

## DIRECTION OF SOCIAL CARE FUNDING

### Aim

- 1.1 The aim of this report is to provide an overview of how social care funding has been directed by the partnership to date and to provide recommendations for further direction from the partnership's remaining uncommitted funding allocation.

### Background

- 2.1 During 2016/17, the IJB has to date directed a total of **£3.695m** of the social care funding allocation from the Scottish Government (with a full-year recurring impact of £4.288m). Of the **£5.267m** total allocation to the Scottish Borders partnership this financial year, **£1.572m** therefore remains uncommitted for this year with **£0.979m** available in future financial years.
- 2.2 A summary of how the funding allocation has been directed to date is detailed below:

	Delegated Budget		Set-Aside Budget		Total	
	2016/17 £'000	2017/18 £'000	2016/17 £'000	2017/18 £'000	2016/17 £'000	2017/18 £'000
<b>20-Jun-16</b>						
Living Wage	813	1,626			813	1,626
Demand Pressure	1,081	1,081			1,081	1,081
Charging Threshold	154	154			154	154
Unplanned Efficiencies	220	0			220	0
	<b>2,268</b>	<b>2,861</b>	<b>0</b>	<b>0</b>	<b>2,268</b>	<b>2,861</b>
<b>30-Aug-16</b>						
Provider Costs	1,127	1,127			1,127	1,127
Demand Pressure	300	300			300	300
	<b>1,427</b>	<b>1,427</b>	<b>0</b>	<b>0</b>	<b>1,427</b>	<b>1,427</b>
<b>Total Directed To Date</b>	<b>3,695</b>	<b>4,288</b>	<b>0</b>	<b>0</b>	<b>3,695</b>	<b>4,288</b>

### Requirement for Further Direction of Funding

- 3.1 Following consideration of the pressures reported in the IJB report on monitoring of the health and social care budget at 31 August 2016, it is the considered view of the Chief Officer to recommend to members of the IJB further direction of part of the remaining social care funding allocation in order to:
- Fund a project to defray the costs of sleep-ins arising from the working time directive
  - Partly mitigate financial pressures arising from ongoing increased demand across both the delegated and set-aside budgets
  - Enable the appointment of a joint Community Mental Health worker

- 3.2 A summary of the recommended social care funding proposed direction is detailed below:

	Delegated Budget		Set-Aside Budget		Total	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
	£'000	£'000	£'000	£'000	£'000	£'000
<b>17-Oct-16</b>						
Surge Beds	0	0	500	0	500	0
Night Support (*)	0	750				750
Night Support Redesign	75	0			75	0
BAES Equipment	150	0			150	0
Community MH Worker	25	50			25	50
	<b>250</b>	<b>800</b>	<b>500</b>	<b>0</b>	<b>750</b>	<b>800</b>
<b>Total Proposed Directed</b>	<b>3,945</b>	<b>5,088</b>	<b>500</b>	<b>0</b>	<b>4,445</b>	<b>5,088</b>
<b>Remaining Uncommitted</b>	<b>1,322</b>				<b>822</b>	<b>179</b>

- 3.3 Further detail over the requirement for direction of the remaining uncommitted social care funding and how it will be used is detailed in the paragraphs below.

#### ***Surge Beds***

- 3.4 The provision of additional beds – “surge beds” – formed a key component of NHS Borders Winter Plan, which is aimed at ensuring that there is sufficient capacity across health and social care services to meet the additional demand for care normally experienced during the colder months of the year. These beds, in order to be safely opened, require a range of supporting medical and nursing staff and are an important aspect of ensuring surges in demand are able to be accommodated. This year occupied bed days for patients whose discharge is delayed has increased significantly resulting in it not being possible to revert to non winter bed numbers. In recognising the financial impact that this has had on NHS Borders, it is recommended that the partnership approve the direction of **£500k** of non-recurring social care funding as a contribution towards mitigating the financial pressure this has put on the large hospitals budget set-aside.

#### ***Night Support***

- 3.5 Resulting from the Working Time Directive, the requirement that all care staff providing night support be paid an hourly rate (taking account of holiday pay and a living wage) instead of a nightly fee will place a considerable financial pressure on the service. Prior to this legislative change, the cost of a sleep-in was on average £36 and following implementation of the change it is projected that each nightly sleep over will now cost £153, an increase of 425%. Scottish Government originally proposed this change be implemented from 1 October 2016. The longer term government aspiration to align sleep in payments with the real living wage remains; however, the proposal has been put on hold in the current year and it is assumed will now be implemented from 1 April 2017. Without action to contain expenditure, it

is estimated that over the full 2017/18 year, this change will cost an additional £1.5m per annum.

- 3.6 The impact of this pressure clearly requires to be mitigated through a combination of reducing the number of night-time supports and a redesign of the service in order to improve both efficiency and effectiveness, a process which whilst deliverable, is also complex and will involve a range of undertakings such as service user reassessment and agreeing new support plans.
- 3.7 It is proposed therefore to undertake a project over the remainder of the financial year which will develop and implement a new redesigned service. This will require a full time social worker and a half-time team manager, together with some assistive technology and the commissioning of an assessment tool from an external provider, at a total cost of **£75k**.
- 3.8 It is intended that the outcome of this project will cap the increased cost implications of the legislative changes at a total of **£750k** per annum and to achieve this cost reduction it is proposed to direct **£75k** in 2016/17 on a one-off basis to fund the required work.

### ***BAES Equipment Budget***

- 3.9 Borders Ability and Equipment Store is a joint service included within those functions delegated to the partnership. The current budget for the Store is £767k, which is funded by £251k by NHS Borders and £516k by Scottish Borders Council. Within this, the budget for the equipment itself is £300k, with the remainder (£467k) meeting staffing costs, premises expenses, transport and other operational costs such as equipment sterilisation.
- 3.10 Historically, the equipment budget has been insufficient to meet demand and during each financial year, further resources have been required to increase it from other service areas. So far during 2016/17, the budget has almost been exhausted, with average monthly equipment purchases totalling almost £50k per month, against a budgeted profile of £25k.
- 3.11 Review of the service is clearly required which is now underway in order to improve its overall affordability, financial management budgetary control and cost-effectiveness. Beyond this however, it is also clear that the equipment budget is insufficient to meet not just current but future requirements and it is proposed that it be increased to £450k per annum, which combined to the outcomes of the current review will make future service provision affordable ongoing. Whilst £150k of additional funding is required immediately to ensure service continuity over the remainder of the financial year, until the review is undertaken, further funding should not be directed despite perceptions of ongoing need and sustainability. To meet the immediate requirement therefore, the direction of **£150k** of social care funding on a one-off non-recurring basis is required.

### ***Community Mental Health Worker***

- 3.12 Following work undertaken by the Children and Young People's Leadership Group, considerable savings are now targeted in order to meet previously agreed efficiency plans. These savings will be delivered from April 2017. There remains however the

requirement to find further resources in order to finally enable the appointment to a vacant Community Health Worker post which will work with young people with high risk behaviours and provide support to schools. In order to mitigate financial impact of this on NHS Borders' and Scottish Borders service revenue budgets going forward, it is proposed that this post be funded through the direction of social care funding. This will require commitment of **£25k** for the remainder of 2016/17 and **£50k** recurring in future years.

- 3.13 Should IJB members approve the recommendations made above, this will result in total direction of **£750k** of social care funding this financial year and **£800k** recurring in future years. **£822k** of funding will in turn remain available for allocation this financial year on a one-off basis and **£179k** available for direction on a recurring basis in future financial years.

### Recommendation

The Health & Social Care Integration Joint Board is asked to **note** how the Scottish Government allocation of social care funding to the partnership has been directed during 2016/17 to date.

The Health & Social Care Integration Joint Board is asked to **ratify** the further direction of social care funding on the proposed recurring and non-recurring bases to meet the additional pressures outlined above.

<b>Policy/Strategy Implications</b>	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
<b>Consultation</b>	The report has been considered by the Executive Management team and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer in terms of factual accuracy. Both partner organisations have contributed to its development and will work closely with IJB officers in delivering its outcomes.
<b>Risk Assessment</b>	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.
<b>Compliance with requirements on Equality and Diversity</b>	There are no equalities impacts arising from the report.
<b>Resource/Staffing Implications</b>	No resourcing implications beyond the financial resources identified within the report.

### Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer Health		

	& Social Care Integration		
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**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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