



**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 13 December 2021

**BY:** Interim Chief Finance Officer

**SUBJECT:** Financial Update – Projected 21/22 out-turn and additional Winter Funding

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## **1 PURPOSE**

- 1.1 This report updates the East Lothian Integration Joint Board as to the updated projected out-turn position for 2021/22 and provides information as to the additional Winter Funding which has now been received by the IJB.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to
- i. Note the updated financial out-turn position for 2021/22
  - ii. Accept the additional winter funding – that is accept the amendment to the East Lothian Council's budget offer to the IJB
  - iii. Direct the additional winter funds to the HSCP to deliver the ambitions of the use of that fund.
  - iv. Agree to use its workshop on January to further consider the financial plan.

## **3 BACKGROUND**

### **3.1 Projected Out-turn 2021/22**

The IJB's partners provide regular updated out-turn forecasts during the financial year. NHS Lothian provide this on a quarterly basis with the forecast at month 6 showing:-

	East IJB projected out- turn variance '000
<b>NHS Services</b>	
Core	519
Hosted	56
Acute	(615)
<b>NHS Services</b>	<b>(60)</b>

This position is, as noted above, based on the month 6 position. There has been a modest improvement in the month 7 position and the NHS Lothian position can now be considered as break-even overall.

There remains a concern around the set aside position albeit there are a range of operational pressures within Acute services and, even having accounted for Covid funding, these remain significant. Given the general effect of Covid and winter on the Acute system this pressure will probably remain in 21/22. That said, further discussions are taking place to understand this position and to consider mitigating actions in 22/23

East Lothian Council are forecasting an out-turn position of c. £600,000 of an overspend within the HSCP's social work budgets. Work continues with the management team to work towards an overall break-even position and further updates will be presented to the IJB.

It should be noted that both the financial positions above are underpinned by a significant element of funding to cover the pressures arising to the Health and Social Care system from the Covid pandemic. Discussions are currently being had with the Scottish Government as to how such pressures can be managed in 22/23. The Scottish Government will announce its 22/23 budget on 9<sup>th</sup> December 2021 and that will provide further intelligence on these matters.

## 3.2 Additional Winter Funding

### 3.2.1 Background

Further to the Scottish Government Winter preparedness and overview plans a letter was set to IJBs on 5<sup>th</sup> October detailing out a range of proposed developments to support the Health and Social Care system through the winter of 21/22 and announcing a fund of £300m nationally – a recurrent fund – to support this work. This is attached as appendix 1.

A further letter was received on 4/11/21 (attached as appendix 2) which detailed the values which would be allocated to each IJB in 2021/22. For East Lothian IJB the allocations are as follows :-

Item	Value £000's
Interim Care Arrangements	767
Care at Home Capacity	1,188
Multi-disciplinary Teams	383
Total	2,338

There is also an additional amount, to be agreed, to ensure that providers can pay their social care staff a base minimum wage of £10.02 per hour, an uplift from the current minimum of £9.50 per hour. This is discussed further below

### **3.2.2 Governance**

These funds have been made available to the Council who must then pass them to the IJB. This is unusual in that in-year allocations are generally routed through the NHS. The IJB formally accepts budget offers from its partners as part of its budget setting at the beginning of the financial year. The health budget is regularly increased as in year allocations are received or further adjustments are made to the position. However, the Council do not, as a rule, amend their opening budget offer and the receipt of this Winter Funding presents a consideration around the governance. In theory the funds are allocated to the Council, who then (and its clear in the letter) must amend their budget offer to the IJB who will then accept these funds and then decide where they will be directed. The IJB would then direct these funds to the HSCP who will then use them to fulfil the ambitions described in the letters from the Scottish Government

This process has the potential to take up a considerable amount of time due to Council and IJB meetings and this could have impacted on delivering the outcomes. The Council's S95 Officer has already written to the IJB amending the budget offer and making the funds available to the IJB and the IJB's S95 Officer (in consultation with the Chief Officer, the Chair and the Vice Chair) has indicated that the IJB will accept this budget amendment and then direct these funds to the HSCP. It is clear that the Scottish Government wishes to move as quickly as possible to support the winter pressures and the IJB would wish to support this. The IJB is asked to support this position.

### **3.2.3 Pay Uplift for provider's Staff**

As can be seen from the letter of 4/11 an amount will be made to the IJB to allow the council to provide resources to each of its social care service providers to ensure that their social care staff are paid a minimum of £10.02 per hour. There was a very clear direction that this payment be actioned as quickly as possible with the ambition being that this payment would be in the pay packets of these staff in December 2021. That was an element of the rationale

of ensuring that there were no governance issues around the funding route as above and Council colleagues are working through the practicalities of delivering this payment as quickly as possible. The understanding is that the Council will be fully reimbursed for this payment which is then made on an 'actual' basis.

### 3.2.4 Recurrency of the additional winter support funding

The letter of 4/11/21 details out the funding in 21/22. In 22/23 the position will be as follows :-

Item	Value £000's	Note
Interim Care Arrangements	383	These funds are non-recurrent after 22/23
Care at Home Capacity	2,376	Recurrent – 6 mths 21/22 and then a full year
Multi-disciplinary Teams	766	Recurrent – as above

The pay uplift for the providers staff will be met in 21/22 based on actual costs. Given that this is for 4 months, the FYE of this will be agreed in 22/23 and those funds will be made available.

### 3.3 Financial Plan development.

As noted in the October finance report, the IJB is continuing to develop its multi-year financial plan which will support its strategic plan. It is proposed that the January IJB workshop will be devoted to the financial plan and address the issues of on-going financial pressures (both currently within the system and also driven by demand and cost pressures in 22/23), the impact of the £300m above and any further investments that arise from the Scottish Government's 22/23 budget with a further examination of how the resources available to the IJB can then deliver the ambitions of its strategic plan

## 4 ENGAGEMENT

- 4.1 The IJB makes its papers and reports available on the internet.
- 4.2 The issues in this report have been discussed with the IJB's partners but do not require wider engagement

## 5 POLICY IMPLICATIONS

- 5.1 There are no new policies arising from this paper.
- 5.2 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1** The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy
- 6.2** The issues in this report do not require an integrated impact assessment.

## **7 DIRECTIONS**

- 7.1** There are no Directions implications arising from this paper.

## **8 RESOURCE IMPLICATIONS**

- 8.1** There are no immediate resource implications from this report. Any resource implications from the outcome of the process will be highlighted in a future report if required.

## **9 RISK**

- 9.1** None

## **10 BACKGROUND PAPERS**

- 10.1** None

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<b>DATE</b>	6 December 2021

### **Appendices**

**Appendix 1 – Letter of 5th October 2021 – Winter Planning for Health and Social Care**

**Appendix 2 – Letter of 4<sup>th</sup> November 2021 – Further Funding**



NHS Scotland Chief Operating Officer  
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## Appendix 1

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Local Authority Chief Executives  
Chief Officers  
Chief Social Work Officers  
COSLA  
Chairs, NHS  
Chief Executives, NHS  
Directors of Human Resources, NHS  
Directors of Finance, NHS  
Nurse Directors, NHS

*By email*

Dear colleagues,

### Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.



2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.



## **Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff**

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

### **Providing interim care**

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

### **Expanding Care at Home capacity**

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

## **Social Care Pay Uplift**

Up to £48 million of funding will be made available to enable employers to update the hourly rate of 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 1<sup>st</sup> 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.

## **COVID-19 Financial Support for Social Care Providers**

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

## **Nationally Coordinated Recruitment in Specialist Areas of Need**

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

## **International Recruitment**

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

### **Professional Regulators' Emergency Covid-19 Registers**

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

### **Healthcare Students**

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

## Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns  
Chief Operating Officer,  
NHS Scotland

Donna Bell  
Director of Mental Wellbeing  
and Social Care

## Annex A

### Volume of Staffing – NRAC Share

<b>Allocations by Territorial Board 2021-22</b>		
	<b>Target share</b>	<b>NRAC Share</b>
<b>NHS Ayrshire and Arran</b>	7.38%	74
<b>NHS Borders</b>	2.13%	21
<b>NHS Dumfries and Galloway</b>	2.99%	30
<b>NHS Fife</b>	6.81%	68
<b>NHS Forth Valley</b>	5.45%	54
<b>NHS Grampian</b>	9.74%	97
<b>NHS Greater Glasgow &amp; Clyde</b>	22.21%	222
<b>NHS Highland</b>	6.59%	66
<b>NHS Lanarkshire</b>	12.27%	123
<b>NHS Lothian</b>	14.97%	150
<b>NHS Orkney</b>	0.50%	5
<b>NHS Shetland</b>	0.49%	5
<b>NHS Tayside</b>	7.81%	78
<b>NHS Western Isles</b>	0.67%	7



Local Authority Chief Executives  
HSCP Chief Officers  
Chief Social Work Officers  
COSLA  
Chairs, NHS Territorial Boards  
Chief Executives, NHS Territorial Boards  
Directors of Finance, NHS Territorial Boards  
Nurse Directors, NHS  
HSCP Chief Finance Officers  
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

### **Purpose of Funding**

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
- iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

### **Distribution of Funding 2021-22**

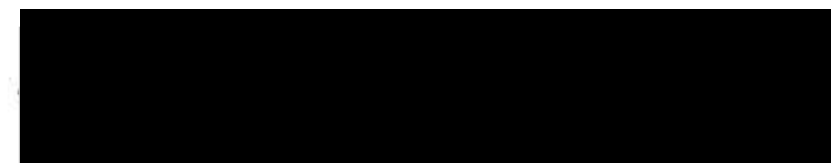
**Annex A** to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance

Donna Bell  
Director of Mental Wellbeing, Social Care and NCS



## Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
<b>Totals</b>	<b>100.00%</b>	<b>40,000,000</b>	<b>62,000,000</b>	<b>20,000,000</b>	<b>102,000,000</b>

## Schedule 1

### Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available). People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a rehabing element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.  
[https://www.sehd.scot.nhs.uk/mels/CEL2013\\_32.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf)
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in [CCD 1/2021 - Revised guidance on charging for residential accommodation \(scot.nhs.uk\)](https://www.scot.nhs.uk/ccd/1/2021-revised-guidance-on-charging-for-residential-accommodation)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

#### Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.

## **Schedule 2**

### **Multi-Disciplinary Working**

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

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.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: 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.

In achieving this outcome:

- 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.

## Key Performance Indicators:

- 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.



## **Schedule 3**

### **Expanding Care at Home Capacity**

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: 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.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.