

Scottish Borders Health & Social Care Integration Joint Board



Meeting Date: 21 December 2022

Report By:	Chris Myers, Chief Officer	
Contact:	Chris Myers, Chief Officer	
Telephone:	By Microsoft Teams	
SCOTTISH GOVERNMENT MULTI-DISCIPLINARY TEAM FUNDING		
Purpose of Report:	To update the Integration Joint Board on the recent multi-disciplinary team funding from the Scottish Government, and to seek the support of the Integration Joint Board on the proposed approach to its allocation.	
Recommendations:	<p>The Health and Social Care Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> a) Note the new recurrent funding allocation, its scope and desired impacts b) Note the process undertaken to rapidly review potential initiatives c) Note the limitations outlined to our process within this paper d) Agree in principle to the earmarking of £312k recurrent funding from the allocation for the Community Equipment Store (£159k), and the Rapid Assessment and Discharge Service (£153k), pending further review by the Integration Joint Board's Strategic Planning Group. The Strategic Planning Group will also review associated directions. e) Agree to the approach of prioritising the £205k remaining MDT funding following further engagement at the Urgent and Unscheduled Care Programme Board with key stakeholders. 	
Personnel:	This will have an impact on staff by converting the need for staff to provide cover into the Rapid Assessment and Discharge service via a voluntary rota at weekends, to instead recruiting staff onto the rota of the Rapid Assessment and Discharge service.	
Carers:	Unpaid Carers must be fully engaged by the services described within this paper. It is expected that the review by the Strategic Planning Group will ensure that the views and contribution of carers are taken into account, and that the .	
Equalities:	Stage 1	A Stage 1 Integrated Impact Assessment is requested to be undertaken by the Rapid Assessment and Discharge Service and Community Equipment Store prior to review by the Strategic Planning Group.
Financial:	The Scottish Government notes that "Given the overall financial	

	<p>pressures across health and social care it is prudent to use existing reserves before allocating new funding. On that basis, Integration Authorities (IAs) would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.”</p> <p>The letter also notes that “In the event of any underspend at year end, funds may be passed back to the Scottish Government or held in an earmarked reserves.”</p> <p>As a result, there was a need to work this proposal up quickly to ensure effective use of the funding. Rather than allocating funding, the paper recommends that funding is earmarked.</p>
Legal:	<p>The Directions take into consideration:</p> <ul style="list-style-type: none"> • Public Bodies (Joint Working) (Scotland) Act 2014 • Equality Act 2010 • The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 • Fairer Scotland Duty 2018
Risk Implications:	<p>In line with the short turnaround timescales having received the funding letter last month, a rapid process has been undertaken, which has consulted with a number of key urgent and unscheduled care subject matter experts, but has not been fully consultative with all of our relevant communities, including General Practitioners, Unpaid Carers and the general public.</p> <p>This risk needs to be balanced in the context of:</p> <ul style="list-style-type: none"> • the need to act rapidly to help reduce the current significant system pressures which are impacting on the outcomes of our communities • the fact that in the event of any underspend at year end, funds may be passed back to the Scottish Government <p>In recognition of these risks, a balanced approach is suggested for the allocation of recurrent MDT funding. This has been undertaken by:</p> <ul style="list-style-type: none"> • recommending that funding is earmarked rather than allocated for the Community Equipment Store and Rapid Assessment and Discharge Service pending further review, and; • holding back the remaining £205k funds for prioritisation at a later date, with a broader set of stakeholders, including General Practitioners, Unpaid Carers and Public members.
Direction required:	<p>Not at this stage, however a Direction will be required following review by the Strategic Planning Group:</p> <ul style="list-style-type: none"> • to Scottish Borders Council (Community Equipment Store) • to NHS Borders (Rapid Assessment and Discharge Service)

1 Situation

- 1.1. £948k of recurrent funding has recently been made available by the Scottish Government to the Scottish Borders Health and Social Care Integration Joint Board to support the development of HSCP MDTs in order to reduce risk/pressures across the health and social care system:
- £469k funding was announced for the Scottish Borders HSCP last November, of which:
 - £150k has been allocated by the Integration Joint Board to develop a new Polypharmacy review service for social care service users
 - £300k has been earmarked for the development of a new Hospital at Home service, subject to approval of the business case in quarter 4 2022/23
 - £19k is currently unallocated, and is supporting MDT associated funding pressures on a non-recurrent basis
 - £498k is new recurrent funding, announced on 3 November 2022

2 Background

- 2.1. A letter was received on 3 November 2022 from the Scottish Government relating to additional funding to Integration Authorities for Multi-disciplinary Teams. The Scottish Government note that “Given the overall financial pressures across health and social care it is prudent to use existing reserves before allocating new funding. On that basis, Integration Authorities (IAs) would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.”
- 2.2. The letter also notes that “In the event of any underspend at year end, funds may be passed back to the Scottish Government or held in an earmarked reserve.”
- 2.3. This recurrent multi-disciplinary team funding has been allocated associated to the Adult Social Care Winter preparedness plan: 2021-22¹. The funding letter is enclosed in Appendix 1.
- 2.4. The letter notes the aims of this funding stream:
- “Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.”
- 2.5. The outcomes sought are:

¹ Scottish Government Adult Social Care Winter preparedness plan: 2021-22. Available from: <https://www.gov.scot/publications/adult-social-care-winter-preparedness-plan-2021-22/pages/1/>

“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.”

2.6. In achieving these outcomes:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community
- Integrated Discharge Teams and Hubs should be established to support hospital discharge
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people’s long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

2.7. The Key Performance indicators are noted below:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.

3 Assessment

Rapid assessment of potential initiatives

- 3.1. Due to the timescales outlined within the funding letter and the need to maximise impacts to reduce existing pressures, there was a need to undertake a rapid review of appropriate initiatives.
- 3.2. Due to the need to make progress quickly; rather than considering new developments, the Urgent and Unscheduled Care Programme Board opted to consider existing successful services / workstreams that aligned to the aims outlined by the Scottish Government, which are at risk due to the nature of their funding streams.

- 3.3. The Urgent and Unscheduled Care Programme Board recommended that on this basis, the following two initiatives are prioritised by the Integration Joint Board for recurrent funding:
- Community Equipment Store
 - Rapid Assessment and Discharge Service

Limitations

- 3.4. The turnaround timescales have resulted in a rapid process being undertaken, which has meant that the level of engagement with a number of stakeholders from our wider communities has been limited.
- 3.5. The Urgent and Unscheduled Care Programme Board consists of representatives from Primary and Community Services, Social Work and Practice, Social Care Commissioning, Mental Health and Learning Disabilities and Acute Services. At the time of the meeting, the group did not include wider representation from key stakeholders in our communities, including General Practitioners, Unpaid Carers or wider public members. The Urgent and Unscheduled Care Programme Board membership is being developed to include these key stakeholders.
- 3.6. As a result, in recognition of this, rather than allocating the funding, this paper makes a recommendation on earmarking the partial allocation of the recurrent funds (£312k of the remaining £517k funding). Slippage will be used to non-recurrently fund pressures aligned to the terms of the Scottish Government's MDT allocation.
- 3.7. As the Urgent and Unscheduled Care Programme Board develops its membership to fully include all relevant stakeholders, the remaining £205k recurrent funds will be reviewed, and recommendations will be made to the Integration Joint Board via the Strategic Planning Group.
- 3.8. Due to the timescales, the Integration Joint Board's Strategic Planning Group has not been consulted on the recommendations contained within this paper. As a result, in line with the Directions Policy and Procedure, Directions have not been developed as they need to be appropriately considered by the Integration Joint Board's Strategic Planning Group in the first instance.

Community Equipment Store

- 3.9. The Community Equipment Service provides a critical function to our communities. Through provision of a wide range of equipment, it prevents admission by facilitating clients to remain within their own homes and supports timely discharge from hospital. Equipment is purchased from new, delivered to the community, maintained, uplifted, decontaminated and recycled back in to use.

- 3.10. As members of the National Association of Equipment Providers the service is able to benchmark its service levels and return and recycle rates are exceptionally high.
- 3.11. A sustained increase in demand for equipment, plus supplier price increases of up to 25% have resulted in a requirement to increase funding to the equipment budget for the Community Equipment Service.
- 3.12. The equipment budget has been under significant pressure for a number of years and this pressure has escalated since the start of the Coronavirus pandemic in March 2020. The pandemic has resulted in four new pressures:
- More patients were being supported at home for longer resulting in extended equipment loans and higher volumes of equipment being used.
 - Introduction of new programmes such as Single Handed Care and Postural Care has resulted in more equipment of a higher value being distributed.
 - Changing practice in care homes has resulted in the loan of more items, of higher value, for longer. This demand can only be met through purchase of additional stock.
 - Since April 2021 the situation has been compounded by sustained increases in supplier prices resulting from supply chain shortages. In most cases these increases are up to 25% with a few, specialist products, now commanding a 50% increase in price. Suppliers are warning of further price rises to come
- 3.13. Initially these pressures were met by use of contingency stock which had been purchased in anticipation of supply chain interruptions resulting from Brexit. Subsequently the pressure has been met through use of Government COVID funding which will be coming to an end (£159k in Full Year 21/22). By not identifying a recurrent funding stream to cover this pressure, this will impact by reducing the capacity within the service.
- 3.14. £159k of the allocation is requested to be earmarked to support the staffing of the ongoing core provision of this service, to enable associated funding for equipment, and to support service user outcomes.

Rapid Assessment and Discharge Service

- 3.15. The Rapid Assessment and Discharge service is based with the Medical Assessment Unit (MAU) and Emergency Department (ED) within the BGH. Currently the RAD team work core hours Monday to Friday 8.30 am – 4.30 pm. Patients presenting to the ED after the hours of 3.30pm are therefore not assessed by physiotherapy/ occupational therapy until the following day. Weekend rotas are covered on a voluntary basis and paid as additional hours. The leaves continuity of the weekend service at risk and vulnerable in terms of sickness absence and at peak times of annual leave.
- 3.16. The RAD funded establishment currently sits at 2.6 Whole Time Equivalent which includes provision of a volunteer weekend rota from wider AHP staffing. This model does not support uplift for predicted absence and therefore service provision drops significantly during periods of leave such as sickness absence

and vacancy cover. During these periods RAG status for RAD often reduces from amber to red. It is not uncommon to have only 1 therapist on MAU, with unmet demand greater than 40%.

- 3.17. This core staffing provides a clinical capacity of 44 assessments per week. Winter funding 21/22 enabled a test of change/pilot of an Advanced Physiotherapy Practitioner (APP) frailty in the Emergency Department. Current enhanced staffing due to winter funding has increased capacity to 72 assessments per week.
- 3.18. The most significant Key Performance Indicator within RAD is the number of discharges from MAU and ED. Secondary Key Performance Indicators include: assessment to discharge ratio, onward referral to community services, and re-admission rates.
- 3.19. When core RAD staff deliver this service, the ratio of assessment to discharge is approximately 50%. When staffed by non-core RAD staff (e.g. staff volunteering on a rota to cover weekends), the conversion rate is approx. 20%. It is expected that recurrent of funding for this service will increase the conversion rate of assessment to discharge, thus reducing unnecessary hospital admissions, deconditioning, hospital occupied bed days and the demand for care.
- 3.20. £153k of the allocation is requested to be earmarked to support the recurrent funding of this service, which will increase its productivity and impacts, and improve service user outcomes.

4 Recommendations

- 4.1. The Health and Social Care Integration Joint Board is asked to:
 - a) Note the new recurrent funding allocation, its scope and desired impacts
 - b) Note the process undertaken to rapidly review potential initiatives
 - c) Note the limitations outlined to our process within this paper
 - d) Agree in principle to the earmarking of recurrent funding from the allocation for the Community Equipment Store (£159k), and the Rapid Assessment and Discharge Service (£153k), pending further review by the Integration Joint Board's Strategic Planning Group. The Strategic Planning Group will also review associated directions
 - e) Agree to the approach of prioritising the £205k remaining MDT funding following further engagement at the Urgent and Unscheduled Care Programme Board with key stakeholders

Appendix 1: MDT funding letter



MDT Funding letter
2223 0311.pdf

Appendix 2: Bids from the Community Equipment Store and Rapid Assessment and Discharge services



RAD proposal.docx



CES SBAR (updated
08.04.22) JY.docx