlined above, the IJB holds a sum of £1.2m of resource in reserve, derived from the Comhairle. Given the pressure being experienced by services, it is prudent to continue to hold reserves to insulate ourselves against future pressures. We are already aware of a number of emerging pressures within social care, including a number of fragile care packages, as well as a backlog of repairs and maintenance tasks.
15. On the other hand, we want to invest in transformational programmes and in measures designed to deliver a sustainable workforce – the recruitment and retention of high quality staff is a key risk to the Health and Social Care Partnership moving forward. As such, it is recommended that £500k of resource be invested over five years in an apprenticeship scheme to support the development of new recruits into social care. The social care workforce is becoming more heavily regulated and professionalised, and the entry qualifications more demanding. We have an obligation not only to compete in local and national/international labour markets but to develop our own talent. The apprenticeship scheme is intended to deliver on that, and produce newly qualified professionals as we transition to the new care campus in Goathill in 2020. Were the IJB to agree to this investment, in line with our workforce strategy, we would specify our requirements and work with the Comhairle's HR and education departments, as well as other local partners, to deliver a viable apprenticeship scheme. The profile of the £500k investment will be adapted as the programme is worked up in detail.
16. In respect of other monies held in reserve, we want to apply some of it to our transformation work and to align this to a refreshed strategic plan. We have some initiatives – such as the reform of urgent care – which have been developed subsequent to our strategic plan being

agreed. We have examples of important national policies – such as realistic medicine and the national clinical strategy – which also need to be brought into our strategic agenda; and we have an emerging evidence base,¹ which will guide our thinking about which future reforms to introduce, such as the value of improving end-of-life care, supporting people to stay independent at home, and developing our IT/TEC structures. While not all of these will be cash-dependent, some will be, and it is therefore prudent to take resource of £450k per annum for three years from the reserves to direct towards strategic objectives.

17. This would leave reserves of circa £814k for three years to protect against future pressures.

TRANSFORMATION

18. While we have been careful to guard the change funds and direct them towards reform, the reality is that the IJB will have to oversee a programme of change moving forward which is premised on a real terms reduction in core budgets. In other words, we do not have sufficient resource to fund the existing establishment into the future. Until now, we have managed pressures in-year through efficiency targets and by controlling spend, but we now need to see a step-change in the way that we plan future service provision.

19. Looking forward, we will ask each Head of Service to develop a transformational plan which describes how the service will operate with reduced resource. Our aspiration is not simply to describe the deficits but rather to cast this as an opportunity to work differently. In line with the previously agreed IJB Budget Strategy, this will be in the order of 4% per year for three years. Mental Health budgets will be protected until the new service is up and running.

20. Allied to this, we are working in partnership with the Scottish Government and Glasgow Caledonian University to apply a prioritisation tool towards our future spending priorities. We intend to hold a session with IJB members later in the year to take this forward.

CONCLUSION

21. The IJB is invited to agree the proposed investment proposals outlined in Annex A.

Ron Culley
Chief Officer, Health and Social Care
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¹ <https://www.nuffieldtrust.org.uk/files/2017-02/shifting-the-balance-of-care-report-web-final.pdf>

ANNEX A – INVESTMENT PROPOSAL

Proposed Investment	2017/18	2018/19	2019/2020	2020/21	2021/22
	£'000	£'000	£'000	£'000	£'000
Investment Costs					
<i>Transformational Change</i>					
Respite Beds	-	94	365	365	365
Community Equipment Service	110	110	110	110	110
Mental Health Redesign (Programme Manager)	34	-	-	-	-
Mental Health Redesign (Transitional Funding)	250	250	-	-	-
Intermediate Care (re-ablement)	285	285	285	285	285
Four additional Care Home Beds	120	120	120	120	120
Transformational Change	450	450	450		
Apprentices in Social Care	63	125	125	125	62
<i>General Reserves</i>					
Care packages full year effect	329	-	-	-	-
Specific Reserves	99	-	-	-	-
Future service pressures	300	300	214	-	-
Total Investment Cost	2,040	1,734	1,669	1,005	942
Total Reserve Funds					
IJB Reserves b/f 16/17	3,074	1,898	1,027	221	79
Available Recurring Funding	863	863	863	863	863
Funding Reserves C/F	1,898	1,027	221	79	-

Recurring Funds

Change Fund/Integration Fund (Baseline)	640
Delayed Discharge (Baseline)	192
CnES Urgent Care (Core Home Care)	31
	863

Reserves

Committed Reserves c/f	1,631
<i>Underspend b/f 16/17</i>	
Comhairle nan Eilean Siar	1,237
NHS Western Isles	206
	3,074

Integration Joint Board 21.09.17

Agenda Item: 6.2

Purpose: For Approval