



Item No: 5

Meeting Date: Monday, 29th August 2016

Glasgow City IJB Executive Committee

Report By: David Williams, Chief Officer

Contact: David Williams

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SCOTTISH PARLIAMENT HEALTH AND SPORT COMMITTEE – INTEGRATION AUTHORITIES SURVEY 2016

Purpose of Report:	To advise the IJB-Executive Committee of a response submitted to the Scottish Parliament Health and Sport Committee on behalf of the Glasgow City Integration Joint Board
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Recommendations:	IJB-Executive Committee is asked to note this report and consultation response
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Implications for IJB:

Financial:	None
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Personnel:	None
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Equalities:	None
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
Risk Implications:	None

1. Purpose

- 1.1 The purpose of this report is to advise the IJB-Executive Committee of a response submitted to the Scottish Parliament Health and Sport Committee on behalf of the Glasgow City Integration Joint Board.

2. Background

- 2.1. Integration authorities will be a key area of interest for the Health and Sport Committee over the course of the next five year parliamentary session. The Committee is keen to explore three key areas in relation to integration authorities:

- Budget setting
- Delayed discharges
- Social and community care workforce

- 2.2 The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government's budget. A range of questions have been provided to the Integration Joint Board which are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

3. Consultation Response

- 3.1 The response which has been sent to the Health and Sport Committee is appended to this report.
- 3.2 Given the deadline of 17 August, and as it is considered that the Glasgow City Integration Joint Board's response does not develop any new policy positions, the response was approved by the Chief Officer acting under delegated authority. The response is now presented to the Committee for noting.

4. Recommendation

- 4.1 IJB-Executive Committee is asked to note this report and consultation response.

Health and Sport Committee Integration Authorities Survey 2016

Integration authorities will be a key area of interest for the Health and Sport Committee over the course of the five year parliamentary session. The Committee has recently agreed its work programme for autumn 2016. The Committee is keen to explore three key areas in relation to integration authorities:

- Budget setting
- Delayed discharges
- Social and community care workforce

The following questions are designed to allow the Committee to understand each of these aspects. Integration authorities are encouraged to supplement answers to increase committee understanding. The Committee will follow up answers which are unclear.

It would be much appreciated if your integration authority could respond to the questions detailed in this survey by **Wednesday 17 August 2016**. Please can responses be emailed to HealthandSport@parliament.scot.

If you require any further information regarding this survey please contact:

Rebecca Macfie, Senior Assistant Clerk, Health and Sport Committee, Tel: 0131 348 5247 rebecca.macfie@parliament.scot

Budget Scrutiny: Integration Authorities

The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government's budget. The following questions are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

1. Which integration authority are you responding on behalf of?

- Glasgow City Integration Joint Board

2. Please provide details of your 2016-17 budget:

	£m
Health board	615.7
Local authority	394.9
Set aside budget	118.6
Total	1,129.2

- We have no formal offer of the set-aside budget at this stage, and are working to an assumed 1% uplift.

3. Please provide a broad breakdown of how your integration authority budget has been allocated across services, compared with the equivalent budgets for 2015-16.

£m	2015-16	2016-17
Hospital	77.5	70.8
Community healthcare	236.8	257.2
Family health services & prescribing	294.9	287.7
Social care	396.7	394.9
Total	1,005.9	1,010.6

- The above figures exclude the set aside budget.

4. The 2016-17 budget allocated £250m for social care. Please provide details of the amount allocated to your integration authority and how this money has been utilised.

Funding for Scottish Living Wage	£10.12 m
Reinstatement of SWS budget	£6.52 m
Non-residential charging policy (change to threshold from 16.5% to 25%)	£1.00 m
Older People Staffing Residential	£2.50 m
Telecare / Responder Service	£1.00 m
Supported Living / Homecare	£2.35 m
Carers Services	£0.15 m
Aids & Equipment	£0.50 m
Children & Families Purchased Services	£2.50 m
Children & Families Staffing	£1.64 m
Assessment Staffing	£1.50 m
IJB Contingency for unforeseen demands	£3.50 m
Total	£33.28 m

Budget setting process

5. Please describe any particular challenges you faced in agreeing your budget for 2016-17
- The formal offer of Health budget was made in July 2016. This had been preceded by an indicative budget offer in March 2016 but the formal offer included additional savings allocation with no indication of initiatives to achieve these savings. The fact that scope for savings is restricted to certain elements of the budget exacerbates the scale of the challenge.
 - The Council budget was approved in March 2016, so was available for the start of the financial year. The timing differences between the budget processes of the two partner organisations has made for planning difficulties for the integration authority.
 - The lateness of the offer of the Health budget in July 2016 resulted in the Integration Joint Board being:
 - ⇒ unable to comply with legislation in setting their budget;

- ⇒ unable to produce its annual financial statement in relation to the Strategic Plan with the subsequent delay in being unable to sign off the Strategic Plan for a further 6 months; and
- ⇒ unable to allocate the budget for implementation across the Partnership within required timescales.

6. In respect of any challenges detailed above, can you describe the measures you have put in place to address these challenges in subsequent years?

- We have a planning assumption that similar savings targets will be required in 2017/18 and will work to identify how these will be achieved through our Transformation Programme.

7. When was your budget for 2016-17 finalised?

- It is anticipated that the 2016/17 budget will be finalised in September 2016.

8. When would you anticipate finalising your budget for 2017-18?

- It is anticipated that the 2017/18 budget will be finalised in March 2017. This will require Health to make earlier decisions about their budget. If this is unable to be achieved, the timescales for finalising the 17/18 budget is likely to follow a similar pattern to this year.

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan:

- Our Strategic Plan available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33418&p=0> outlines a number of ways, three particular examples are:

1. Older People – further expansion of intermediate care, which in turns shifts resources away from hospital and residential care
2. Children’s services – direct support to prevent young people being admitted to residential care, e.g. via Functional Family Therapy Teams
3. Completion of Mental Health component of the NHS GGC Clinical Services Review – 60% of inpatient activity already transferred to community based care settings

10. What efficiency savings do you plan to deliver in 2016-17?

- Approx. £21million (approximate figure as NHS contribution to Integration Joint Board budget not yet finalised). Further detail available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=32965&p=0>

11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)

- It is likely that hospices/end of life care and residential elements of continuing care beds will be delegated to the IJB, however no timescales have yet been set for this.

Performance framework

12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes

(b) If possible, also show how your budget links to these outcomes

- We not record our expenditure that would allow us to readily align to individual outcomes

National Outcome	Indicators	2016-17 budget
<p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p>	<p>Outcome 1</p> <ul style="list-style-type: none"> • Reduce the rate of alcohol related emergency admissions (aged 16+ and per 1,000 population) • To meet the target of less than 15% of women smoking in pregnancy (General Population) • Breastfeeding rates: 6-8 weeks (exclusive) • Number of 0-2 year olds, and 3-5 year olds registered with a dentist • MMR: At 24 months, and 5 years • Percentage women attending for cervical screening • Percentage of adults able to look after their health very well or quite well (National Integration Indicator) • Percentage of P1 children, and P7 children with no obvious decay experience • Bowel Screening Rates • Breast Screening Rates • Abdominal Aortic Aneurysms Screening Rate (AAA) 	

National Outcome	Indicators	2016-17 budget
Outcome 1 (continued)	<p data-bbox="996 245 1541 284"><u>Indicators under Development/Review</u></p> <ul data-bbox="949 288 1671 512" style="list-style-type: none"> <li data-bbox="949 288 1610 357">• <i>Children exposed to 2nd hand smoke at 30 month test</i> <li data-bbox="949 363 1659 432">• <i>Percentage of Children with Healthy Weight at the 30 month check</i> <li data-bbox="949 438 1671 512">• <i>Number of Young People engaged in resilience programmes</i> 	

National Outcome	Indicators	2016-17 budget
<p>People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p>	<p>Outcome 2</p> <ul style="list-style-type: none"> • Step Down Care: Average Length of stay • Percentage of step down users transferred home compared to those transferred to a care home • Emergency Admissions – Numbers (Aged 65+ and 75+) and Rates/1000 population by month • Emergency Acute Bed Days for Older People (Aged 65+ and 75+) (Rate per 1000 population) • Delayed Discharges: no. of people waiting > 14 days once treatment is complete (included codes) • Number of Acute Bed Days Lost to Delayed Discharge (including and excluding AWI) • Total patients (excluding AWI) breaching the 72 hour discharge • Adult Mental Health Re-admissions within 28 days <p><u>National Integration Indicators</u></p> <ul style="list-style-type: none"> • Falls rate per 1,000 population in over 65s. • Percentage of adults with intensive needs receiving care at home • Proportion of last 6 months of life spent at home or in community setting • Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections <p style="text-align: center;">8</p>	

National Outcome	Indicators	2016-17 budget
Outcome 2 (continued)	<p data-bbox="999 252 1525 284"><u>National Integration Indicators (cont.)</u></p> <ul data-bbox="949 300 1675 1142" style="list-style-type: none"> <li data-bbox="949 300 1675 368">• Number of days people spend in hospital when they are ready to be discharged <li data-bbox="949 384 1675 453">• Percentage discharged within 72 hours (inc and exc AWI) <li data-bbox="949 469 1675 571">• Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency <li data-bbox="949 587 1675 689">• Percentage of people admitted from home to hospital during the year, who are discharged to a care home <li data-bbox="949 705 1675 774">• Percentage of people who are discharged from hospital within 72 hours of being ready <li data-bbox="949 790 1435 821">• Expenditure on end of life care <li data-bbox="949 837 1675 940">• Emergency Admissions (All adults) – Numbers and Standardised rate per 1,000 population by month, by locality <li data-bbox="949 956 1570 1024">• Hospital re-admissions within 28 days of discharge <li data-bbox="949 1040 1599 1142">• Emergency Acute Bed Days (All adults): Numbers and Standardised rate per 1,000 population by month, by locality 	

National Outcome	Indicators	2016-17 budget
Outcome 2 (continued)	<p><u>Indicators under Development/Review</u></p> <ul style="list-style-type: none"> • <i>Percentage of new community and hospital discharge homecare referrals supported through reablement</i> • <i>No. of Older People with Anticipatory Care Plans in place</i> • <i>Dementia Post Diagnosis Support</i> • <i>Number of service users in receipt of basic telecare and advanced telecare packages</i> • <i>Number of supported living hours provided</i> • <i>Emergency Bed Days Rate (All adults)</i> • <i>Number of non-elective inpatient spells</i> • <i>Emergency Admissions (All adults) – Numbers and Standardised rate per 1,000 population by month, by the set aside specialties.</i> • <i>Emergency Acute Bed Days (All adults) – Numbers and Standardised rate per 1,000 population by month, by the set aside specialties</i> • <i>No of delayed discharges over 14 days (inc and exc AWI) for learning disability</i> • <i>Waiting Times for MSK (Musculoskeletal) Podiatry</i> • <i>Waiting Times for Dietetics</i> • <i>Percentage of day care service users with a care review carried out within timescale</i> • <i>Percentage of residents with a care review carried out within timescale (provided placements)</i> 	

National Outcome	Indicators	2016-17 budget
<p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p>	<p>Outcome 3</p> <ul style="list-style-type: none"> • Percentage of NHS Complaints responded to within 20 working days • Percentage of Social Work complaints handled within 15 working days (SW Local Indicator), and 28 calendar days (Statutory Deadline) • Percentage of service users “satisfied” or “very satisfied” with the reablement service • Number and Percentage of Viewpoint questionnaires completed by looked after children and children on the Child Protection Register • Percentage of people able to make an appointment with a doctor three or more working days in advance • Percentage able to see or speak to a doctor or nurse within two working days 	

National Outcome	Indicators	2016-17 budget
Outcome 3 (continued)	<p data-bbox="999 252 1424 284"><u>National Integration Indicators</u></p> <ul data-bbox="949 331 1682 1034" style="list-style-type: none"> <li data-bbox="949 331 1682 432">• Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated <li data-bbox="949 443 1682 512">• Percentage of adults receiving any care or support who rate it as “excellent” or “good” <li data-bbox="949 523 1682 655">• Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life <li data-bbox="949 667 1682 735">• Percentage of adults supported at home who agree they felt safe <li data-bbox="949 746 1682 815">• Percentage of people with positive experience of their GP practice <li data-bbox="949 826 1682 927">• Percentage of adults supported at home who agree that they are supported to live as independently as possible <li data-bbox="949 938 1682 1034">• Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided 	

National Outcome	Indicators	2016-17 budget
<p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p>	<p>Outcome 4</p> <p><u>Children's Services</u></p> <ul style="list-style-type: none"> • Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits - % uptake between 30 and 32 months • Percentage of HPIs (Health Plan Indicators) allocated by Health Visitor within 24 weeks • Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review • Access to specialist Child and Adolescent Mental Health Services (CAMHS) - Longest wait in weeks • Percentage of young people receiving a leaving care service who are known to be in employment, education or training 	

National Outcome	Indicators	2016-17 budget
Outcome 4 (continued)	<p><u>Adults</u></p> <ul style="list-style-type: none"> • Home Care: % of older people (65+) reviewed in the last 12 months • New A&E Attendances for NHS GG&C locations - crude rate per 100,000 population by year by locality • Percentage of service users with personalised services taking support in the form of a Direct Payment • Psychological Therapies: % of people who started treatment within 18 weeks of referral • Primary Care Mental Health Team (PCMHT) – referral to 1st appointment - % within 28 days, and 63 days • Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral • Percentage of closed housing options approaches which progress to homeless application over quarter • Percentage of decision notifications issued within 28 days of initial presentation • Increase in provision of settled accommodation made available by social sector landlords 	

National Outcome	Indicators	2016-17 budget
Outcome 4 (continued)	<ul style="list-style-type: none"> • Percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence • Percentage of CPOs with a Case Management Plan within 20 days • Percentage of CPOs 3 month Reviews held within timescale • Percentage of Unpaid Work (UPW) requirements completed within timescale • Numbers of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources • Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (ABI) • Addictions Services: Percentage of individuals with a current Recovery Plan 	

National Outcome	Indicators	2016-17 budget
Outcome 4 (continued)	<p style="text-align: center;"><u>Indicators under Development/Review</u></p> <ul style="list-style-type: none"> • <i>New A&E Attendances for NHSGGC locations – standardised rate per 100,000 population by year by locality</i> • <i>New A&E Attendances for NHSGG&C locations with a <u>source of referral of a GP</u> - standardised rate per 100,000 population by month by locality</i> • <i>Percentage of sampled Children’s plans that show progress across the SHANARRI outcomes</i> • <i>Number of young people under 18 years, accessing services for alcohol or drug misuse</i> • <i>Percentage of children reaching all development milestones at 30 months, and entry to primary school</i> • <i>CMHT(Community Mental Health Team) referral to 1st appointment within 28 days</i> • <i>Mental Health: Inpatient activity – waiting time for treatment > 12 weeks</i> • <i>Percentage of termination procedures carried out at less than 9 weeks gestation (women aged 15-44)</i> • <i>Rate per 1,000 women aged (15-44) who have had a previous termination</i> • <i>Rate per 1,000 women (aged 15-49) provided with vLARC (very Long Acting Reversible Contraception)</i> 	

National Outcome	Indicators	2016-17 budget
<p>Health and social care services contribute to reducing health inequalities.</p>	<p>Outcome 5</p> <ul style="list-style-type: none"> • To meet target of less than 20% of women smoking in pregnancy – most deprived quintile • Breastfeeding: 6-8 weeks – 15% most deprived data zones • Premature Mortality - Under 75s age-standardised death rates for all causes (National Integration Indicator) • Achieve agreed Quit Rates at 3 months from the 40% most deprived areas <p><u>Indicators under Development/Review</u></p> <ul style="list-style-type: none"> • <i>No. of children’s parents/carers referred to financial inclusion services</i> • <i>Number of young people of school age and looked after attending vocational training programmes; % of total looked after population</i> 	
<p>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.</p>	<p>Outcome 6</p> <ul style="list-style-type: none"> • Number of Carers Assessments per quarter • Percentage of carers who feel supported to continue in their caring role (National Integration Indicator) <p><u>Indicators under Development/Review</u></p> <ul style="list-style-type: none"> • <i>Source of Referrals to Carers Services</i> • <i>Referrals by Client Group of those being cared for</i> 	

National Outcome	Indicators	2016-17 budget
<p>People who use health and social care services are safe from harm.</p>	<p>Outcome 7</p> <ul style="list-style-type: none"> • Percentage of children looked after at home with family/friends (LAC) with a primary worker • Percentage of children looked after away from home (LAAC) with a Primary worker • Percentage of new SCRA reports submitted within the 20 day deadline • ASP enquiries/investigations completed during the quarter • Homelessness: Number of individual households not accommodated (last month of quarter) • Deaths for which the underlying cause was classified as 'intentional self-harm' • Number of drug related deaths (per 100,000 pop) • Number of alcohol related deaths (per 100,000 pop) • Percentage of Parental Assessments (Impact of Parental Substance Misuse) completed within 30 days of referral <p><u>Indicators under Development/Review</u></p> <ul style="list-style-type: none"> • <i>No. of routine sensitive enquiries (domestic abuse)</i> • <i>Number of Significant Clinical Incidents reported</i> 	

National Outcome	Indicators	2016-17 budget
<p>People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p>	<p>Outcome 8</p> <ul style="list-style-type: none"> • NHS Sickness absence rate • Social Work Sickness absence rate • Percentage of NHS staff with an e-KSF (NHS Knowledge and Skills Framework) • Percentage of staff who say they would recommend their workplace as a good place to work <p><u>Indicators under Development/Review</u></p> <ul style="list-style-type: none"> • <i>Health staff induction completion rates</i> 	

National Outcome	Indicators	2016-17 budget
<p>Resources are used effectively and efficiently in the provision of health and social care services.</p>	<p>Outcome 9</p> <ul style="list-style-type: none"> • Number of open occupational therapy (OT) activities at assessment stage • Percentage of OT activities at assessment stage open for > 12 months • Number of households reassessed as homeless or potentially homeless within 12 months • Percentage of live homeless applications over 6 months duration (at end of quarter) • Step Down Care: % unit occupancy • PCMHT (Primary Care Mental Health Team) DNA (Did Not Attend) rates <p><u>Indicators under Development/Review</u></p> <ul style="list-style-type: none"> • <i>CMHT (Community Mental Health Team) DNA rates</i> • <i>Primary Care: Compliance with Formulary Preferred List</i> • <i>Primary Care: Annualised cost per weighted list size</i> • <i>Provided Day Care Occupancy: % of sessions remaining vacant</i> • <i>Occupancy rate of Provided Older People's Residential units</i> 	

Delayed Discharges

In relation to delayed discharge the Committee is interested in three areas. The extent to which the IJB is able to direct spending, how much money is available to tackle delayed discharge and how well it is being spent to eradicate the problem.

1. As an Integrated Authority what responsibility do you have for tackling the issue of delayed discharges?
 - The Health and Social Care Partnership has lead strategic responsibility for planning and delivering improved performance in delayed discharges. This requires partnership working, principally with the Acute sector, but also with the third, independent and housing sector and carers.
2. What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?
 - The Health and Social Care Partnership has responsibility for managing the Integrated Care Fund. Where additional funding to manage delayed discharges is passed to Health Boards, a dialogue occurs regarding what proportion is retained by the Acute sector and what comes to the Partnership.
3. How much was spent in 2015-16 on tackling delayed discharges? If necessary this answer can be based on your shadow budget for 2015-16.
 - We do not record expenditure as being solely for the purpose of reducing delayed discharges. There are elements of expenditure across a range of services such as intermediate care, supported living, homecare, care homes and the purchase of community aids and adaptations which contribute to reducing delayed discharges. Whilst the spend in these areas will be significant, we are unable to isolate the expenditure specifically on delayed discharges.
 - Allocations from the Scottish Government specifically for delayed discharges, amounting to £3.987m, were incurred on services designed to tackle delayed discharges.
4. What is the total funding (in 2016-17) you are directing to address the issue of delayed discharges? Please provide a breakdown of how much money has been received from each of the following for this purpose:
 - a. NHS board
 - b. Local authority
 - c. Other (please specify)
 - See response to 3 above
5. How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16? How will the additional funding be spent in the current and next financial years?

- Funding has been used directly and indirectly to support improved performance in delays so it's difficult to capture all of that. However, in Glasgow the core use of funding has been invested in building capacity in intermediate care and ancillary services.
6. What impacts has the additional money had on reducing delayed discharges in your area?
 - Delayed discharges decreased in Glasgow by c70% over the course of 2015/16.
 7. What do you identify as the main causes of delayed discharges in your area?
 - Complex individual circumstances that prevent discharge via the standard pathways of home care and intermediate care.
 8. What do you identify as the main barriers to tackling delayed discharges in your area?
 - Continuing professional and community culture of risk aversion rather than risk management in relation to the care of frail older people.
 9. How will these barriers to delayed discharges be tackled by you?
 - We have invested significantly in communication, awareness raising, engagement and education of key stakeholders, based on the relevant empirical evidence, as part of our strategic plan. This effort will continue to be a priority and is recognised as a long term commitment and challenge.
 10. Does your area use interim care facilities for patients deemed ready for discharge?
 - Yes. The intermediate care resource referenced above.
 11. If you answered yes to question 10, of those discharged from acute services to an interim care facility what is their average length of stay in an interim care facility?
 - Currently around 30 days.
 12. Some categories of delayed discharges are not captured by the integration indicator for delayed discharges as they are classed as 'complex' reflecting the fact that there are legal processes which are either causing the delay (e.g. application for guardianship orders) or where there are no suitable facilities available in the NHS board area. Please provide the total cost for code

9 delayed discharges for 2015-16? What is your estimate of cost in this area in the current and next financial years?

- Glasgow City Health and Social Care Partnership incurred £1.0m providing beds for AWI patients who were deemed to be fit for discharge.

Social and Community Care Workforce

Questions

In relation to the social and community care workforce the Committee is interested in the recruitment of suitable staff including commissioning from private providers and the quality of care provided.

1. As an Integrated Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people?

- This is a very broad question and the meaning of 'adequate' depends on the particular service context. In general we can say our responsibilities derive from relevant statutory duties, regulatory standards and approved strategies and policies. Those can be prescribed/ specific (e.g. Care Inspectorate requirements in relation to staffing ratios in residential and day care services as a condition of registration) or more a matter for local discretion (e.g. how many social workers, community nurses, health visitors are required to meet demand for services).

2. Are there adequate levels of these social and community care staff in your area to ensure the Scottish Government's vision of a shift from hospital based care to community based care for older people is achieved? If not, please indicate in what areas a shortage exists.

- We are committed to delivering the best possible outcomes for older people within the resources available to us and have developed an ambitious programme of reform to manage the impact of austerity. Of course there are pressures arising from growing demand and reducing resources. Particular areas of pressure include prospective reductions in particular staff groups, including home care and social workers over time through turnover. There is also the challenge associated with increased presenting need against a standstill in staffing resource; e.g. higher levels of presenting frailty in care homes as a consequence of the shift in balance of care from hospital to community. We are also anticipating increasing pressure on community health services as more older people are supported to remain living in the community into the future, in line with local and national policy.

3. Other than social and community care workforce levels, are there other barriers to moving to a more community based care?

- There are challenges in shifting established professional cultures across the system, attitudes to risk in relation to older people (risk aversion rather than management), strengthening carer and family resilience, access to suitable housing, application of assistive technology and improving the connectivity across a large and complex health and care system. All of these are reflected

in our programme of reform referenced above. Bridging funding is a pre-requisite for delivering this reform and the Change Fund and ICF has been key to this.

4. What are the main barriers to recruitment and retention of social and community care staff working with older people in your area?

- Levels of remuneration and (insufficient) status/ prestige attached to these professional roles are generally an inhibitor to recruitment, albeit introduction of the national living wage is expected to assist with the former. These factors also impact on retention along with the ageing nature of the workforce and the potential to lose considerable experience over the coming years through retirement, absence etc.

5. What mechanisms (in the commissioning process) are in place to ensure that plans for the living wage and career development for social care staff, are being progressed to ensure parity for those employed across local authority, independent and voluntary sectors?

- The Council has developed a recommended Fair Work Practices question and associated guidance for tender documents. The recommended Fair work practice question is:

Please describe how you will commit to Fair Work practices for workers (including any agency or sub-contractor workers) engaged in the delivery of this contract

6. What proportion of the care for older people is provided by externally contracted social and community care staff?

- Care Homes c85%
- Care at Home – Cordia (ALEO) 97%, Others 3%

7. How are contracts monitored **by you** to ensure quality of care and compliance with other terms including remuneration?

- Social Work Services has developed a Contract Management Framework (CMF) for all purchased health & social care services which outlines the expectations of providers in adhering to contract monitoring by Partnership staff. The CMF includes; submission of an online provider return; template recording tools with pre-determined topics for review; service review timescales and template paperwork; risk assessment; and a consistent process for reporting and investigating care manager concerns.